

583445

30 103654-80-8 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } s.s.  
COUNTY OF LAKE }  
583445

*City of Gary  
1050 5th  
Ave*

On this 3-10-80 before me personally appeared AMANDA  
(insert date)

JOHNSON

PIONEER NAT'L. TITLE INS. CO.

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is OWNER  
(insert interest of affiant in the above premises as "owner," "lessee of owner," etc.)

3. Said premises were ~~formerly owned~~ jointly, tenants by the entireties by  
ALEX L. JOHNSON and AMANDA JOHNSON

4. Said ALEX L. JOHNSON  
(fill in name of co-tenant who died)

died on JULY 31, 1970

leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)

5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of None and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes," identify the divorce proceedings:  
\_\_\_\_\_

7. Affiant's relationship to the deceased was WIFE

Signature Amanda Johnson  
Amanda Johnson

Address: 220 MORNINGSIDE  
GARY INDIANA

*Wildwood Sub.  
255+56 + E 1/2 Sec.  
North St. Gary*

*#47-401-1+2*

Subscribed and sworn to before me by the affiant

this 3-10-80  
(insert date)

Albert E. Price  
ALBERT E. PRICE LAKE CO. IN

My Commission Expires 8-7-81

This instrument prepared by ALBERT E. PRICE

FILED

MAY 5 1980

*Albert E. Price*  
ALBERT E. PRICE  
LAKE COUNTY

07  
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PIONEER NATL. TITLE INS. CO.

MEDICAL CERTIFICATE OF DEATH

NOT OFFICIAL!

This Document is the property of the Lake County Recorder

REGISTRATION DISTRICT NO. 1692 REGISTERED NUMBER 906

DECEASED—NAME Alex L. Johnson SEX Male DATE OF DEATH July 31, 1970

RACE Negro AGE 58 PLACE OF BIRTH June 23, 1912 PLACE OF DEATH COOK COUNTY

PROVISO TOWNSHIP No VETERANS ADM. HINES, ILL. 60148

BIRTHPLACE Georgia CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married NAME OF SURVIVING SPOUSE Amanda Jordan

SOCIAL SECURITY NUMBER 315 09 0249 USUAL OCCUPATION Service Station U.S. WAR VETERAN Yes WAR OR DATES OF SERVICE WW II

RESIDENCE Indiana 14a Lake 14b Gary 14c Yes 14d 2273 Madison

FATHER—NAME Albert Johnson MOTHER—MAIDEN NAME Mary Dickerson

INJURY SIGNATURE PETER A. JENNINGS, Ch. Med. Adm. HOSPITAL VETERANS ADM. HINES, ILL.

DEATH WAS CAUSED BY Cirrhosis of the liver

CONDITIONS OF DEATH, WHEN ONE OR MORE IMMEDIATE CAUSES (a) STAYING THE IMMEDIATE CAUSE LAST. End stage kidney

PART II. OTHER SIGNIFICANT CONDITIONS

DATE OF OPERATION, IF ANY

ATTENDED THE DECEASED FROM June 20, 1970 July 31, 1970 July 31, 1970 10:00 P. M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

NOTE IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTICED.

SIGNATURE NUNILO RUBIO MD DATE SIGNED August 1, 1970 ILLINOIS DCI USE NUMBER PERMIT

BURIAL, CREMATION, REMOVAL Burial CEMETERY OR CREMATORY—NAME Evergreen Mem. LOCATION Hobart, Indiana DATE August 5, 1970

FUNERAL HOME Suburban Funeral Home, 301 So. 5th Ave., Maywood, Ill. 60157

FUNERAL DIRECTOR SIGNATURE Fred P. Rose ILLINOIS DCI USE NUMBER 4437 DATE REC'D BY LOCAL REGISTRAR AUG 1 1970

FOREST PARK, ILLINOIS

FREELY CERTIFIED THAT the foregoing is a true and correct copy of the death record for the decedent named as item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE MAY 3 1980 AUG 3 1970 SIGNED Fred P. Rose LOCAL REGISTRAR OF VITAL STATISTICS FOREST PARK, ILLINOIS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

Wildwood Sub Lts 55 + 56 + E 1/2 Vac Noble St Adj. 123 #47-401-1 + 2