

588697

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

588697

SURVIVORSHIP AFFIDAVIT

JAMES R. BARNES, being duly sworn,
deposes and says:

1. That prior to August 25, 1979, your affiant and her husband (his wife), PENNSYLVANIA BARNES, were the owners as tenants by the entireties of the following described real estate in Lake County, Indiana, to-wit:

Lot 34, in Block 13, in Chicago-Tolleston Land and Investment Company's Oak Park Addition to Tolleston, in the City of Gary, Lake County, Indiana

KEY 46-141-34

2. That the marital relationship which existed between your affiant and her husband (his wife), Pennsylvania Barnes, continued unbroken from the time they so acquired title to said real estate until the death of said Pennsylvania Barnes, a resident of Lake County, Indiana, on August 25, 1979, at which time this affiant acquired title to said real estate as surviving tenant by the entireties.

3. That the record of death of said Pennsylvania Barnes is duly entered in local record no. 79-0681 maintained by the Lake County Health Department.

4. That to the best of affiant's knowledge, there are no Federal Estate or Indiana Inheritance taxes due or payable by reason of the death of said decedent.

5. That your affiant makes this affidavit for the purpose of establishing the foregoing facts and to induce the Lake County Auditor to reflect on his records that your affiant is now the sole owner of the above described real estate.

IN WITNESS WHEREOF, your affiant has executed this affidavit, this 11th day of June, 19 80.

FILED

JUN 24 1980

James R. Barnes
JAMES R. BARNES

STATE OF INDIANA J.S.S. NO
LAKE COUNTY
FILED FOR REC'D
WILLIAM BIELSKI JR
RECORDER
JUN 24 10 31 AM '80

Subscribed and sworn to before me, a Notary Public, by the said JAMES R. BARNES, this 11th day of June, 19 80.

Margaret L. Morrone
Notary Public Margaret L. Morrone
Lake County Resident

My Commission Expires:
March 17, 1984

This Instrument Prepared By: YUDI & YUDI
Attorney at Law
4746 Broadway
Gary, Indiana 46408

588

KEY 46-141-34
SEC. OFF. PARR RD. 107 34 BL 13

79-0681
79 0681

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____
B _____
C FILED
D JUN 27 1980
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Disposition Permit
Issued 1/1
Circulatory
Certificate
 Yes No

FUNERAL HOME
No. 242
FUNERAL DIRECTORS
1984
LICENSING BOARD
LICENSURE No. 4280
FURNITURE
E. J. Caldwell, M.D.
NATIVE

Local No.

TYPE OF DEATH
BY
INSTRUCTION
SEE
MARKING

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED AT DEATH
OCCURRED IN
INSTITUTION, HOME
RESIDENCE OFFICE
ADDRESS

PARENTS

DISPOSITION

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CAUSE
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INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME PENNSYLVANIA BARNES		SEX FEMALE	DATE OF DEATH MONTH DAY YEAR AUGUST 25, 1979
RACE - (Do not check American Indian or Alaska Native) AMER. BLACK	AGE - Last Birthday 59	UNDER 1 YEAR <input type="checkbox"/>	UNDER 1 DAY <input type="checkbox"/>
DATE OF BIRTH 5 NOV. 1919		COUNTY OF DEATH LAKE	
CITY, TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION GARY METHODIST	
STATE OF BIRTH (or in U.S.A.) MISSISSIPPI	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIAGE STATUS MARRIED	PREVIOUS SPOUSE (with full name) JAMES B. BARNES
SOCIAL SECURITY NUMBER 426-32-9573	PROFESSION (Do not include name of institution) HOMEMAKER	TYPE OF BUSINESS OR INDUSTRY HOUSEWIFE	
RESIDING STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION GARY	
STREET AND NUMBER 6300 WEST 9th AVE.		APARTMENT OR BOX NO. <input type="checkbox"/>	INDICATE CITY LIGHTS STREET NO. OR NO. <input type="checkbox"/>
DECEASED OF SPANISH DESCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER NAME UNAVAILABLE		MOTHER NAME UNAVAILABLE	
REPORTING NAME (Last or first) JAMES B. BARNES	CITY OR TOWN GARY, INDIANA	STATE ZIP 46406	
DISPOSITION BURIAL	CEMETERY OR CREMATORY - FUNERAL HOME EVERGREEN CEMETERY	LOCATION CITY OR TOWN STATE HOBART, INDIANA	
DATE MONTH DAY YEAR SEPTEMBER 1, 1979	FUNERAL HOME - NAME AND ADDRESS SMITH, BEZZELL & WARNER, INC., 2295 WASH. ST. GARY, IND. 46407		
NAME OF ATTENDING PHYSICIAN DR. SUKIN CHO, M.D.		DATE SIGNED 8/27/79	HOURS OF DEATH
ADDRESS - PHYSICIAN 390 GRANT STREET, GARY, INDIANA 46406			
SIGNATURE OF REPORTER <i>E. J. Caldwell, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH DEPARTMENT AUG 29 1979	
CAUSE OF DEATH PART 1 ASCVD a CHF			
PART 2 critical insufficiency			
PART 3 of atherosclerotic			

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RECEIVED COPY
E. N. Caldwell, M. D.
HEALTH COMMISSIONER
STATE OF MARYLAND
DATE AUG 2 1914

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