

771251

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now RITA MARIE GETTS, being duly sworn upon her oath, deposes and says:

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

Lot Sixteen (16), Block Sixteen (16), Park View Addition to Hammond as shown in Plat Book 18, Page 19, in Lake County, Indiana.
(Key #35-235-16)

2. That RITA MARIE GETTS and HOWARD DALE GETTS were husband and wife at the time they acquired title, as tenants by the entirety, to said real estate, by deed of conveyance.

3. That the marital relationship which existed between this affiant and HOWARD DALE GETTS continued unbroken from the time they so acquired title to said real estate until the death of HOWARD DALE GETTS on April 25, 1984, in Mountain Home, Arkansas, at which time this affiant acquired title to the real estate as the surviving tenant.

4. That decedent's estate is not subject to any Federal Estate Tax.

FILED

SEP 4 1984

[Signature]
AUDITOR OF PUBLIC ACCOUNTS

Rita Marie Getts
RITA MARIE GETTS

I AFFIRM under the penalties for perjury that the foregoing representations are true.

Dated this 28th day of August, 1984.

Rita Marie Getts
RITA MARIE GETTS

This document prepared by: Mark H. Holtan, Attorney
1644-45th Avenue
Munster, Indiana 46321

STATE OF INDIANA/S.S.
LAKE COUNTY
FILED FOR RECORD
SEP 5 11 44 AM '84
WILLIAM BIELOCKI
RECORDER

550

ARKANSAS DEPARTMENT OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK	DECEDENT-NAME FIRST MIDDLE LAST HOWARD DALE GETTS			SEX Male	DATE OF DEATH (Mo., Day, Yr.) April 25, 1984
	RACE (e.g., White, Black, American Indian, Etc.) (Specify) White		SPANISH ORIGIN OR DESCENT 1 <input type="checkbox"/> Non-Spanish 3 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Mexican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> Central or So. American 6 <input type="checkbox"/> Other or Unknown Spanish		AGE-Last Birthday (Yrs.) 51
DECEDENT	COUNTY OF DEATH Baxter		CITY, TOWN OR LOCATION OF DEATH Mountain Home		HOSPITAL OR OTHER INSTITUTION-Name (If not in either give street and number) Baxter Co. Reg. Hosp.
	STATE OF BIRTH (If not in U.S.A., name country) Indiana		CITIZEN OF WHAT COUNTRY USA		DATE OF BIRTH (Mo., Day, Yr.) Feb. 11, 1933
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Rita Chirby		IF HOSP. OR INST. Indicate DOA (OP, Emer. Hm., Inpatient) (Specify) Inpatient
	SOCIAL SECURITY NUMBER 312-28-0503		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Tester		KIND OF BUSINESS OR INDUSTRY Steel Industry
PARENTS	FATHER-NAME FIRST MIDDLE LAST Harry NMN Getts		MOTHER-MAIDEN NAME FIRST MIDDLE LAST Helen NMN Ustler		
	INFORMANT-NAME (Type or Print) Rita Getts		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 1707 Brown Avenue, Whiting, Indiana 46394		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal		CEMETERY OR CREMATORY-NAME Calumet Memorial Park		LOCATION CITY OR TOWN STATE Merreville, Indiana
	DATE (Mo., Day, Yr.) April 26, 1984		NAME OF FUNERAL HOME Kirby & Family Fun. Dir.		ADDRESS OF FUNERAL HOME Mountain Home, Arkansas
CERTIFIER	EMBALMER-Signature <i>Elton W. Kirby</i>		LICENSE NUMBER 1220	REGISTRAR (Signature) <i>Barbara L. Williams</i>	
	DATE SIGNED (Mo., Day, Yr.) April 27, 1984		HOUR OF DEATH 12:15 A		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 27, 1984
	22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (Signature and Title) <i>Richard Burnett</i>		22b. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (Signature and Title) <i>Barbara L. Williams</i>		22c. DATE SIGNED (Mo., Day, Yr.) April 27, 1984
	22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Richard Burnett, Hospital Drive, Mountain Home, Arkansas 72653		22e. PRONOUNCED DEAD (Mo., Day, Yr.) ON		22f. PRONOUNCED DEAD (Hour) AT
CAUSE OF DEATH	25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Acute Myocardial Infarction		Interval between onset and death		
	(b) DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death		
	(c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause in PART I (a) Diabetes mellitus -		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) No
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
	28b. INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY-At home, farm, street, factory, office building etc. (Specify)	LOCATION	STREET OR R.F.D. NO CITY OR TOWN STATE

TYPE OR PRINT AND SIGN IN PERMANENT BLACK INK

VR-2 (4a) (7a) (7c) (9) (15) 100M-2/79-1538-DP&L Co.
SEP 4 1984

[Signature] THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
AUDITOR DATE
THIS IS TO CERTIFY, That the above is an exact reproduction of the original death certificate, which is in my possession this date and of which I have the authority to issue under Act 120 of 1981. IN TESTIMONY WHEREOF, witness my hand and seal of office at Baxter County, Mountain Home, Arkansas.
(Do not accept if rephotographed, or if seal cannot be felt. The reproduction of this document is prohibited by law).
APR 27 1984
[Signature]
County Registrar

Date
Park-Viewdad.
L. 16 Bl. 16
35-235-16