

742463

STATE OF INDIANA)
COUNTY OF LAKE) SS:

AFFIDAVIT OF SURVIVORSHIP

Comes now Niel J. Hoback, being first duly sworn upon his oath and states as follows:

1. That Margaret E. Clark, George S. Hoback, Neil J. Hoback are the owners as joint tenants with rights of survivorship of the following real estate located in Lake County, Indiana, to-wit:

FILED

JAN 23 1984

Lucia O. Priddy
NOTARY LAKE COUNTY
1983.

Lot Twenty-Four (24) in Block 8, in Country Club Estates Subdivision, Hobart, per plat thereof, recorded in Plat Book 20, page 41, in the Office of the Recorder of Lake County (Unit 27, Key #17-87-24)

JAN 24 1984
LAKE COUNTY
FILED FOR RECORD

2. That Sara F. Hoback died on the 9th day of December, 1983.

3. That the entire estate of Sara F. Hoback, less debts and encumbrances is less than Eight Thousand Five Hundred (\$8,500.00) Dollars.

4. That no estate is pending or contemplated in any Court.

5. That the gross value of the Estate of Sara F. Hoback as determined for the purpose of Federal Estate Taxes is less than the value required for filing a federal estate tax return.

6. That this Affidavit is made to induce the Recorder of Lake County, to remove the name of Sara F. Hoback from the deed of said property.

FURTHER, this affiant sayeth not.

Neil J. Hoback
NIEL J. HOBACK, Affiant

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a Notary Public of the aforementioned County and State, personally appeared, NEIL J. HOBACK, who executed the foregoing instrument of his own free will for the purpose expressed herein, this 20th day of January, 1984.

MY COMMISSION EXPIRES:

12/6/85

Wendy S. Foshion
Wendy S. Foshion, Notary Public
Resident of: Lake County

PREPARED BY: Patricia A. Rees ATTORNEY AT LAW
600 West Ridge Road, Hobart, IN 46342

867

55/8

007435

STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 101-

DECEASED—NAME 1. Sara Frances HOBACK		FIRST MIDDLE LAST		DATE OF DEATH (MONTH, DAY, YEAR) 2. December 9, 1983	
3. White	4. Fe	5a. 75	5b. 75	6. April 1, 1908	7. Jefferson
8. Bessemer 037013		INSIDE CITY LIMITS (SPECIFY YES OR NO) 9c. Yes		10. Bessemer Carraway Medical Center	
11. Pennsylvania		12. U.S.A.		13. None	
14a. Indiana 115625		14b. Lake		14c. Hobart	
15. James Shaw		16. Frances Moore		17. Dr. M. A. Barra	
18. 928 Med. Cen. Dr., Bessemer, Al		19. Margaret Clark		20. 103 Hillside Dr., Hueytown, Al.	

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) - ASPIRATION Pneumonia			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b) - Peptic Ulceration			
STATING THE UNDERLYING CAUSE (c) - Hepatic failure 5728			
21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		22. DATE OF INJURY (MONTH, DAY, YEAR) HOUR	
23. INJURY AT WORK (SPECIFY YES OR NO)		24. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
25. CERTIFICATION—PHYSICIAN: ATTENDED THE DECEASED FROM 11 16 83 TO 21. Dec 9 83		26. AND LAST SAW HIM/HER ALIVE ON 22. Dec 9 83	
27. CERTIFICATION—CORONER OR HEALTH OFFICER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		28. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE M. COUNTY(S) STATED.	
29. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT): M. ASLAM BARRA		30. SIGNATURE: M. Aslam Barra MD	
31. MAILING ADDRESS—CERTIFIER: 928 Medical Center Drive Bessemer, Ala.		32. CITY OR TOWN, STATE, ZIP: 35020	
33. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal 2		34. CEMETERY OR CREMATORY—NAME: Graceland	
35. DATE (MONTH, DAY, YEAR): December 10, 1983		36. FUNERAL HOME—NAME AND ADDRESS: B.S. West Chapel 2885 Warrior River Rd., Hueytown, Al. 35020	
37. FUNERAL DIRECTOR—SIGNATURE: M. Louis Fortna		38. REGISTRAR—SIGNATURE: Howard Carrett	
39. ADPH-F-VS-2/Rev 4-83		40. DATE RECEIVED BY LOCAL REGISTRAR: December 28, 1983	

STATE OF ALABAMA
COUNTY OF JEFFERSON
FILED
JAN 28 1984

Country Club Lot
X.24 M.F #17-87-24

Louis Fortna
Registrar
AUDITOR LAKE COUNTY

Susan Corley
Authorized Bureau Clerk

Seal of Health Officer
Jefferson County, Alabama

January 6, 1984
Date of Issue

IMPORTANT - This certificate void (a) without the embossed seal of the Health Officer of Jefferson County, Alabama, (b) if it contains evidence of erasures or alterations.

867-A