

775957

AFFIDAVIT OF SURVIVORSHIP

People's Fed. S/L
7135 Indpls Blvd
1111
120600-84-53

Comes now Beatrice McCloud n/k/a Beatrice Matojasic, being duly sworn upon her oath and states as follows:

That Beatrice McCloud n/k/a Beatrice Matojasic, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot One (1), Block One (1), in Evergreen Park, in the City of Hammond, as per plat thereof, recorded in Plat Book 28, page 81, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 7507 Birch Street
Hammond, IN 46327

#33-216-1

And that Beatrice McCloud n/k/a Beatrice Matojasic, and Frank McCloud, now deceased, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 18th day of April, 1972, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between this affiant and Frank McCloud, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Frank McCloud, her husband, on the 29th day of July, 1972, at which time the affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Frank McCloud, as determined for the purposes of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate as a result of this transfer was not subject to Indiana Inheritance Tax.

TICOR TITLE INSURANCE
Crown Point, Indiana

Beatrice Matojasic
AFFIANT - Beatrice McCloud n/k/a
Beatrice Matojasic

(VERIFICATION)

SUBSCRIBED and SWORN to before me, the undersigned, a Public in and for said County and State, on this 5th day of October, 1984.

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
OCT 15 9 28 AM '84
WILLIAM BOCHNOWSKI JR
NOTARY RECORDER

Deborah A. Hensley
NOTARY PUBLIC Deborah A. Hensley

My Commission Expires:

9/9/87

Resident of Lake County.

This Instrument Prepared By:

FRANK J. BOCHNOWSKI, Attorney at Law
8235 Calumet Ave, Suite B
Munster, IN 46321
219-836-8424

FILED

OCT 11 1984

Francis O. R...
AUDITOR LAKE COUNTY

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5590

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NORTH DAKOTA STATE DEPARTMENT OF HEALTH

CERTIFIED COPY - CERTIFICATE OF DEATH

REGD AUG 8 1972

NORTH DAKOTA

CERTIFICATE OF DEATH

STATE FILE NO.

STATE DEPARTMENT OF HEALTH

DECEASED—NAME FRANK MC CLOUD M ⁴³		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) July 29, 1972
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) Am. Ind.	AGE—LAST BIRTHDAY (YEARS) 59	DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 22, 1913	COUNTY OF DEATH Rolette
CITY OR TOWNSHIP OF DEATH Belcourt	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Belcourt Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) North Dakota	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Beatrice Hodge
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, (YEAR IS SUFFICIENT)) Fork Lift Operator	KIND OF BUSINESS OR INDUSTRY Warehouse		
RESIDENCE—STATE Ind.	COUNTY Lake	CITY OR LOCATION Hammond	STREET AND NUMBER 7507-Birch Ave.
FATHER—NAME Peter McCloud	MOTHER—MAIDEN NAME Eliza Vivier		
MAILING ADDRESS Mrs. Beatrice McCloud		7507-Birch Ave., Hammond, Ind.	

PART I. CAUSE WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

IMMEDIATE CAUSE
(a) Autopsy Pending

CONDITONS, IF ANY, WHICH CONTRIBUTED TO IMMEDIATE CAUSE (a) (b) (c)

PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))

21a. CERTIFICATION—PHYSICIAN (Month Day Year) Month Day Year

I attended the decedent from 7-29-72 to 7-29-72 and last saw him/her alive on 7-29-72. I (did, did not) view the body after death. Death occurred at Belcourt, N.D. at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.

21b. CERTIFICATION—CORONER

On the basis of the examination of the body and/or the investigation, my opinion death occurred at Belcourt, N.D. on the date and due to the causes stated above. The decedent was pronounced dead on 7-29-72 at Belcourt, N.D.

21c. PHYSICIAN—NAME (Type or Print)
John R. Maggione, M.D.

21d. CORONER—NAME (Type or Print)

21e. ADDRESS
PMS Indian Hospital, Belcourt, North Dakota 58316

21f. DATE SIGNED
07-31-72

22. BURIAL

22a. CLERGY OR CREMATORY—NAME
Lawn Chapel
 22b. LOCATION Scherville, Ind. || 22c. DATE (MONTH, DAY, YEAR) August 2, 1972 | 22d. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY, STATE, ZIP) Niewoehner Funeral Home, Rolla, North Dakota |
| 22e. SIGNATURE [Signature] | 22f. REGISTRAR—SIGNATURE [Signature] |
| 22g. DATE RECEIVED BY [Signature] | 22h. DATE RECEIVED BY [Signature] |

This is to certify that the foregoing is a true and correct copy of the original Certificate of Death filed, kept and preserved in the office of the Division of Vital Statistics, State Department of Health, Bismarck, North Dakota. This copy is NOT VALID without the IMPRESSION SEAL of the State Department of Health.

Date August 8, 1972

Emergen Park
L1 Bl1
#33-216-1

James R. [Signature]
State Health Officer and State Registrar

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Division of Vital Statistics