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CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

Matthew P. Dogan
626 W. Ridge Rd
Gary, Ind. 46408

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED

JUN 8 1981

AUDITOR LAKE COUNTY

SURVIVOR'S AFFIDAVIT

JACK G. TAILLON of the County of Lake, State of Indiana, being duly sworn upon his oath, alleges and says that BERTHA TAILLON died, intestate, in Lake County, Indiana, on the 24th day of September, 1963; that ERNEST TAILLON and BERTHA TAILLON were husband and wife and lived together as husband and wife to the day of her death; that he is the son of Ernest Taillon and Bertha Taillon. That no Federal Estate or Indiana State Inheritance Tax are due and owing due to her death to the best of affiant's knowledge.

The following real estate was owned, as husband and wife by the entireties, at the death of the decedent, and this affidavit is given for the purpose of clearing title to the following described property:

Lot 6, Block 15, Broadway Gardens, in the City of Gary, as shown in Plat Book 19, page 14, in Lake County, Indiana.

JUN 9 8 24 AM '81
WILLIAM BIELSKI JR
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Further affiant sayeth not.

Jack G. Taillon
Jack G. Taillon

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Subscribed and sworn to before me, a Notary Public, in the County of Lake, State of Indiana, this 4th day of June, 1981.

Matthew P. Dogan
Matthew P. Dogan, Notary Public
Resident of Lake County

My Commission expires:
January 2, 1982

This instrument prepared by MATTHEW P. DOGAN, ATTORNEY.

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

Local No. 63-1250

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

L. 6, Bl. 15, Broadway Gardens, Gary, Lake Co.

1. STATE OF DEATH: a. COUNTY: Lake
2. USUAL RESIDENCE: a. STATE: Indiana b. COUNTY: Lake
3. CITY, TOWN, OR LOCATION: Gary
4. LENGTH OF STAY IN C.T.:
5. CITY, TOWN, OR LOCATION: Gary
6. NAME OF HOSPITAL OR INSTITUTION: Methodist Hospital
7. STREET ADDRESS: 5162 Conn St.
8. IF PLACE OF DEATH INSIDE CITY LIMITS: YES ☐ NO ☐
9. IN RESIDENCE INSIDE CITY LIMITS: YES ☒ NO ☐
10. IN RESIDENCE ON A FARM: YES ☐ NO ☒
11. NAME OF DECEDENT (Type or print): First: BERTHA Middle: B. Last: TAILLON
12. DATE OF DEATH: Month Sept Day 24 Year 1963
13. SEX: Female
14. COLOR OR RACE: white
15. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
16. DATE OF BIRTH: Month Dec Day 22 Year 1903
17. AGE (In years last birthday): 59
18. IF UNDER 1 YEAR: Months ___ Days ___ Hours ___ Min. ___
19. IF UNDER 1 DAY: Hours ___ Min. ___
20. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): house wife
21. KIND OF BUSINESS OR INDUSTRY: at home
22. BIRTHPLACE (State or foreign country): Windthorst, Sask. Canada
23. CITIZEN OF WHAT COUNTRY: USA
24. FATHER'S NAME: George Olafson
25. MOTHER'S MAIDEN NAME: Amelia Peterson
26. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
27. SOCIAL SECURITY NO.: 307-20-4928
28. INFORMANT'S NAME: Ernest Taillon
29. INFORMANT'S ADDRESS: 5162 Connecticut St., Gary, Indiana
30. RELATIONSHIP TO DECEDENT: Husband
31. CAUSE OF DEATH (Enter only one cause on each line for (a), (b), and (c)):
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage — Interval between onset and death: 12 hours
Conditions if any which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Hypertension
DUE TO (c)
PART II. Other significant conditions contributing to death but not related to the disease causing condition given in Part I:
32. DID AUTOPSY PERFORM OR ADD INFORMATION? YES ☐ NO ☐
33. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
34. DESCRIBE HOW INJURY OCCURRED (If an answer of injury to Part I or Part II of item 31):
35. TIME OF INJURY: Month Day Year A.M. P.M.
36. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
37. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.):
38. CITY, TOWN, OR LOCATION: COUNTY: STATE:
39. ATTENDING PHYSICIAN: I certify that I attended the deceased from Sept 23, 1963 to Sept 24, 1963 and last saw him alive on Sept 24, 1963 11 A.M. Death occurred at 11 A.M. (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.
40. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred on ___ at ___ (C.S.T.) from causes stated and on above date.
41. Signature: Seymour Oberndorfer ☐ Health Officer ☒ Certifying Physician
42. ADDRESS: 529 - Broad St - Gary Ind
43. DATE SIGNED: Sept 26, 1963
44. METHOD OF DISPOSAL (Burial, cremation, removal, etc.): Burial
45. DATE: Sept 27, 1963
46. NAME OF CEMETERY OR CREMATORY: Chapel Lawn Memorial
47. LOCATION: Schererville, Indiana
48. FILED BY (Signature of local registrar or deputy): Dept. of Health
49. SIGNATURE OF HEALTH OFFICER: G. Greenblum, M.D.
50. FUNERAL DIRECTOR: Geisen Funeral Home
51. ADDRESS: Gary, Indiana

Disposition Permit Issued Yes ☐ No ☐
Transit Permit Issued Yes ☐ No ☐

FILED JUN 13 1981

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S B H.—S N.S.—Revised 1952 U.S. Department Health, Education and Welfare. Form Approved Budget Bureau No. 68-R279

CERTIFIED COPY
P. J. Rose Gibson, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE ....DEC 2 1966....

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