

796789

RETURN TO:
BARBER & SORBELLO
517 N. MAIN ST.
CROWN POINT, IN 46307

2

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

EDWARD WIDSTRAND, being first duly sworn upon his oath, deposes and states as follows:

1. That your affiant's wife, namely, Dorothy Widstrand, died on the 6th day of November, 1981. That said decedent passed away leaving her Last Will and Testament, said will shall not, however, be tendered for probate.

2. That your affiant and his deceased wife were legally married at the time they acquired title, as husband and wife, to the following described real estate: KEY 9-110-5

Lot 5, Block 2, Sunset View Addition to Crown Point, as shown in Plat Book 24, page 38, in Lake County, Indiana

3. That the marital relationship which existed between your affiant and his deceased wife at the time they acquired title to the real estate described hereinabove, remained in effect and unbroken until the date of her death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all property in which the decedent had an interest, either real, personal, tangible and mixed, was owned jointly with your affiant with rights of survivorship. That as a result of the marital relationship between your affiant and his deceased wife, neither federal estate taxes nor state inheritance taxes would be due and owing.

FILED

Further affiant saith not.

MAR 25 1985

Edward Widstrand
EDWARD WIDSTRAND

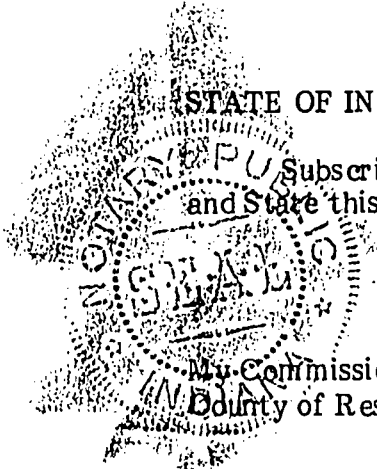
STATE OF INDIANA, MS. NOS.
LAKE COUNTY
FILED FOR RECORD.
MAR 25 11 43 AM '85
RUDOLPH CLAY
RECORDER

STATE OF INDIANA, COUNTY OF LAKE, SS:
AUDITOR LAKE COUNTY

Subscribed and sworn to before me a Notary Public in and for said County and State this 11th day of March, 1985.

Barbara J. Polen
Notary Public BARBARA J. POLEN

My Commission Expires: 7-16-85
County of Residence of Notary Public: Lake



This instrument prepared by Edward P. Grimmer, attorney at law

1017

5-5-85

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

Law for State Office Use

Local No. 12-1691-82

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____
No. _____

TYPE OF PRINT
PERMANENT
BY
FOR
INSTRUCTIONS
SEE
HANDBOOK

FUNERAL HOME

No. 125

DECEASED
NAME
LAST
FIRST
MIDDLE
INITIALS
DATE OF BIRTH
DATE OF DEATH

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
WHICH
CAUSE
IMMEDIATE
CAUSE
STAYING
THE
LINKAGE
CAUSE
LAST

CAUSE

DECEASED—NAME 1 DOROTHY M. WIDSTRAND		SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 November 6, 1981
RACE 4 White	AGE—Last Birthday (Yr.) 5a 60	UNDER 1 YEAR 5b MON. DATE	UNDER 1 DAY 5c HOUR. MIN.
CITY, TOWN OR LOCATION OF DEATH 7a Crown Point		HOSPITAL OR OTHER INSTITUTION—Name of inst. or other place where death occurred 7c St. Anthony's Medical Center	IF HOSP. OR INST. include DOA OP/15 hour. for. (Specify) 7d Inpatient
STATE OF BIRTH 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE—Name of spouse 11 Edward Widstrand
SOCIAL SECURITY NUMBER 13 360-03-7242		USUAL OCCUPATION—Name of work done during year of working (Specify) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b At home
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point	
STREET AND NUMBER 15d 610 W. Farragut Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes
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 Paul Denst		MOTHER—MAIDEN NAME 17 Martha Norlach	
INFORMANT—NAME 18a Edward Widstrand (Husband)		RELATIONSHIP 18b (Husband)	MAILING ADDRESS 18c 610 W. Farragut St., Crown Point, IN 46307
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Maplewood Cemetery	LOCATION 19c Crown Point, Indiana
DATE 20a November 9, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Geisen Funeral Home, Inc., 109 N. E. St. Crown Point, IN 46307	
NAME AND ADDRESS OF CERTIFIER (Name of Practitioner) 21a Albert T. Willardo, M.D., 2293 North Main St., Crown Point, IN.		DATE SIGNED (Mo., Day, Yr.) 21b 2-22-82	HOUR OF DEATH 21c 4:15 p.
HEALTH OFFICER'S SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-22-82	
PART I (a) Subdural hematoma; Cerebral vascular hemorrhage		Interval between onset and death Undetermined	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause group in PART I (a)		AUTOPSY (Specify Yes or No) 24 No	
ACC. SUICIDE? HOM., UNDET., OR PENDING INVEST. (Specify) 25a Accident	DATE OF INJURY (Mo., Day, Yr.) 25b 10/22/81	HOUR OF INJURY 25c	DESCRIBE HOW INJURY OCCURRED 25d Fall
INJURY AT WORK? (Specify Yes or No) 26a No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b Home	LOCATION 26c 610 W. Farragut, Crown Point, IN.	

LICENSE No. 32
FUNERAL DIRECTOR'S
LICENSE No. 306
1982

EMBALMER'S NAME
Robert P. Geisen

FUNERAL DIRECTOR'S
SIGNATURE
Robert P. Geisen

Disposition Permit
issued / /
Provisional
Certificate
 Yes No