

652232

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
10 11 AM '81

AFFIDAVIT OF SURVIVORSHIP

DOROTHY RUTH THOMPSON, of legal age, being duly sworn,  
deposes and says:

1. That PERCY O. THOMPSON, the Decedent mentioned in  
the attached certified copy of Certificate of Death, is the  
same person as PERCY O. THOMPSON, named as one of the parties  
in that certain Warranty Deed dated the 6th day of December,  
1965, executed by RICHARD J. CONROY to PERCY O. THOMPSON  
LUCILLE M. THOMPSON and DOROTHY RUTH THOMPSON as joint tenants,  
recorded as Document Number 645618 on December 8, 1965 in  
Book 1307, Page 369, of official records of Lake County, State  
of Indiana, concerning the real property situated in the County  
of Lake, State of Indiana, and described as follows:

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
WILLIAM BIELSKI JR  
REC  
10 09 AM '81

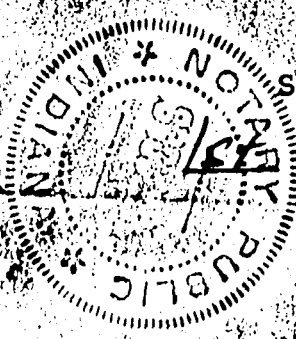
45-271-11

Lot 11 and the North 10 feet of Lot 12,  
Block 5, of Lakeside Addition to the City  
of Gary, Lake County, Indiana.

2. That the value of all real and personal property owned  
by said decedent at date of death, including the full value of  
the property above described, did not then exceed the sum of  
Sixty Thousand (\$60,000.00) Dollars.

*Dorothy Ruth Thompson*  
DOROTHY RUTH THOMPSON

Subscribed and sworn to before me, a Notary Public, this  
day of December, 1981.



*Robert J. Murphy*  
NOTARY PUBLIC  
ROBERT J. MURPHY

Lake County Resident  
MY COMMISSION EXPIRES  
July 8, 1982

Prepared by: ROBERT J. MURPHY  
Attorney at Law  
3979 Cleveland  
Gary, IN 46408

**FILED**

DEC 2 1981

*Louis O. ...*  
LAKE COUNTY

141

550

Permit + 5 cc  
 TYPE OR PRINT  
 PLAINLY WITH  
 UNFADING INK  
 THIS IS A  
 PERMANENT  
 RECORD

Below for State Office Use

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THIS COPY IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

OCT 6 1981

EMBALMER'S NAME: Barbara M. Lach  
 FUNERAL HOME: Lake County Health Commissioner  
 LICENSE No. 1267  
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]  
 LICENSE No. 2379  
 LOCAL RESIDENCE WHERE DECEASED OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE DEATH: [Signature]  
 LICENSE No. 252  
 FUNERAL HOME: Lake County Health Commissioner

Local No. 1494-81  
 45-271-11 Lakeside add. L. 11 Bl. 5  
N. 10th L. 12 Bl. 5

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No. 142

|  |  |  |   |  |
|--|--|--|---|--|
| DECEASED—NAME<br>1 <b>PERCY OTWAY THOMPSON</b>   |  |  | SEX<br>2 <b>MALE</b>  | DATE OF DEATH (MONTH, DAY, YEAR)<br><b>SEPTEMBER 28, 1981</b>                                      |
| RACE—(e.g. White, Black, American Indian, etc.) (Specify)<br>4 <b>WHITE</b>  | AGE—Last Birthday (Yr, M, D)<br>5a <b>84</b> | UNDER 1 YEAR<br>MOS. DAYS HOURS MINS<br>7c   | UNDER 1 DAY<br>DATE OF BIRTH (Mo, Day, Yr)<br>6 <b>AUG., 19, 1897</b> | COUNTY OF DEATH<br>7a <b>LAKE</b>  |
| CITY, TOWN OR LOCATION OF DEATH<br>7b <b>MERRILLVILLE</b>  |  | HOSPITAL OR OTHER INSTITUTION—(Name if not in other; give street and number)<br>7c <b>METHODIST HOSPITAL - SOUTHLAKE CAMPUS</b>  |   | IF HOSP OR INST. Indicate DOA or 15 min. Imperson. (Specify)<br>7d <b>INPT.</b>                    |
| STATE OF BIRTH (If not in U.S.A. name country)<br>8 <b>FLORIDA</b>   | CITIZEN OF WHAT COUNTRY<br>9 <b>U.S.A.</b>   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>10 <b>WIDOWED</b>   | SURVIVING SPOUSE (If wife give maiden name)<br>11 <b>NONE</b>         | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)<br>12 <b>NO</b>                        |
| SOCIAL SECURITY NUMBER<br>13 <b>306-09-1729</b>  |  | USUAL OCCUPATION (Give kind of work done during most of working life, except if retired)<br>14a <b>RETIRED CHEMIST</b>   | KIND OF BUSINESS OR INDUSTRY<br>14b <b>U.S. STEEL, GARY WORKS</b>     |  |
| RESIDENCE—STATE<br>15a <b>INDIANA</b>  | COUNTY<br>15b <b>LAKE</b>                    | CITY, TOWN OR LOCATION<br>15c <b>GARY</b>  |   | IS RESIDENCE ON A FARM?<br>15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| STREET AND NUMBER<br>15a <b>1148 ST. JOSEPH STREET</b>   |  |  | INSIDE CITY LIMITS (Specify Yes or No)<br>15f <b>YES</b>              |  |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br>15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |   |  |
| FATHER—NAME<br>16 <b>JOHN OTWAY THOMPSON</b>   |  | MOTHER—MAIDEN NAME<br>17 <b>SARAH RUTH EUENS</b>   |   |  |
| INFORMANT—NAME (Type or print) RELATIONSHIP<br>18a <b>DOROTHY THOMPSON, daughter</b>   |  | MAILING ADDRESS<br>STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP<br>18b <b>1148 ST. JOSEPH STREET GARY INDIANA 46403</b>   |   |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a <b>CREMATION</b>  |  | CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE<br>19b <b>CALVARY CEMETERY PORTAGE, INDIANA</b>   |   |  |
| DATE (MONTH DAY YEAR)<br>20a <b>OCTOBER 7, 1981</b>  |  | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)<br>20b <b>LACH FUNERAL HOME, INC., 6121 Miller Ave., Gary, Ind. 46403</b>   |   |  |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>21a (Signature) <b>John T. Scully, M.D.</b>   |  | DATE SIGNED (Mo, Day, Yr)<br>21b <b>6 Oct 1981</b>   | HOUR OF DEATH<br>21c <b>6:35 P.M.</b>                                 |  |
| NAME OF ATTENDING PHYSICIAN (Type or Print)<br>21d <b>John T. Scully, M.D.</b>   |  | MAILING ADDRESS—PHYSICIAN<br>21e <b>6111 Hartison St., Merrillville, In 46410</b>  |   |  |
| HEALTH OFFICER—SIGNATURE<br>22a <b>[Signature]</b>   |  | DATE RECEIVED BY LOCAL HEALTH OFFICER<br>22b <b>10-6-81</b>  |   |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST<br>23  |  | IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART I (a) <b>Right Hemiplegia &amp; motor Aphasia</b><br>Interval between onset and death <b>8 days</b><br>(b) <b>Cerebral Thrombosis - Left Middle Cerebral Artery</b><br>Interval between onset and death<br>(c) |   |  |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)<br>PART II <b>Aortic Stenosis &amp; Cardiomegaly &amp; Atrial F. brillation - Classic</b> |  | AUTOPSY (Specify Yes or No)  |   |  |