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STATE OF INDIANA)
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Elizabeth M. Flye, being duly sworn upon her oath and states as follows:

1. That Elizabeth M. Flye, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

HOBART PARK SECOND ADDITION
E. 41.3 FT. OF L. 21

Key 18-728-21
2. That Elizabeth M. Flye and Harry J. Flye, now deceased, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate.

3. That the marital relationship which existed between this affiant and Harry J. Flye, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Harry J. Flye, her husband, on the 7th day of June, 1983, at which time this affiant acquired title to said real estate as surviving tenant by the entireties;

4. That the gross value of the estate of the decedent, Harry J. Flye, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing the decedent's estate.

Elizabeth M. Flye
Elizabeth M. Flye, Affiant

I affirm under the penalties of perjury, that the foregoing representations are true.

FILED

JUL 13 1983

Lisa O. Rees
ADMINISTRATOR LAKE COUNTY

Elizabeth M. Flye
Elizabeth M. Flye

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUL 14 11 26 AM '83
WILLIAM BIELSKI JR
RECORDER

Subscribed and sworn before me this 7th day of July, 1983.

Robert J. Talian
Robert J. Talian, Notary Public
Resident of Lake County

My Commission Expires:

1/29/86

Prepared by Patricia A. Rees, Attorney

*600 W. Ridge Rd
Robert On*

516

550



INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 5

Local No. 957-83

DECEASED—NAME 1 Harry J. Flye			SEX 2 Male	DATE OF DEATH (Month, Day, Year) 3 June 7, 1983
RACE—(a) White, Black, American Indian, etc. (Specify) 4 White	AGE—Last Birthday (Yrs) 5a 74	UNDER 1 YEAR 5b DAYS	UNDER 1 DAY 5c HOURS	DATE OF BIRTH (Mo., Day, Yr) 6 July 28, 1908
CITY, TOWN OR LOCATION OF DEATH 7a Hobart		HOSPITAL OR OTHER INSTITUTION—(Name of inst. or other, give street and number) 7c 1201 W. 1st Place		IF HOSP OR INST. Indicate DOA, DP, Enter Res. Treatment (Specify) 7d
STATE OF BIRTH (a) Not in U.S.A. Name Country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (a) only give maiden name) 11 Elizabeth Thompson	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yrs or Mos) 12 Yes
SOCIAL SECURITY NUMBER 13 327-18-0664		USUAL OCCUPATION (Give kind of work done during most of working life even if abroad) 14a Mechanic	KIND OF BUSINESS OR INDUSTRY 14b American Bridge Co.	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hobart		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 1201 W. 1st Place		INSIDE CITY LIMITS (Specify City Yes or No) 15e Yes		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16 Mathew Flye			MOTHER—MAIDEN NAME 17 Lucy Williams	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Elizabeth M. Flye Wife		MAILING ADDRESS 18b 1201 W. 1st Place, Hobart, Indiana 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park Cemetery		LOCATION 19c Merrillville, Indiana
DATE (Month, Day, Year) 20a June 11, 1983		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		
To the best of my knowledge occurred at the time, date and place and that to the deceased (Specify) 21a <i>(Signature)</i>		DATE SIGNED (Mo., Day, Yr) 21b 6-15-1983	HOUR OF DEATH 21c 46342-4198 9:25 A.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d P.M. Hamang, M.D.		MAILING ADDRESS—PHYSICIAN 21e 904 West Ridge Rd., Hobart, IN 46342		
HEALTH OFFICER—SIGNATURE 22a <i>(Signature)</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6-16-83	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I, II, III, AND IV) PART I 1a Coronary vascular infarct 1b atherosclerosis 1c				
PART II 2 Empyema				
PART III 3 Other significant conditions—Conditions contributing to death but not related to cause given in PART I or II				
AUTOPSY (Specify Yes or No) 24 No				

TYPE OR PRINT MAINLY WITH UNFADING INK

THIS IS A PERMANENT RECORD

Below for State Office

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JUL 13 1983

JUN 10 1983

LAKE COUNTY HEALTH COMMISSION

LICENSE No. 646
FUNERAL DIRECTOR'S LICENSE No. 2012

EMBALMER'S NAME: James Krause
FUNERAL DIRECTOR'S SIGNATURE: *(Signature)*

LAKE COUNTY HEALTH COMMISSION

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE LINE IN WHICH CAUSE LAST

CAUSE