

Saul Berman
5767 Hollywood Ave
Hammond

3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

737624

June E. Goddard, being first duly sworn upon her oath,
deposes and states as follows:

1. She resides at 1012 Ridge Road, Munster, Indiana.
2. She was the daughter of Anna P. Hann and George W. Hann.
3. That Anna P. Hann died intestate and domiciled in Lake County, Indiana, on July 28, 1976; a certified copy of the Death Certificate is attached hereto and made a part hereof.
4. That at the time of her death, Anna P. Hann owned with George W. Hann, as husband and wife, a certain parcel of real estate located in Lake County, Indiana, legally described as follows:

All of the following except the West 61.04 feet thereof measured along the center line of Ridge Road: That part of the East half of the Northwest Quarter of Section 19, Township 36 North, Range 9 West of the Second Principal Meridian, in the Town of Munster, Lake County, Indiana, described as follows: Commencing at a point in the center of the public highway, known as Ridge Road, and 182 feet, measured along said center line of said highway, East of the West line of the East half of the Northwest Quarter of said Section, Township and Range, above mentioned; thence East in the center of said highway, known as Ridge Road, 148.5 feet; thence South from the center of said highway parallel with the said West line of the East half of said quarter section 330 feet; thence West parallel with the center of said highway 148.5 feet, to the East line of real estate heretofore deeded to Peter G. Kooy; thence North on the East line of said real estate owned by Peter G. Kooy, to the place of beginning. Key #28-4-42

FILED

DEC 13 1983

Saul Berman
AUDITOR, LAKE COUNTY

commonly described as 1024 Ridge Road, Munster, Indiana.

5. That all debts of and all claims against Anna P. Hann and her Estate have been paid in full, that affiant is aware of no creditors of or claimants against Anna P. Hann or her Estate whose claims have not been paid.

6. That no legal proceedings involving Anna P. Hann or her Estate are now pending.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DEC 14 1 12 PM '83
WILLIAM R. BIER
CLERK

700/E

7. There are no Indiana inheritance taxes, nor any federal estate taxes due or payable by virtue of the death of Anna P. Hann.

8. Further affiant sayeth not.

June E. Goddard
JUNE E. GODDARD

Before me this date personally appeared June E. Goddard, to me personally known, and being first duly sworn upon her oath, attested to the truth of the foregoing based upon her personal knowledge and thereafter subscribed her name as above-written all before me this 9th day of December, 1983.

Melanie Zink
NOTARY PUBLIC
Resident of Lake County, Indiana

My Commission Expires: 5/6/87



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

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

KEY 28-4-42
PR. EA. NW S. 100 ft
82-46 X 330 ft
457 ac

Disposition Permit Issued / /
Provisional Certificate
 Yes No

SEP - 8 1982
Data Issued
HAMMOND HEALTH COMMISSIONER

FUNERAL HOME No. 285
FUNERAL DIRECTOR'S LICENSE No. 680
EMBALMER'S NAME Lowell Tucker
FUNERAL DIRECTOR'S SIGNATURE [Signature]
FEB 13 1983

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 582

State No. 453

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

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

1. Anna P Hann 2. F 3. 7-28-76

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

4. White 5a. 85 5b. 5c. 6. 9-16-1890 7a. 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. Hammond 7c. Yes 7d. St. Margarets

DECEASED 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. Kentucky 9. U.S.A. 10. George Hann

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 342-01-7624-B 13a. Housewife 13b. Home

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

14a. Indiana 14b. Lake 14c. Munster 14d. Yes 14e. North

STREET AND NUMBER 14f. 1024 Ridge Road 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?

14g. No 14h. YES NO

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

15. Amos Ellison 16. Elizabeth Moss

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

17a. George Hann 17b. Husband 17c. 1024 Ridge Rd Munster, 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) Arteriosclerotic Cardiovascular disease years

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

(b) Generalized Arteriosclerosis years

(c)

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

19a. carcinoma of the face

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

20. JULY 28 1976 8:40 P.M. 21a. July 30 1976

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

22a. TRASCH, GEORGE C. 22b. [Signature] 22c. [Signature]

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

23. 1614 45th Ave, Munster, Indiana 46321

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

24a. Burial 24b. Ridgeland 24c. Gary Indiana

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

24d. 7-31-76 25a. C. J. Huber 722-165th St. Hammond, Indiana 46321

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. [Signature] 26b. 8-3-76

SBH06-003