

Hoosier State Bank  
479 State Street  
Hammond, Ind  
R-50286  
INV 264076

652970 SURVIVORSHIP AFFIDAVIT

STATE OF IND } S. S.  
COUNTY OF LAKE

On this 11-17-81 before me personally appeared  
(insert date)

MARTHA J. ROBERTS

Key 47-86-23

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 MARTHA J. ROBERTS OWNER  
(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  
JOHN D. and MARTHA J. ROBERTS

- 4. Said JOHN D. ROBERTS  
(fill in name of co-tenant who died)  
died on MAY 16, 1981

leaving \_\_\_\_\_ 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 \$30,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
- 6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

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

- 7. Affiant's relationship to the deceased was WIFE

6th South Broadway Add.  
20.41 ft. 8 in. of lot, 22, 23, 24, & 25  
all in Bl. 4  
Key # 47-86-23

FILED

DEC 7 1981

James O. Priddy  
NOTARY LAKE COUNTY

Subscribed and sworn to before me by the affiant

this 11/17/81  
(insert date)

Donald S. Kitchell  
Notary Public

My Commission Expires 4-22-83

Signature: Martha J. Roberts

Address: 200 E. 39th Ave  
Gary, Ind 46409



This instrument prepared by Martha J. Roberts

*[Handwritten signature]*

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 784-81

State No. 200

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FUNERAL HOME No. 244

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M. D. OR D. O.

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

CAUSE

DECEASED—NAME <b>JOHN D. ROBERTS</b>		SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>MAY 16, 1981</b>
RACE—(as of White, Black, American Indian, etc.) <b>WHITE</b>	AGE—Last Birthday (Yr, M, D) <b>65</b>	DATE OF BIRTH (Mo, Day, Yr) <b>4/15/1916</b>	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>MERRILLVILLE</b>		HOSPITAL OR OTHER INSTITUTION <b>BROADWAY METHODIST HOSPITAL</b>	IF HOSP OR INST. Indicate Dept. of Health, etc. (optional) <b>INPATIENT</b>
STATE OF BIRTH (If not in U.S.A. Name Country) <b>INDIANA</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>	SURVIVING SPOUSE (If with give name) <b>MARTHA J. HAMILTON</b>
SOCIAL SECURITY NUMBER <b>311-18-3125</b>		USUAL OCCUPATION (If not kind of work done during year of reporting file year if retired) <b>LETTER CARRIER</b>	KIND OF BUSINESS OR INDUSTRY <b>U.S. MAIL</b>
RESIDENCE—STATE <b>INDIANA</b>	COUNTY <b>LAKE</b>	CITY, TOWN OR LOCATION <b>GARY</b>	
STREET AND NUMBER <b>200 E. 39TH AVENUE</b>		IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PORTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST <b>JOHN ROBERTS</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>MATILDA DIEDEL</b>	
INFORMANT—NAME (Type or Print) RELATIONSHIP <b>MARTHA J. ROBERTS WIFE</b>		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP <b>200 E. 39TH AVENUE, GARY, INDIANA 46409</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>BURIAL</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>CALUMET PARK CEMETERY</b>	LOCATION CITY OR TOWN STATE <b>MERRILLVILLE, INDIANA</b>
DATE (MONTH, DAY, YEAR) <b>MAY 20, 1981</b>		FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP <b>BURNS MEMORIAL CHAPEL, 4286 BROADWAY, GARY, INDIANA 46408</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>DR. JOHN T. SCULLY</b>		DATE DIED (Mo, Day, Yr) <b>5-21-81</b>	HOUR OF DEATH <b>M</b>
MAILING ADDRESS—PHYSICIAN <b>6111 HARRISON, MERRILLVILLE, INDIANA 46410</b>		DATE RECEIVED BY LOCAL HEALTH OFFICE <b>5-27-81</b>	
IMMEDIATE CAUSE (If not only one cause, see note for 23a and 23b) <b>Acute Bilateral Bronchopneumonia due to streptococcus</b>		INTERVAL BETWEEN WHEN AND HOW	
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN WHEN AND HOW	
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN WHEN AND HOW	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>Cirrhosis - liver - Severe of Coronary Arteriosclerosis</b>		INTERVAL BETWEEN WHEN AND HOW	

600 So. Broadway, Add. W. 41 ft. 8 in. at gutter 22, 23, 24, 25 all in 10. 4. 36-47-86-231  
 DEPARTMENT OF HEALTH  
 LANE COUNTY HEALTH DEPT.  
 MAY 28 1981

**FILED**

DEC 7 1981

*James O. ...*  
AUDITOR LAKE COUNTY

FUNERAL DIRECTORS HEALTH SERVICES  
 JAMES H. CRENSHAW  
 LICENSE NO. 046  
 SIGNATURE *James J. ...*