

652341 STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

AFFIDAVIT OF SURVIVORSHIP

AVERY G. LITTLE, of legal age, being duly sworn, deposes and says:

1. That ELBERTA LITTLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELBERTA LITTLE, named as one of the parties in that certain Warranty Deed dated the 24th day of August, 1973, executed by MARJORIE WHITE to AVERY G. LITTLE and ELBERTA LITTLE, Husband and Wife recorded as Document Number 220468 on September 14, 1973, in the 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:

Lot 25 and East one-half of Lot 26, Block 16, George and William Earle's Second Glen Park addition, in the City of Gary, as shown in Plat Book 9, Page 19, in Lake County, Indiana.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
DEC 2 12 08 PM '81  
WILLIAM BIELSKI JR  
RECORDER

# 42-242-26

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 and not exceeding the sum of Sixty Thousand (\$60,000.00) Dollars.

3. That AVERY G. LITTLE and ELBERTA LITTLE were Husband and Wife prior to August 24, 1973, and remained Husband and Wife until the date of her death.

Avery G. Little  
AVERY G. LITTLE

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

NOTARY PUBLIC  
SEAL  
INDIAN

Ann Cerniak  
NOTARY PUBLIC

My Comm. Expires: 2/14/82  
Lake County Resident

THIS INSTRUMENT PREPARED BY: Robert J. Murphy, Attorney at Law  
3979 Cleveland Street Gary, IN 46408

FILED

DEC 1 1981

Laura O. Priddy  
NOTARY LAKE COUNTY

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 11693-81

State No. \_\_\_\_\_

1 DECEASED—NAME <b>Elberta Little</b>		SEX <b>female</b>	DATE OF BIRTH (month, day, year) <b>Nov. 3, 1981</b>
2 RACE—(a) White, (b) Negro, (c) American Indian, (d) Other	3 AGE—(a) Exact (day, month, year) <b>66</b>	4 UNDER 1 YEAR 5a MONTHS 5b DAYS	4 UNDER 1 DAY 5c HOURS 5d MINUTES
4 <b>white</b>	5a <b>66</b>	5b	5c <b>Mar. 11, 1915</b>
6a CITY, TOWN OR LOCATION OF DEATH <b>Hobart</b>		6b HOSPITAL OR OTHER INSTITUTION—(Name of institution, street and number) <b>Hobart Mercy Hospital</b>	
7a STATE OF BIRTH (if not in U.S. give country) <b>Kentucky</b>		7b HOBART OR INST. (Indiana only) <b>inpat.</b>	
8 SOCIAL SECURITY NUMBER <b>353-16-3307</b>		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 <b>married</b>	
11 USUAL RESIDENCE WHERE DECEASED LIVED (if death occurred in institution, give residence before admission) 11a RESIDENCE—STATE <b>Ind.</b>		11b COUNTY <b>Lake</b>	
12 USUAL OCCUPATION (Give kind of work done during most of working life, season if seasonal) 12a <b>housewife</b>		12b KIND OF BUSINESS OR INDUSTRY <b>Self</b>	
13a CITY, TOWN OR LOCATION <b>Gary</b>		13b IS RESIDENCY ON A FARM? 13a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
13c STREET AND NUMBER <b>312 W. 41st Ave.</b>		13d INSIDE CITY LIMITS (Specify yes or no) <b>yes</b>	
14 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 14a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
15 FATHER—NAME (first, middle, last) <b>William Brown</b>		15 MOTHER—MAIDEN NAME (first, middle, last) <b>Ollie Robertson</b>	
16a INFORMANT—NAME (Type or print) <b>Avery Little</b>		16b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>312 W. 41st Ave. Gary, Ind.</b>	
17a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>removal</b>		17b CEMETERY OR CREMATORY—FUNERAL HOME <b>Salem Cemetery</b>	
17c LOCATION (City or Town, State) <b>Salem, Kentucky</b>		18a FURNAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>Stilnovich, Palmer &amp; Wiatrolik 4213 Bdwy, Gary,</b>	
18b DATE (Month, Day, Year) <b>Nov 6, 1981</b>		18c FURNAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>Stilnovich, Palmer &amp; Wiatrolik 4213 Bdwy, Gary,</b>	
19 To the best of my knowledge, death was due to (Specify cause and state of mind) 20a Signature <b>John Little</b>		20b DATE SIGNED (Month, Day, Year) <b>11-5-81</b>	
21a NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Dr. G. Kolettis</b>		21b HOUR OF DEATH <b>Ind.</b>	
21c MAILING ADDRESS—PHYSICIAN <b>6211 Harrison St. Terr., Ind.</b>		22a HEALTH OFFICER—SIGNATURE <b>John J. H.D.</b>	
22b DATE RECEIVED BY LOCAL HEALTH OFFICER <b>11-9-81</b>		23 IMMEDIATE CAUSE (Specify cause and state of mind) <b>Canon the heart</b>	
23a CAUSE (Specify cause and state of mind) <b>arteriosclerosis</b>		23b CAUSE (Specify cause and state of mind)	

*John William Little and Jan Little*

TYPE OF DEATH  
PLAIN OR WITH  
POSSIBLE INK  
THIS IS A  
PERMANENT  
RECORD  
Below for State Office Use  
FURNER LAKE COUNTY

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ON FILE WITH THE  
# 48-742-26

Disposition Permit  
Issued  
Provisional

FUNERAL HOME No. 242  
FUNERAL DIRECTORS LICENSE No. 829  
DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  
PARENTS  
DISPOSITION  
DECEASED  
D.O.  
D.O.  
MOTHER'S NAME  
FATHER'S NAME  
FURNER LAKE COUNTY HEALTH COM.  
JAMES CHOLSTON LICENSE No. 119

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