

Thomas W. Webber
6195 Central Ave
Portage, Ind

636400

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STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

STATE OF INDIANA
RECORDER
WILLIAM BIELSKI JR
JUL 14 1 34 PM '81

A F F I D A V I T

The undersigned after being duly sworn upon her oath deposes and says as follows:

1. That affiant is the surviving joint owner of the following described property located in Lake County, State of Indiana to-wit:

DULY ENTERED
FOR TAXATION

The South 1/3 of Lot ten (10), and all of Lot Eleven (11), in Block Eight (8) in Riverview Land & Investment Co's 1st add. to Gary, as marked and laid down on the Recorded plat thereof, in Plat Book 10, Page 4 in the Office of the Recorder, Lake County, Indiana

JUL 10 1981

Gene O. Priddy
AUDITOR LAKE COUNTY

Key # 46-468-11

- 2. That your affiant acquired joint title to said real estate on the 16th day of November, 1978, wherein the owner conveyed title to affiant and Lon Cohron as joint tenants with rights of survivorship.
- 3. That the joint ownership was extinguished by the death of Lon Cohron on the 30th day of May, 1981 and a certified copy of the death certificate is attached hereto as Exhibit "A".
- 4. That when the joint owners, affiant and Lon Cohron, acquired title the grantor on the aforementioned deed also reserved for himself a Life Estate in said real estate.
- 5. That the Life Estate was also extinguished at the death of Lon Cohron on the 30th day of May, 1981.
- 6. This affidavit is made for the purpose of clearing the recorded title on the abovementioned real estate and showing that affiant herein became the individual owner of said real estate upon the death of Lon Cohron.

Further your affiant sayeth not.

Shirley L. Sipe
SHIRLEY L. SIPE

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this the 25th day of June, 1981.

My Commission Expires:
September 7, 1984
Resident of Porter County

Marcia M. Sear
NOTARY PUBLIC

STATE OF INDIANA
RECORDER
WILLIAM BIELSKI JR
JUL 14 1 34 PM '81

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HUMAN RESOURCES FILE NO. 116
REGISTRAR OF VITAL STATISTICS
CERTIFICATE OF DEATH REGISTRAR'S NO. 289

Registration District No. 1415 Primary Registration District No. 2560

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Lon Cohron					2. male	3. 5/30/81
RACE (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. white	5a. 82	5b. MCS. DATS	5c. HOURS MIN.	6. 4/26/1899	7a. Warren	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP/emer, or inpatient (Specify)	
7b. Bowling Green		7c. YES	7d. Medical Center		7e. inpatient	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Ky	9. USA		10. WIDOW		11. -----	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF NOT RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 708-01-2578		13a. Steel Mill & Foreman		13b. Railroad		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		ZIP	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Ky	14b. Warren	14c. Bowling Green			14d. YES	14e. 1628 Sharon Dr.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. J. B. Cohron					16. Mattie Doors	
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Myrl Cohron			17b. 1628 Sharon Dr., Bowling Green, Ky 42101			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		Sudden Coronary Sacc & Atherosclerosis				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Coronary artery disease				
		(c)				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.	20f.	20g.				
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM	Feb	81	21b. May 30, 81	21c. 5	30	81
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.	M. 22b. 5 - 30 - 81		M.		22c. 3:00 P.M.	
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. Richard Beaver, M.D.	23b. Richard M. Beaman MD			23c. 6/8/81		
MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
23d. 1217 Ashley Cr. Bowling Green Ky 42101						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION			
24a. burlial	24b. Ebenezer Ch. Cem.		24c. Butler County, Ky			
DATE	GENERAL DIRECTOR'S SIGNATURE		ADDRESS (ZIP CODE) OF FUNERAL HOME			
24d. 6/1/81	24e. [Signature]		24f. 801 Fairview, Bowling Green, Ky 42101			
NAME OF FUNERAL HOME			REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25b. Radco - Johnson			25c. [Signature]		25d. 6-10-81	

DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, SEE INSTRUCTIONS.

Copy 7

Copy

CERTIFIER

BURIAL

FILED
The information given above was copied from the certificate of death which was filed with me for transmittal to the State Department of Health for registration as provided by KRS. 213. Certified copies of the official death certificate may be obtained from the Office of Vital Statistics, State Department of Health, 275 East Main Street, Frankfort, Kentucky, for a fee of \$4.00

16 JUNE 1981
Date June 8, 1981
BOWLING GREEN—Warren COUNTY Health Department By: B. Turner Local Registrar
BOWLING GREEN, Kentucky 46-468-11 Deputy Registrar
Reserveview Land & Inv. Co's 1st add
Form VS-105 (Rev. 1/68)