

622052

Form C-12

SURVIVORSHIP AFFIDAVIT

*Household Finance  
5305 Holmes  
Hammond*

2 622052

Hammond, Indiana

STATE OF INDIANA, COUNTY OF LAKE SS:

THARON C. LANGDOC, being first duly sworn, on oath states that she is of lawful age and resides in the County of Lake, State of Indiana. That she is the surviving spouse of Carlin R. Langdoc who died intestate on the 29th day of JANUARY, 1980, and that as such surviving SPOUSE is the owner of the following real estate situated in Lake County, Indiana:

The North 50 feet of Lot 49, Block 1, Park View Addition to Hammond, as shown in Plat Book 18, page 19, in Lake County, Indiana, and That part of Section 1, Township 37 North, Range 10 West of the 2nd P.M., situated in the City of Hammond, Lake County, Indiana, bounded and described as follows: Beginning at the Northeast corner of Lot 49 in Block 1, Park View Addition to Hammond, Indiana, thence Easterly 23 feet along an Easterly extension of the North line of said Lot 49; thence South 50 feet along a line which is parallel with and 23 feet Easterly from the East line of said Lot 49; thence Westerly 23 feet to the East line of said Lot 49; thence North along the East line of said Lot 49, 50 feet to the place of beginning.

35-220-66

That said decedent and this affiant acquired title to the above described real estate as husband and wife by virtue of a certain MARRIAGE Deed executed by Elmer C. Powell and Edna M. Powell on the 11th day of August, 1971 which said deed appears of record as Document No. 144268 in the office of the Recorder of Lake County, Indiana.

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent Carlin R. Langdoc.

That the gross value of the estate of said Carlin R. Langdoc together with his investment in all the property in which he held a joint interest was not more than \$60,000.00 Dollars, and therefore not subject to Federal Estate

STATE OF INDIANA  
LAKE COUNTY  
RECORDER  
MAR 21 2 10 PM '81  
MARRIAGE DEEDS  
RECORDER

*Tharon C. Langdoc*  
THARON C. LANGDOC

Sworn to before me and subscribed in my presence this 13th day of March, 1981

*[Signature]*  
NOTARY LAKE COUNTY

Notary Public W. J. Bridges

My Commission Expires: 3/13/81  
County of Residence: LAKE



This instrument prepared by: Rhett L. Tauber, Attorney at Law  
404 E. 36th Avenue  
Merrillville, IN 46410

2 250

622152

124

**INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH**

NAME: CARLY R. LANGDON		SEX: Male	AGE: 32	DATE OF BIRTH: 10-21-47
RACE: white		HAIR: Black	COMPLEXION: Dark	RELIGION: Catholic
RESIDENCE: (Whiting, P.O.) Hammond, 1435 Brown Ave.		MARRIAGE: Married		
CITY: Hammond, Ind.		COUNTRY: U.S.A.	MILITARY SERVICE: None	
PHONE: 322-42-2541		OCCUPATION: International Rep.		
EDUCATION: In. Lake		MOTHER: (Whiting, P.O.) Hammond		
FATHER: 1435 Brown Ave.		MARRIAGE: None		
<b>FILED</b>				
MAR 18 1980				
DECEASED: Albert Langdon		MARRIAGE: None		
DECEASED: Carlene Langdon		RESIDENCE: 1435 Brown Ave. Whiting, Hammond, Ind.		
CAUSE OF DEATH: burial		BURIAL PLACE: Elmwood Cem. Hammond, Ind.		
DATE OF DEATH: Feb. 2, 1980		PLACE OF DEATH: Ochs P.R. 810-11th St., Whiting, Ind.		
SIGNATURE: <i>A. Williams, M.D.</i>		DATE: 2/18/80		
ADDRESS: ALBERT WILLIAMS, M.D., 2033 NORTH MAIN STREET, GREENSBORO, INDIANA 47302		DATE: 2/18/80		
SIGNATURE: <i>J. J. Remick</i>		DATE: 2/18/80		
ADDRESS: <i>Carlin, Monroeville, Ind.</i>		DATE: 2/18/80		
SIGNATURE: <i>[Signature]</i>		DATE: 2/18/80		
ADDRESS: 1435 Brown Ave. Hammond, Ind.		DATE: 2/18/80		

Unit 76 Key # 25-270-66  
 PARK VIEW HOA N. INDIANAPOLIS 461  
 PERSONS IDENTIFIED STRIP # 13 x 15  
 AT ADMEN 510 ORIGINAL FILE # 10-07472  
 OF HEALTH # 1212 STAFF # R. 10-07472

683-77

CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
DATE ISSUED \_\_\_\_\_

*[Handwritten Signature]*  
HAMMOND HEALTH COMMISSIONER

622152