

Richard J. Courroy
5698 Broadway
Merrillville

80088i

2

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

AFFIDAVIT OF SURVIVORSHIP

HELEN D. ROBBINS, being first duly sworn upon his/her oath deposes and says that her husband ~~xxxxxxx~~, NATHAN H. ROBBINS, died on the 7th day of July, 1984, in the City of Hobart, Indiana. Affiant states that they were living together as husband and wife at the time of death.

AFFIANT states that prior to the death of the deceased the affiant and the deceased held title as tenants by the entireties to the following described real estate:

Key # 17-29-11

The West 132 feet by parallel lines of the South 1/2 of the Southwest 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 32, Township 36 North, Range 7 West of the 2nd Principal Meridian, in the City of Hobart, Lake County, Indiana.

AFFIANT further states that the decedent died intestate, a copy of the death certificate is attached hereto and incorporated as a part of this affidavit.

AFFIANT further states that all funeral expenses have been paid, ~~and also that the estate of the deceased did not exceed \$xxxxxxxxxxxx~~ and there are no federal or state taxes due.

AFFIANT further sayeth not.

Helen D. Robbins
HELEN D. ROBBINS

Subscribed and sworn to before me this 14 day of April

1985.

Rebecca S. Remley
NOTARY PUBLIC

MY COMMISSION EXPIRES:

2/19/88

Resident of Lake County

FILED

APR 26 1985

Lucille O. Priddy
AUDITOR LAKE COUNTY

STATE OF INDIANA/S.S. NO:
LAKE COUNTY
FILED FOR RECORD
APR 26 1 46 PM '85
RUDOLPH OLAY
RECORDER

1140

55/3

110cc + vet

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
K _____
L _____
1 _____
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12 _____

EMBALMER'S NAME **JAMES F. BURNS**
FUNERAL DIRECTOR'S SIGNATURE *James F. Burns*
FUNERAL HOME **250**
LICENSE NO. **946**
FUNERAL DIRECTOR'S SIGNATURE *James F. Burns*
LICENSE NO. **574**

Local No. **1271-84**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED - NAME 1 NATHAN H ROBBINS		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 JULY 7, 1984
RACE - (e.g. White, Black, American Indian, etc.) 4 WHITE	AGE - (Last birthday) 5a 69	UNDER 1 YEAR 5b MONTHS _____ DAYS _____	UNDER 1 DAY 5c HOURS _____ MINS _____
CITY, TOWN OR LOCATION OF DEATH 7b HOBART		HOSPITAL OR OTHER INSTITUTION (Name, if not on other page street and number) 7c 100 EAST 10th STREET	
STATE OF BIRTH (e.g. U.S.A.) 8 INDWOOD, IND.	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 HELEN MOCK
SOCIAL SECURITY NUMBER 13 305 03 9754		USUAL OCCUPATION (e.g. kind of work done during most of working life, even if casual) 14a SUPERVISOR 'TIN SHOP MNT'	KIND OF BUSINESS OR INDUSTRY 14b U.S. STEEL SHEET & TIN DIV.
RESIDENCE STATE 15a IND.	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c HOBART	
STREET AND NUMBER 15d 100 E. 10th STREET		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify) 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 FIRST MIDDLE LAST 16 NATHAN H ROBBINS SR.		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 MARIE HUGHES	
INFORMANT - NAME (Type or print) RELATIONSHIP 16a HELEN ROBBINS WIFE	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 100 E. 10th STREET HOBART, IND. 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a CREMATION	CEMETERY OR CREMATORY, FUNERAL HOME 19b OAKLAND MEMORY LANES	LOCATION CITY OR TOWN STATE 19c DOLTON, ILLINOIS	
DATE (MONTH DAY YEAR) 20a JULY 9, 1984	FUNERAL HOME - NAME AND ADDRESS 20b BURNS FUNERAL HOME, 701 E. 7th, HOBART, IN 46342	STREET CITY OR TOWN STATE ZIP	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>Ray E. Drasga</i>		DATE SIGNED (M/D/Y) 21b 7/10/84	HOUR OF DEATH 21c _____ M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d RAY E. DRASGA, M.D.			
MAILING ADDRESS - PHYSICIAN 21e 8127 MERRILLVILLE, RD. MERRILLVILLE, IN 46410			
HEALTH OFFICER - SIGNATURE 22a <i>Charles J. ...</i>			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH; THE UNDERLYING CAUSE LAST 23 Colon Cancer			
PART I (a) _____ DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART I (b) _____ DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART I (c) _____ DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONTRIBUTIONS (e.g. conditions contributing to death that are related to cause given in PART I)			AUTOPSY (Specify Yes or No) 24 _____

SBH 06-003 State Form 35430
REV. 10/77

132 ft of 52 SW SW SW
S. 32 T. 36 R. 7 1A. Key # 17-29-11

ILLINOIS
APR 26 1985
AUDITOR LAKE COUNTY
James F. Burns

DEED RECEIVED BY LOCAL HEALTH OFFICER
July 10, 1984

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