

PLEASE RETURN TO
American Trust & Savings Bank
WHITING, INDIANA
#121098-84

2

780206

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

GEORGE H. USSELMAN, being duly sworn upon his oath, deposes and says:

That he is the surviving spouse of the marriage by and between George H. Usselman and Mary Usselman; the said Mary Usselman died on the 12th day of November, 1979, and that this affiant has remained unmarried since that date.

Affiant says further that during the lifetime of George H. Usselman and Mary Usselman they did acquire as tenants by the entireties the following described real estate in Lake County, Indiana, to-wit:

Key 35-231-21

The North 25 feet of Lot 19 and the South 15 feet of Lot 20 in Block 12, in Park View Addition to Hammond, as per plat thereof, recorded in Plat Book 18, page 19, in the Office of the Recorder of Lake County, Indiana, more commonly known and described as 1647 Caroline Avenue, Whiting, Indiana 46394,

FILED

NOV 13 1984

Lelia O. Priddy
AUDITOR LAKE COUNTY

NOV 15 8 55 AM '84
WILLIAM BIELSKI JR
RECORDER

TICOR TITLE INSURANCE
Crown Point, Indiana
STATE OF INDIANA, S. NO.
LAKE COUNTY
FILED FOR RECORD

which real estate upon the death of Mary Usselman did descend by operation of law unto this affiant.

Affiant makes this affidavit for the purpose of showing that said real estate did become the property of George H. Usselman by operation of law, upon the death of Mary Usselman, and for the further purpose of inducing the Lake County Auditor to transfer said property into the name of George H. Usselman, solely.

Further affiant saith not.

George H. Usselman
George H. Usselman

Subscribed and sworn to before me a Notary Public this 3rd day of November 1984.

My Commission expires: 2-25-88
Lake County

Patricia L. Babair
Patricia L. Babair Notary Public
A Lake County Resident

This instrument prepared by Attorney Donald L. Gray, 1244-119th Street, Whiting, Indiana 46394.

464
JL 559

TICOR TITLE INSURANCE
Crown Point, Indiana

Key 35-531-21

#121098-84

Park View Blvd
15 1/2 ft. to 19 1/2 ft. 12
15 ft. to 20 ft. 12

American Trust & Savings
1321-119th St Whiting 46394

November 13, 1979

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER 624821
MEDICAL CERTIFICATE OF DEATH			
DECEASED - NAME 1. MARY USSELMAN		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. NOVEMBER 12, 1979
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. WHITE	ORIGIN OR DESCENT (SPECIFY) 4b. AMERICAN	AGE - LAST BIRTHDAY (YRS) 5a. 46	DATE OF BIRTH (MO., DAY, YEAR) 6. MARCH 08, 1933
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. MERCY HOSPITAL MEDICAL CENTER	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. ILLINOIS	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. GEORGE H USSELMAN
SOCIAL SECURITY NUMBER 12. 335-26-4406	USUAL OCCUPATION 13a. HOMEMAKER	KIND OF BUSINESS OR INDUSTRY 13b. OWN HOME	U.S. WAR VETERAN (Y/N) 13c. NO
RESIDENCE STREET AND NUMBER 14a. 1647 CAROLINE	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. WHITING	INSIDE CITY (YES/NO) 14c. YES	COUNTY 14d. LAKE
FATHER - NAME 15. MARTIN NORMAN		MOTHER - MAIDEN NAME 16. HERMINA BLANK	
INFORMANT'S SIGNATURE 17a. S. Stevens			
ADMITTING HOSPITAL OFFICER 17b. RECORDS		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. STEVENSON EXPY. AT KING DR. 60616	
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) INTESTINAL OBSTRUCTION, MULTIPLE		3 MONTHS	
(b) RECURRENT ENDOMETRIAL CARCINOMA		6 MONTHS	
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
DATE OF OPERATION, IF ANY 20a. 11-10-79		MAJOR FINDINGS OF OPERATION 20b. METASTATIC CARCINOMA AND OBSTRUCTION.	
I ATTENDED THE DECEASED FROM: 21a. OCTOBER 19, 1979		AND LAST SAW HIM, HER ALIVE ON: 21c. NOVEMBER 12, 1979	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. NOVEMBER 13, 1979	
SIGNATURE 22a. Charles Smith, M.D.		ILLINOIS LICENSE NUMBER 22d. 36-24791	
NAME AND ADDRESS OF CERTIFIER 22c. CHARLES SMITH, M.D. 55 E WASHINGTON, CHGO, ILL 60602		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED.	
23.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY - NAME 24b. Elmwood	LOCATION 24c. Hammond, Indiana	DATE (MONTH, DAY, YEAR) 24d. 11-15-79
FUNERAL HOME 25a. MRAZEK & RUSS FUNERAL SERVICE		CITY OR TOWN CHICAGO, ILL. 60612	
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 5029	
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 13 1979	

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Hugo H. Muriel, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

FILED
NOV 13 1979
Auditor Lake County

This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE Are
Affixed.

TICOR TITLE INSURANCE
Crown Point, Indiana