

STATE OF INDIANA)
)SS:
 COUNTY OF LAKE)

TICOR TITLE INSURANCE
 Crown Point, Indiana

697514

AFFIDAVIT OF SURVIVORSHIP

John R. McConnachie, being first duly sworn upon his oath, deposes and says, to-wit:

That he now resides at 1036 Arizona Street, Gary, Lake County, Indiana, and is a surviving son of Alice Elizabeth McConnachie, deceased, who died on the 1st day of October, 1973, and whose record of death is duly entered in the records maintained by the Lake County Health Department, Indiana State Board of Health, Division of Vital Records, Local Record No. 73-1360. Further that the said Alice Elizabeth McConnachie, deceased, died at St. Mary Medical Center, Hobart, Indiana.

That the said Alice Elizabeth McConnachie was the owner of the fee simple title to the following described real estate at the time of her death, to-wit:

Lot 46 and the North 3 feet of Lot 45, Block 1, Rundell's 5th Addition to Tolleston, as shown in Plat Book 8, page 19, in Lake County, Indiana.

STATE OF INDIANA
 LAKE COUNTY
 RECORDER'S OFFICE
 FEB 17 10 22 AM '83
 W. MICHAEL DUGAN JR.
 RECORDER

**DULY ENTERED
 FOR TAXATION**

FEB 16 1983

Lessie O. Priddy
 AUDITOR LAKE COUNTY

46-474-44

Further, that the said Alice Elizabeth McConnachie, deceased, died intestate, that no administration of her estate has been commenced and that none is now pending; that the gross value of the estate of the said Alice Elizabeth McConnachie, deceased, taking into consideration in the valuation thereof the value of all of her gifts in contemplation of death, including all gifts made by her in the three years preceding her death, and the value of all of her invest-

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ments and joint properties and estates by the entirety, including the real estate above described, plus the proceeds of the life insurance on her life, did not equal or exceed the sum of Sixty Thousand Dollars (\$60,000.00), as a consequence of which her estate was not subject to Federal Estate Tax. Further, that all costs and claims of creditors existing by reason of the fact of the death of the said Alice Elizabeth McConnachie, deceased, including expense of last illness and cost of burial have been paid in full by this Affiant.

That the said Alice Elizabeth McConnachie was survived by the following persons as her sole and only heirs at law, the Affiant, John R. McConnachie, a son, and Murray E. McConnachie, a son. That the fee simple title to said real estate was acquired by said heirs on the death of the said Alice Elizabeth McConnachie, deceased.

That this Affidavit is made for the purpose of establishing the above facts, for the purpose of completing the chain of title to the hereinabove described parcel of real estate and for the purpose of inducing the Pioneer National Title Insurance Company, Union Title Division, and/or Chicago Title Insurance Company, Lake County Title Company Division, and/or Lawyers Title Insurance Company, to rely hereon and in reliance hereon to issue a policy and/or policies of owner's-mortgagee's title insurance free of any objection based upon the fact of the death of the said Alice Elizabeth McConnachie, deceased.

Further, this Affiant sayeth not.

IN WITNESS WHEREOF, the said John R. McConnachie has hereunto set.

his hand and seal this 29th day of May, 1979.

John R. McConnachie
John R. McConnachie

Subscribed and sworn to before me, a Notary Public in and for
said County and State this 29th day of May, 1979.

Carolyn K. Sempf
Carolyn K. Sempf, Notary Public

My Commission expires:
August 1, 1982
County of Residence: Lake

Prepared by:

Harry R. Kneifel, Sr.
KNEIFEL & BEHNKE
ATTORNEYS AT LAW, INC.
651 East Third Street
Hobart, Indiana 46342
Phone: (219) 942-1128

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FILED

Local No. 360

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

KNEIFER & BEHNKE
ATTORNEYS AT LAW, INC.
601 EAST THIRD
HOBART, INDIANA 46347
State No. HOBART, INDIANA 46347

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

FUNERAL HOME
No. 2379

FUNERAL DIRECTOR'S
LICENSE No. 2379

FUNERAL DIRECTOR'S
SIGNATURE

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **ALICE ELIZABETH McCONNACHIE** 2. **Female** 3. **October 1, 1973**

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR NOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. **White** 5a. **79** 5b. **-** 5c. **0** 6. **Dec. 13, 1894** 7. **Lake**

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)

7b. **Hobart** 7c. **yes** 7d. **St. Mary Mercy Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. **Canada** 9. **U.S.A.** 10. WIDOWED DIVORCED 11. **None**

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. **303-56-7771** 13a. **Housewife** 13b. **Own Home**

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. **Indiana** 14b. **Lake** 14c. **Gary** 14d. **yes** 14e. **Calumet**

STREET AND NUMBER 14f. **1036 Arizona Street** 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 15 RESIDENCE ON A FARM?

14f. **1036 Arizona Street** 14g. **No** 15. **no**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **John Moffatt** 16. **UNKNOWN**

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. **John Raymond McConnachie** 17b. **Son** 17c. **1036 Arizona St. Gary, Indiana**

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

(a) **CEREBRAL HEMORRHAGE** 7 2 DAYS

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES NO 19a. **No** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. **October 1, 1973** M. 21a. **October 4, 1973**

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. **Jacob E. Pruitt** 22b. *Jacob E. Pruitt*

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. **6111 Harrison Street Merrillville, Indiana**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. **Burial** 24b. **Ridgeway Cemetery** 24c. **Gary, Indiana**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. **Oct. 4, 1973** 25a. **LACH FUNERAL HOME 6121 Miller Ave. Gary, Indiana 46403**

HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. *[Signature]* 26. **OCT 5 1973**

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PRINT WITH INK
EMBALMER'S NAME: **Barbara H. Leob**
FUNERAL HOME: **5715 S. 46th St. Gary, Ind. 46404**
FUNERAL DIRECTOR'S LICENSE No. **2379**
EMBALMER'S LICENSE No. **1267**
FUNERAL HOME SIGNATURE: *Barbara M. Leob*

EMD

CERTIFIED COPY
James J. ...
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE OCT 5 1973