

636320

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

} S. S.

On this 30th day of June, 1981 before me personally appeared
(insert date)

KENNETH WAYNE RARDIN, JR.

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 owner of the premises legally described as follows*
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
KENNETH WAYNE RARDIN, JR. and SHIRLEY J. RARDIN

4. Said SHIRLEY J. RARDIN
(fill in name of co-tenant who died)

died on October 20, 1979

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 \$15,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of

FILED said deceased;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No.

James J. Thibault
AUDITOR LAKE COUNTY

(If answer is "Yes," identify the divorce proceedings:
_____);

7. Affiant's relationship to the deceased was spouse

*Lot Twenty-one (21), Block Two (2), Hyde Park Addition in Hammond, as shown in Plat Book 12, page 3, in Lake County, Indiana.

Signature: *Kenneth Wayne Rardin Jr.*

Address: 6431 Blaine Avenue
Hammond, Indiana

Subscribed and sworn to before me by the affiant
this 30th day of June, 1981
(insert date)

Richard J. Matuga
Notary Public

My Commission Expires August 30, 1983.

*Hyde PK. Add
2-21 Bl 2*

#34-154-21

580 50

This instrument prepared by RICHARD J. MATUGA, Attorney at Law,
8004 Forest Avenue, Munster, IN 46321

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUL 14 10 35 AM '81
WILLIAM BIELSKI JR
RECORDER

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT

REPRIEVE
Below for State Office Use

JUL 14 1981

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
OCT 22 1979
Date Issued
#34154-21

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: THOMAS J. BURNS
FUNERAL DIRECTOR'S SIGNATURE: Thomas J. Burns
LICENSE No. 4518
FUNERAL DIRECTOR'S LICENSE No. 2380
FUNERAL HOME: No. 281

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 797

DECEASED—NAME 1. SHIRLEY J. RARDIN			SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. OCTOBER 20, 1979
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yrs.) 5a. 48	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MINS 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6. 6/27/1931
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c. St. Margaret Hospital		IF HOSP. OR INST. Indicate DOA, OP/Emar. Pm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. Name Country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Kenneth Rardin	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13.		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Home Maker		KIND OF BUSINESS OR INDUSTRY 14b. Own Home
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond		
STREET AND NUMBER 15d. 6431 Blaine Avenue		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. Charles Kuchta			MOTHER—MAIDEN NAME 17. Dorothy Nagel	
INFORMANT—NAME (Type or print) 18a. Kenneth Rardin		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 6431 Blaine Ave. Hammond, Indiana 46324		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Oakland Memory Lane		LOCATION CITY OR TOWN STATE 19c. Dolton, Illinois
DATE (MONTH, DAY, YEAR) 20a. October 23, 1979		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Burns-Kish Funeral Homes, Inc. Hammond, Indiana		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) <i>Joseph J. Tyrell</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 10/20/79	HOUR OF DEATH 21c. 4:30 A M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Joseph J. Tyrell M.D.		MAILING ADDRESS—PHYSICIAN 21e. S.O.C. State Home - Dolton, Ill.		
HEALTH OFFICER—SIGNATURE 22a. <i>Franklin J. Burns</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. OCT 22 1979		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a) Myocardial infarction (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 (g)				

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE

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Real Estate legally described as:

Lot Twenty-one (21), Block Two (2), Hyde Park
Addition in Hammond, as shown in Plat Book 12,
page 3, in Lake County, Indiana,

commonly known as 6431 Blaine Avenue, Hammond, Indiana.

