



632702

SURVIVORSHIP AFFIDAVIT

STATE OF \_\_\_\_\_ } s. s.  
COUNTY OF \_\_\_\_\_

On this June 11, 1981 before me personally appeared \_\_\_\_\_  
(insert date)

GERALDINE McKINNEY

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 Wife \_\_\_\_\_;  
(state interest of affiant in the above premises as "owner," "hon of owner," etc.)
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by  
Arthur L. McKinney and Geraldine McKinney \_\_\_\_\_;
- 4. Said Arthur L. McKinney \_\_\_\_\_  
(fill in name of co-tenant who died)

died on April 3, 1980

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 \$ 60,000.00 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

\* 8. That the parties owned the real estate described below affiant's signature.

Signature: Geraldine McKinney

Address: 3011 W. 15th Avenue  
Gary, Indiana 46404

STATE OF INDIANA  
LAKE COUNTY  
RECORDS & DEEDS  
WILLIAM BIELSKI JR  
RECORDER  
JUN 15 11 41 AM '81

Subscribed and sworn to before me by the affiant

this June 11, 1981  
(insert date)

[Signature]  
Notary Public

FILED  
JUN 15 1981

JUN 15 1981

This instrument prepared by ANDREW V. GIORGI, Attorney at Law  
5696 Broadway, Merrillville, Indiana 46410

[Signature]  
AUDITOR LAKE COUNTY

350  
E

\* Lots three(3) and Four(4), in Block two (2), Rundell's 5th Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 8, page 19, in the Office of the Recorder of Lake County, Indiana. #46-475-3

# Certified Copy of a Death Record

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. **1602**  
 REGISTERED NUMBER **423**

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians' Handbook for INSTRUCTIONS

1. DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
**Arthur McKinney** 2. **Male** 3. **April 3, 1980**

RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH  
 4a. **Black** 4b. **American** 52 5b. 5c. 6. **March 11, 1928** 7a. **COOK**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOME, OR INST. INDICATE DOA, OP, ENCR, HAL, INPATIENT (SPECIFY)  
 7b. **PROVISO TOWNSHIP** 7c. **VETERANS HOSP. HINES, ILL. 60141** 7d. **Inpatient**

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  
 8. **Mississippi** 9. **U. S. A.** 10. **Married** 11. **Geraldine Robinson**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE  
 12. **309-22-8825** 13a. **Bricklayer** 13b. **Construction** 13c. **Yes** 13d. **53 54**

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE  
 14a. **3011 W. 15th Ave** 14b. **Gary** 14c. **Yes** 14d. **Lake** 14e. **Indiana**

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST  
 15. **Rufus McKinney** 16. **Tomelalla Irby**

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)  
 17a. **Kathryn Brown Details Clerk** 17b. **Hospital Records** 17c. **VETERANS ADM. HINES, ILL. 60141**

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE  
 (a) **Multiple Myeloma.** Unknown  
 CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF  
 (b) DUE TO, OR AS A CONSEQUENCE OF  
 (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH  
 19a. **No** 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
 20a. 20b.

ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) 21b. **April 3, 1980** 21c. **April 3, 1980** 21d. **April 3, 1980** HOUR OF DEATH  
 21a. **Sept. 20, 1980** 21b. **April 3, 1980** 21c. **April 3, 1980** 21d. **23:50P** H.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)  
 22a. SIGNATURE **JOAN E. CUMMINGS, M.D.** 22b. **April 3, 1980**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
 22c. **VETERANS ADM. HINES, ILL. 60141** 22d. **36-43034**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
 24a. **Burial** 24b. **Evergreen Cem.** 24c. **Hobart, Ind.** 24d. **Apr. 9, 1980**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
 25a. **James Couch Funeral Home 5701 W. Division St. Chicago, IL 60651**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
 25b. **James Couch** 25c. **4757**

LOCAL REGISTRAR'S SIGNATURE FOREST PARK, ILLINOIS 60130 DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 26b. **April 5, 1980**

**FILED**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at it, 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.

JUN 15 1981  
 DATE

MAY 10 1980

SIGNED

*Joan E. Cummings*

FOREST PARK, ILLINOIS 60130

Illinois OFFICIAL LOCAL REGISTRAR OF VITAL STATISTICS

AUDITOR LAKE COUNTY

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, Illinois. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that this certification of a death is prima facie evidence in all courts and places.

Rundles 5th Add.  
 2 to 3 + 4 Blk 2  
 46-475-3