

589373



Pol 385366 *LD 11/24/2125*
Chicago Title Insurance Company

Avco Fin Services
8102 Georgia
Merrillville, IN

589373 SURVIVORSHIP AFFIDAVIT

STATE OF *Ind* COUNTY OF *Lake County* S. S.

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

On this *Feb 6/19/80* before me personally appeared *Elnora Teaner*
(insert date)

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

- Affiant resides at the address given below affiant's signature;
- Affiant is *Elnora Teaner*
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by *Charles E. Teaner and Elnora Teaner*
- Said *Charles E. Teaner*
(fill in name of co-tenant who died)
died on *Feb 3 - 1969*
leaving *no* will;
(insert "a" or "no"; if will left, attach a copy)
- 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 \$ *7,000* and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? *no*
(If answer is "Yes," identify the divorce proceedings:

STATE OF INDIANA
CLERK OF SUPERIOR COURT
FILED IN RECORDS
JUN 19 10 AM '80
WILLIAM DILLSKI
RECORDER

FILED

7. Affiant's relationship to the deceased was ~~XXXXXXXXXXXXXXXXXXXX~~ WIFE
JUN 20 1980

James D. [Signature]
NOTARY PUBLIC

Signature: *Elnora Teaner*
Elnora Teaner
Address: *2547 31st Ave.*

Subscribed and sworn to before me by the affiant
this *6-18-80*
(insert date)
Patricia S. [Signature]
Patricia S. [Name]
My Commission Expires *10-31-83*

Lots 15 & 16, Blk 2, Germania
No. 2, Gary, PB 2/32
Unit 20. Pay 73-265-10

This instrument prepared by *Elnora Teaner*

589373

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

*Almanac # 2
to 15416 B12
43-2632*

Physician Form
Provided
On 6/30/69

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

1969 0198

NAME: CHARLES EDWARD TEAMER M | 2-3-69

RESIDENCE: 835 58 LAKE

OCCUPATION: GARY YES | METHODIST

BIRTHPLACE: TENNESSEE | MARRIED: ELINORA TEAMER

PHONE: 307-54-5454 | RELIGION: STEEL

IND - LAKE: GARY YES | CURRENT: 2547 W 19TH AVE

PARENTS: JAMES TEAMER | SMITH MARY TEAMER

ELINORA TEAMER WIFE | 2547 W 19TH AVE

Attended by: [Signature]

FILED
JUN 30 1969

Director of Health: [Signature]

Physician: A. Holliday MD | 2-3-69

Funeral Home: 2500 Grant | [Signature]

Burial: [Signature] | Hobart Ind. 205

2-8-69 | [Signature] 934 2210 [Signature]

Archives: [Signature] | 7064A