

SURVIVORSHIP AFFIDAVIT

#120349-84

Ret: Benedict Dankovis
8238 Cal Ave.
Munster, IN

STATE OF INDIANA

COUNTY OF LAKE 772066

S.S.

On this August 30, 1984 before me personally appeared
(insert date)

ANNA RUSH

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

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- 3. Said premises were formerly owned as joint tenants or as tenants by the entirety by
Melvin Rush and Anna Rush

4. Said Melvin Rush
(fill in name of co-tenant who died)

died on April 26, 1982 Key 49-152-60

leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entirety, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$20,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entirety, were the parties divorced? No

(If answer is "Yes," identify the divorce proceedings:

N/A

7. Affiant's relationship to the deceased was wife

Signature: Anna Rush

Anna Rush

Address: 2530 Stevenson Street

Gary, Indiana 46308

Subscribed and sworn to before me by the affiant

this August 30, 1984
(insert date)

Jane Moore Notary Public

My Commission Expires March 14, 1986
Resident of Lake County

This instrument prepared by Benedict E. Dankovis, Attorney at Law,
8238 Calumet Ave., Munster, IN. 46321

FILED

SEP 10 1984

Lyle O. Trout
AUDITOR LAKE COUNTY

TICOR TITLE INSURANCE
Crown Point, Indiana

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD

SEP 12 8 39 AM '84
WILLIAM BELSKI JR
RECORDER

276

#120349-84

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

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TICOR TITLE INSURANCE
State of Indiana
No. Crown Point, Indiana

82-0290

Local No.

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

DECEASED - NAME 1 Melvin R. Rush			SEX Male	DATE OF DEATH - MONTH DAY YEAR April 26, 1982
RACE - (e.g. White, Black, American Indian, etc.) 4 white	AGE - Last birthday 5a 77	UNDER 1 YEAR 5b MONTHS DAYS	UNDER 1 DAY 5c HOURS MIN.	DATE OF BIRTH - MONTH DAY YEAR 6 8-16-1904
CITY, TOWN OR LOCATION OF DEATH 7a Gary		HOSPITAL OR OTHER INSTITUTION - Name of institution, apt. street and number. 7c Residence		IF DECEASED OR FIRST INDEGREE OR 2 ND DEGREE RELATIVE OF DECEASED 7d
STATE OF BIRTH - (e.g. Ill., N.Y., S.D.) 8 Kentucky	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED - NEVER MARRIED 10 married	SURVIVING SPOUSE - (e.g. Mrs. Anna Dunn) 11 Anna Dunn	IF DECEASED OR FIRST INDEGREE OR 2 ND DEGREE RELATIVE OF DECEASED 12 yes
SOCIAL SECURITY NUMBER 13 401-22-5676		USUAL OCCUPATION - (e.g. Nurse, Clerk, Farmer, etc.) 14a Plant Security	KIND OF BUSINESS OR INDUSTRY 14b Blaw-Knox	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary		
STREET AND NUMBER 15d 2530 Stevenson		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 L.M. Rush		MOTHER - MAIDEN NAME 17 Maggie Basham		
INFORMANT - NAME (Type or print) 18a Mrs. Anna Rush-Wife		RELATIONSHIP 18b Wife	MAILING ADDRESS - STREET OR R.F.D. NO. 18c 2530 Stevenson	CITY OR TOWN STATE ZIP 18d Gary, Indiana 46408
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn Mem. Gardens	LOCATION - CITY OR TOWN STATE 19c Schererville, Indiana	
DATE (MONTH DAY YEAR) 20a April 29, 1982		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) 20b Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Indiana		
To the best of my knowledge, death occurred at the time, date and place stated due to the cause stated. 21a Asst. Coroner		DATE SIGNED (MONTH DAY YEAR) 21b 4/27/82	HOUR OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d FRED HOLLER M.D.				
MAILING ADDRESS - PHYSICIAN 21e 800 W. Center Blvd Suite 2 Hammond Ind. 46321				
HEALTH OFFICER - SIGNATURE 22a E. H. Caldwell, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b APR 28 1982		
PART I (a) acute myocardial infarction		Interval between onset and death 5 miles		
(b) Generalized arteriosclerosis		Interval between onset and death 30 yrs		
(c)		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY - (Specify Yes or No) 24		

Below for State Office Use

- A _____
- B _____
- C _____
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- F _____
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- 11 _____
- 12 _____

FUNERAL HOME No. 280

LICENSE No. 1350

FUNERAL DIRECTOR'S LICENSE No. 1783

EMBALMER'S NAME: John C. Ault

FUNERAL DIRECTOR'S SIGNATURE: Joseph L. Bocken

FILED
 SEP 10 1984
 Lake County Auditor
 LAKE COUNTY

Key 49-157-60
 Burial in Garden DC 58330.1