

683147

SURVIVORSHIP AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

S. S.

2

On this September 29, 1982, before me personally appeared ROBERT A. FLORENCE (insert date)

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 Surviving 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 ROBERT A. FLORENCE and MILDRED A. FLORENCE;

4. Said MILDRED A. FLORENCE (fill in name of co-tenant who died) died on January 24, 1980

leaving no 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 \$50,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent; Key # 32-191-7

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:)

STATE OF ILLINOIS, NO LAKE COUNTY FILED FOR RECORD WILLIAM BIELSKI JR. RECORDED OCT 5 11 48 PM '82

7. Affiant's relationship to the deceased was surviving spouse

FILED

OCT 4 1982

Notary Public signature

Subscribed and sworn to before me by the affiant

this September 29, 1982 (insert date)

Notary Public signature

My Commission Expires 10/26/82

Signature: Robert A. Florence Address: 7147 Arkansas Hammond, IN 46323

THIS INSTRUMENT PREPARED BY DALE A. ANDERSON ATTORNEY AT LAW 3344 RIDGE ROAD LANSING, ILLINOIS 60438

This instrument prepared by

550/E

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

JAN 28 1980

Date Issued

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

Franklin Hernandez M.D.
HAMMOND HEALTH COMMISSIONER
Bloomington, IN Oct 7 1979

EMBALMER'S NAME *J. C. Ault* License No. *1783*

FUNERAL DIRECTOR'S SIGNATURE *George L. Becken*

FUNERAL HOME No. *280* LICENSE No. *1783*

Local No. *71*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

126-A

1. DECEASED—NAME FIRST MIDDLE LAST MILDRED A. FLORENCE			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 1-24-1980
2. RACE white	3. AGE—Last Birthday (Yrs) 62	4. UNDER 1 YEAR MO. DAY	5. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) 8/13/1917
7a. CITY, TOWN OR LOCATION OF DEATH Hammond		7b. HOSPITAL OR OTHER INSTITUTION—Name of inst. in author, give street and number St. Margaret Hospital		7c. COUNTY OF DEATH Lake
8. STATE OF BIRTH (If not in U.S.A. name country) Indiana	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	11. SURVIVING SPOUSE (If wife, give maiden name) Robert A. Florence	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO
13. SOCIAL SECURITY NUMBER 306-10-4278		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		14b. KIND OF BUSINESS OR INDUSTRY
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Hammond		15d. STREET AND NUMBER 7147 Arkansas Ave.
16. USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		17. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. INSIDE CITY LIMITS (Specify Yes or No) yes
19. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20. PARENTS FATHER—NAME FIRST MIDDLE LAST John Pavlovich		21. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Anna Karinsky		
22. INFORMANT—NAME (Type or print) Robert A. Florence		23. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7147 Arkansas Ave. 46323		
24. DISPOSITION 24a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		24b. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE St. John Cemetery Hammond, Indiana		
25. DATE (MONTH, DAY, YEAR) Jan. 28, 1980		26. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Booken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind. 46323		
27. M.D. OR D.O. 28. NAME OF ATTENDING PHYSICIAN (Type or Print) F.S. Pamintuan M.D.		29. DATE SIGNED (Mo., Day, Yr.) 1-27-80		30. HOUR OF DEATH 8:15 PM
31. MAILING ADDRESS—PHYSICIAN 7905 Calumet Av., Munster, In. 46321		32. HEALTH OFFICER—SIGNATURE <i>Franklin Hernandez M.D.</i>		
33. HEALTH OFFICER—TITLE Medical Examiner		34. DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 28 1980		35. AUDITOR LAWS COUNTY <i>Franklin Hernandez M.D.</i>
36. CAUSE PART I (1) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Metastatic disease to the brain DUE TO, OR AS A CONSEQUENCE OF: (2) Pulmonary malignancy DUE TO OR AS A CONSEQUENCE OF: (3) _____		37. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Meningioma		
38. AUTOPSY (Specify Yes or No) NO				