

2 810369

*Lead for Donna*

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

A F F I D A V I T

DOROTHY E. BENNETT, being first duly sworn upon her oath deposes and says;

That she was married at one time to Gene G. Bennett, and that she and her said husband were the owners of the following real estate as tenants by the entireties, to-wit;

*Key# 39-346-1 1/2*

Lots 1 and 2 in Block 16 in Town of Ross, as per plat thereof, recorded in Miscellaneous Record "A" pages 254 and 421 in the Office of the Recorder of Lake County, Indiana.

That her said husband, Gene G. Bennett died intestate at St. Mary Medical Center, Hobart, Indiana on January 5, 1982; that at the time of his death, affiant and said decedent were living together as husband and wife and that she survived him as his widow. That by virtue of said survivorship, affiant became the sole owner of the above real estate;

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
RUBEN CLAY  
RECORDER  
JUL 8 1985  
1:51 PM '85

That all the debts and obligations of said decedent were fully paid and satisfied and the expenses of his last illnesses and burial were fully paid and satisfied. That there is no Federal inheritance tax due. (or any other)

That affiant makes this affidavit to clear any objections which might arise to the title to the above real estate arising out of the facts herein stated.

NOTARY PUBLIC  
FILED  
JUL 8 1985  
1985

*Dorothy E. Bennett*  
Dorothy E. Bennett

Subscribed and sworn to before me this 8<sup>th</sup> day of

My Comm. Ex. May 8 1987

*Valerie A. Kaczmarek*  
Notary Public

This Instrument prepared by Peter Bell, Atty., 3800 W. 79th Ave., Merrillville, Ind. 46410.

*550*

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 \_\_\_\_\_
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- 12 \_\_\_\_\_

EMBALMER'S NAME: Keith Dillon JAN 7 1982 LICENSE No. 1205

FUNERAL HOME: 776  
FUNERAL DIRECTOR'S SIGNATURE: [Signature] LICENSE No. 1261

FAMILY COUNTY HEALTH COMMISSIONER'S SIGNATURE: [Signature]

Local No. 11-82

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

DECEASED - NAME 1 GENE G. BENNETT		SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 January 5, 1982
RACE - (See 11-15-64) 4 White	AGE - Last Birthday 5a 57	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
CITY, TOWN OR LOCATION OF DEATH 7b Hobart		HOSPITAL OR OTHER INSTITUTION - (Name if not in other part of certificate) 7c St. Mary Medical Center	IF HOSP OR INST - (See 11-15-64) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8 Ohio	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED - NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Dorothy King
SOCIAL SECURITY NUMBER 13 234-34-7653		USUAL OCCUPATION - (Give kind of work done during most of working life, more if secondary) 14a Electrician	KIND OF BUSINESS OR INDUSTRY 14b Inland Steel Corp.
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 4865 Noble Street		INSIDE CITY LIMITS (Specify Yes or No) 15f No	
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 Lester Bennett		MOTHER - MAIDEN NAME 17 Ethel Campbell	
INFORMANT - NAME (Type or print) 18a Dorothy Bennett - Wife	RELATIONSHIP	MAILING ADDRESS 18b 4865 Noble Street	CITY OR TOWN 18c Gary, Indiana
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Ross Cemetery	LOCATION 19c Merrillville, Indiana
DATE (MONTH DAY YEAR) 20a January 8, 1982		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, IN 46410	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a [Signature] M.D. OR I.D.O.		DATE SIGNED (Mo., Day, Yr.) 21b January 7, 1982	HOUR OF DEATH 21c 3:35 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Richard Buyer, M.D.		MAILING ADDRESS - PHYSICIAN 21e 6111 Harrison Street, Merrillville, Indiana 46410	
HEALTH OFFICER - SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-7-82	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 PART I (a) Congestive Heart Failure DUE TO OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease DUE TO OR AS A CONSEQUENCE OF (c) PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
CAUSE			AUTOPSY (Specify Yes or No) 24 No