

636400

Thomas W. Webber
6195 Central Ave
Portage, In

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

A F F I D A V I T

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

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. Spe
SHIRLEY L. SPE

STATE OF INDIANA
LAKE COUNTY
RECORDED
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RECORDER

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 (WHITE, BLACK, AMERICAN INDIAN, ETC. (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.	5c.	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/Emat, etc. (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, EVEN IF 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 & thrombosis							
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	AND LAST SAW HIM/HER ALIVE ON	I DID/VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM Feb 81			21b. May 30, 81	21c. 5	30	81	21d.	21e. 3:00 P.M.	
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				
22a.				22b. 5	5 - 30 - 81				
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)			
23a. Richard Beaver, M.D.		23b. [Signature]		23c. M.D.		23d. 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		CITY OR TOWN				
24a. burial	24b. Ebenezer Ch. Cem.		24c. Butler County, Ky						
DATE	FUNERAL 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—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR					
25b. [Name]		25c. [Signature]		25d. 6-10-81					

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

PARENTS

copy 7

CAUSE

copy

CERTIFIER

BURIAL

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 10, 1981
BOWLING GREEN - WARREN COUNTY Health Department

By: B. TURNER Local Registrar
Deputy Registrar

BOWLING GREEN, Kentucky

Riversview Land & Inv. Co's 1st add