

654437

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA  
LAKE COUNTY  
FILED  
MAY 19 9 07 AM '86  
RUDDOLPH CLAY  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE   )

On this 5<sup>th</sup> day of MAY, 1986, before me personally appeared MARJORIE L. HENDERSON, to me personally known, who being duly sworn on oath, did say that:

1. Affiant resides at 8243 Jackson Street, Munster, Indiana;
2. Affiant is the owner of the premises located at 8243 Jackson Street, Munster, Indiana, and more particularly described as follows:

Lot 9, Block 1, Ead's School 1st Addition to Munster, as shown in Plat Book 30, page 33, in Lake County, Indiana.

# 88-139-9

3. Said premises were formerly owned as tenants by the entireties by JAMES M. HENDERSON and MARJORIE L. HENDERSON, husband and wife.
4. Said JAMES M. HENDERSON died on January 16, 1986, leaving no Will.
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of the last illness have been paid in full;
6. That Affiant and JAMES M. HENDERSON were never divorced and Affiant is the surviving spouse of said JAMES M. HENDERSON.

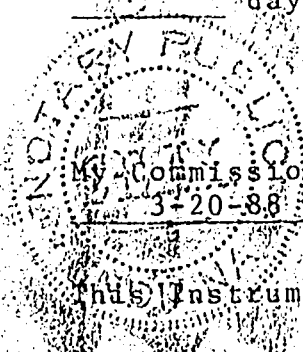
**FILED**

MAY 16 1986

AUDITOR LAKE COUNTY

*Marjorie L. Henderson*  
MARJORIE L. HENDERSON  
8243 Jackson Street  
Munster, Indiana 46321

SUBSCRIBED and SWORN to before me, a Notary Public, this 5<sup>th</sup> day of MAY, 1986.



*Judith A. Osinski*  
Judith A. Osinski, Notary Public  
Resident of LAKE County.

This Instrument Prepared by: THOMAS L. KIRSCH  
Attorney at Law  
131 Ridge Road  
Munster, IN 46321  
(219) 836-1384

798

5.50

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

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

Local No. 124-86

664  
799

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH

FILED  
 MAY 16 1986  
 DEPARTMENT OF HEALTH  
 FUNERAL HOME  
 FUNERAL DIRECTOR'S SIGNATURE  
 EMBALMER'S NAME  
 Frank J. Kish  
 DEATH LICENSE No. 45397  
 FUNERAL HOME LICENSE No. 1490

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IN ANY WHICH CASE MUST BE STATED IMMEDIATELY STATING THE UNDERLYING CAUSE LAST

CAUSE

1 DECEASED - NAME FIRST MIDDLE LAST JAMES HENDERSON		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) JAN. 16, 1986
2 RACE White	3a AGE Last Birthday 66	3b UNDER 1 YEAR MONTHS DAYS 5b 66	3c UNDER 1 YEAR MONTHS YEARS 5c 66
4 CITY, TOWN OR LOCATION OF DEATH MUNSTER		5 HOSPITAL OR OTHER INSTITUTION Name (include street, care street and number) COMMUNITY HOSPITAL	
6 STATE OF BIRTH (if not in U.S.A. specify country) Penn.		7a COUNTY OF DEATH LAKE	
8 CITIZEN OF WHAT COUNTRY U.S.A.		9 SURVIVING SPOUSE (if wife give maiden name) Marjorie Rapson	
10 MARRIED NEVER MARRIED WIDOWED DIVORCED Married		11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year) Yes	
12 SOCIAL SECURITY NUMBER 171 12 5583		13 USUAL OCCUPATION (Give kind of work done during most of working life even if recent) Retired	
14a KIND OF BUSINESS OR INDUSTRY Town of Munster		14b	
15a RESIDENCE - STATE INDIANA		15b COUNTY LAKE	
15c CITY, TOWN OR LOCATION MUNSTER		15d STREET AND NUMBER 8243 JACKSON	
15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f INSIDE CITY LIMITS (Specify Yes or No) yes	
16 IS DECEASED OF SPANISH DESCENT? If YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17 FATHER NAME FIRST MIDDLE LAST Clarence Henderson		18 MOTHER MAIDEN NAME FIRST MIDDLE LAST Edna Hogue	
19 INFORMANT - NAME (Type or print) RELATIONSHIP Marjorie Henderson		20 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 8243 Jackson Munster, Indiana 46321	
21a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		21b CEMETERY OR CREMATORY FUNERAL HOME LOCATION CITY OR TOWN STATE Ridgelawn Cemetery Griffith, Ind.	
22a DATE (MONTH DAY YEAR) Jan 18, 1986		22b FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) BURNS KISH FUNERAL HOME	
23a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated Jan 17, 1986		23b DATE SIGNED (Mo. Day Year) Jan 17, 1986	
23c HOUR OF DEATH 2:50 A.M.		23d NAME OF ATTENDING PHYSICIAN (Type or Print) JAMES I. MONKS, M.D.	
24 MAILING ADDRESS - PHYSICIAN 5500 HOHMAN AVE. HAMMOND, IND. 46320			
25 HEALTH OFFICER - SIGNATURE Paul Johnson		25b DATE RECEIVED BY LOCAL HEALTH OFFICER 1-21-86	
26 23 NAME (DATE) CAUSE (INTERPRET ONLY CAUSE PER LINE (a), (b) AND (c))			
PART I (a) (b) (c) Bleeding Esophageal Varices Cirrhosis with Portal Hypertension Chronic Alcoholism		Interval between onset and death 2 days	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) AUTOPSY (Specify Yes or No) 24			