



787495 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

COUNTY OF LAKE

} S. S.

On this 19-288 F- before me personally appeared [Signature]

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,"

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by

Claude E. Phillips and Jo Nell Phillips;

4. Said Claude E. Phillips (fill in name of co-tenant who died)

died on March 29 - 1982

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

5. The legal description of the premises in question is:

Lot 40, Block 4, Homestead Gardens Master Addition, in the Town of Highland, as shown in Plat Book 31, page 79, in Lake County, Indiana.

#27-263-40

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

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

8. Affiant's relationship to the deceased was Wife

COPY OF DEATH CERTIFICATE ATTACHED HERETO

Signature: Jo Nell Phillips JO NELL PHILLIPS Address: 3108 Glenwood Ave. Highland Ind. 46322

Subscribed and sworn to before me by the affiant

this December 28th, 1984 (insert date)

[Signature] Notary Public

Michele M. Myers

My Commission Expires July 11th, 1986

County of Residence: PORTER

This instrument prepared by JO NELL PHILLIPS LAKE COUNTY

FILED

JAN 7 1984

[Signature]

000227

Handwritten initials and numbers

CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

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

Below for State Office Use

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EMBALMER'S NAME: **Ronald A. Harris**
FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*
FUNERAL HOME: **Funeral Home**
FUNERAL DIRECTOR: **Lake County**
LICENSE No. **91**

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

PARENTS

DISPOSITION

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

CAUSE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

Local No. **513-83**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. **622001**

DECEASED—NAME 1 Claude E Phillips			SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 3/29/83
RACE—(to a White, Black, American Indian, or 1/2 part) 4 Caucasian	AGE—Last Birthday 5a 56	UNDER 1 YEAR 5b MONTHS	UNDER 1 DAY 5c HOURS	DATE OF BIRTH (Mo, Day, Yr) 6 2/16/27
CITY, TOWN OR LOCATION OF DEATH 7a Munster		HOSPITAL OR OTHER INSTITUTION—(Name, if not in other good street and number) 7c Community Hospital		IF HOSP OR INST. Indicate DOA or Emer. Rm., Department (Specify) 7d Emer Room
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	SURVIVING SPOUSE (If only give maiden name) 11 Jo Phillips (Brannan)	
SOCIAL SECURITY NUMBER 12 310-22-2981		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a		KIND OF BUSINESS OR INDUSTRY 14b Budd Company
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Highland		
STREET AND NUMBER 16a 3108 Glenwood		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY Y or N) 16f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 18 Curtis Phillips		MOTHER—MAIDEN NAME 17 Golda Wangler		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Jo Phillips (Spouse)		MAILING ADDRESS 18b 3108 Glenwood Highland, Indiana 46322		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Chapel Lawn Memorial Grdns Schererville, Indi		LOCATION CITY OR TOWN STATE ZIP Highland Indiana
DATE (MONTH DAY YEAR) 20a 3/31/83		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Kuiper Funeral Home 9039 Kleinman Rd. Indiana		
To the best of my knowledge, death occurred at the time, date and place indicated on the adjacent record. 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo, Day, Yr) 21b 3-29-83	HOUR OF DEATH 21c 1:30 A.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d STEPHEN M. GORSHO, M.D.		MAILING ADDRESS—PHYSICIAN 21e 7905 CALUMET AVE., HAMMOND, IND.		
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-30-83		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))				
PART I (a) MYO CARDIAL INFARCTION		Interval between onset and death less than 1 hr		
DUE TO OR AS A CONSEQUENCE OF				
(b) Atherosclerotic CARDIOVASCULAR DISEASE		Interval between onset and death YEARS		
DUE TO OR AS A CONSEQUENCE OF				
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				