



Chicago Title Insurance Company

Pol B-408765.

Alex Browar
217 W. 56th PL
MERRILLVILLE, IN 46410

767615

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

} S. S.

COUNTY OF LAKE

On this July 27, 1984 before me personally appeared Josephine Burrell
(Insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by George Burrell and Josephine Burrell;
- Said George Burrell
(fill in name of co-tenant who died)
died on October 8, 1970
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- ~~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 \$_____ and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;~~
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no
(If answer is "Yes," identify the divorce proceedings:
_____)
- Affiant's relationship to the deceased was wife

STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
RECORDER
AUG 6 11 33 PM '84
WILLIAM DWELSKI JR.
RECORDER

Gross Paid add.
15-32-34 lots 33 & 34
n/4 lot 35 Bl. 1

Signature: Josephine Burrell
5748 Massachusetts Street
Address: Merrillville, IN 46410

FILED

this 27th day of July, 1984
(insert date)

AUG 6 1984

Helen Helwig
Notary Public

Louis O. Priddy
AUDITOR LAKE COUNTY

11/7/84

My Commission Expires _____

000256

This instrument prepared by John O. Stiles, Attorney at Law
8585 Broadway, Merrillville, IN

550

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

358
LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
GEORGE BURRELL		male		Oct. 8, 1970	
2. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS, MO., DAYS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
white		43		May 3, 1927	
3. 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)	
Wheatland		yes		Platte County Memorial Hospital	
4. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
Indiana		USA		married Josephine Basiak	
5. SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
311-26-3440		Businessman - Self employed		Industrial Machine Corp.	
6. RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
Indiana		Lake		Gary	
7. FATHER—NAME		MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Frank Burrell		Anna Bonka		yes	
8. INFORMANT—NAME		9. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
Stillinovich-Palmer Mortuary		4201 Broadway Street, Gary, Indiana			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
11. IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarct</i>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d)					AUTOPSY (YES OR NO) 15a. <i>NO</i>
12. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		13. DATE OF INJURY (MONTH, DAY, YEAR)		14. HOUR	
				M. 20c	
15. INJURY AT WORK (SPECIFY YES OR NO)		16. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		17. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
18. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		19. MONTH DAY YEAR TO		20. AND LAST SAW HIM/LIVE ON	
10 8 70		10 8 70		10 8 70	
21. CERTIFICATION—MEDICAL EXAMINER OR CORONER: 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.		22. HOUR OF DEATH		23. TIME DECEASED WAS PRONOUNCED DEAD	
10/8/70		115 P. M.		10 8 70	
24. CERTIFIER—NAME (TYPE OR PRINT)		25. SIGNATURE		26. DATE SIGNED (MONTH, DAY, YEAR)	
E. G. Howshar, MD		<i>E. G. Howshar, MD</i>		10/12/70	
27. MAILING ADDRESS—CERTIFIER		28. STREET OR R.F.D. NO.		29. CITY OR TOWN	
PO BOX 929		Wheatland, Wyo		82201	
30. BURIAL, CREMATION, REMOVAL (SPECIFY)		31. CEMETERY OR CREMATORY—NAME		32. LOCATION (CITY OR TOWN, STATE)	
Removal				Gary, Indiana	
33. DATE (MONTH, DAY, YEAR)		34. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
10/10/70		TED S. SCHRADER FUNERAL DIRECTOR, Box 865, Wheatland, Wyoming			
35. FUNERAL DIRECTOR—SIGNATURE		36. REGISTRAR—SIGNATURE		37. DATE RECEIVED BY LOCAL REGISTRAR	
<i>Ted S. Schrader</i>		<i>Lawrence J. Cohen</i>		11-10-70	

THIS IS TO CERTIFY THAT THIS REPRODUCTION IS A TRUE COPY OF A RECORD ON FILE IN VITAL RECORDS SERVICES, DIVISION OF HEALTH AND MEDICAL SERVICES, WYOMING DEPARTMENT OF HEALTH AND SOCIAL SERVICES, CHEYENNE, WYOMING.

L. J. Cohen, M.D.

LAWRENCE J. COHEN, M. D.
STATE REGISTRAR

DATE ISSUED October 23, 1970

BY *[Signature]*
STATE REGISTRAR
VITAL RECORDS SERVICES