

876311

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

On the   8   day of September, 1986, before me personally appeared EVELYN L. LOWRY, to me personally known, who being duly sworn on oath, did say that:

1. Affiant resides at 310 Lake Street, Schererville, Indiana.

2. Affiant is the owner of the following described property located in Lake County, Indiana:

Lot 8 in Park Manor, Twelfth Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 31, page 83, in the Office of the Recorder of Lake County, Indiana.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
RUDDOLPH CLAY  
RECORDER  
SEP 22 9 54 AM '86

#13-105-8

3. Said premises were formerly owned as tenants by the entireties by BERNARD F. LOWRY and EVELYN L. LOWRY, Husband and Wife.

4. Said BERNARD F. LOWRY died on the 14th day of August, 1986.

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 last illness have been paid in full.

6. That Affiant and BERNARD F. LOWRY were never divorced and Affiant is the surviving spouse of said BERNARD F. LOWRY.

*Evelyn L. Lowry*  
EVELYN L. LOWRY  
310 Lake Street  
Schererville, IN 46375

  8   SUBSCRIBED and SWORN to before me by the Affiant, this day of September, 1986.

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

My Commission Expires:   3-20-88  

FILED

SEP 10 1986

1261

THIS INSTRUMENT PREPARED BY:  
Thomas L. Kirsch  
131 Ridge Road  
Munster, IN 46321  
(219) 836-1384

*Thomas L. Kirsch*  
AUDITOR LAKE COUNTY

550  
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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. 2383-86

1262

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
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EMBALMER'S NAME: LAWRENCE MILLER  
FUNERAL DIRECTOR'S SIGNATURE: *Lawrence Miller*  
LICENSE No. 601 SEP 15 1966  
FUNERAL HOME: *Paul Johnson*  
LICENSE No. 1322 SEP 19 1966

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS IN HANDBOOK DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

DECEASED NAME 1 FIRST MIDDLE LAST BERNARD F. LOWRY			SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 AUG. 14, 1986
RACE (e.g. White, Black, American Indian, etc.) 4 WHITE	AGE Last Birthday (Year) 5a 58	UNDER 1 YEAR 5b MONTHS DAYS	UNDER 1 DAY 5c HOURS MIN.	DATE OF BIRTH (Year, Month, Day) AUG. 26, 1927
CITY, TOWN OR LOCATION OF DEATH 7b DYER		HOSPITAL OR OTHER INSTITUTION (Name if not in either, give street and number) 7c OUR LADY OF MERCY HOSPITAL		IF HOSP OR INST. Indicate DOA (IP, Em, Am, Inpatient) (Specify) 7d INPATIENT
STATE OF BIRTH (If not in U.S.A. name country) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 EVELYN	
SOCIAL SECURITY NUMBER 13 397-24-0033		USUAL OCCUPATION (Give kind of work done during most of working life, specify) 14a DISPATCHER	KIND OF BUSINESS OR INDUSTRY 14b AMOCO OIL	
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c SCHERERVILLE		
STREET AND NUMBER 15d 310 LAKE ST.			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f YES
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input type="checkbox"/>				
FATHER - NAME FIRST MIDDLE LAST 16 ROY A. LOWRY		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 AMANDA WINTERS		
INFORMANT - NAME (Type or Print) RELATIONSHIP 18a EVELYN LOWRY WIFE		MAILING ADDRESS STREET OR R.D. NO. CITY OR TOWN STATE ZIP 18b 310 LAKE ST. SCHERERVILLE, IND. 46375		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE 19b ST. MICHAEL CHURCH CEMETERY 19c SCHERERVILLE, IND.		
DATE (MONTH DAY YEAR) 20a AUG. 16, 1986		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.D. NO. CITY OR TOWN STATE ZIP) 20b FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, IND. 46321		
21a (Signature) <i>Charles D. Egan</i>		DATE SIGNED (Year, Day, Month) 21b 14 Aug 86	HOUR OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d		MAILING ADDRESS - PHYSICIAN 21e		
HEALTH OFFICER SIGNATURE <i>Paul Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 8-15-86	
22a				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PROXIMATE TO DEATH) I (a) Acute in tra cerebral hemorrhage. DUE TO OR AS A CONSEQUENCE OF I (b) Myocardial embolism DUE TO OR AS A CONSEQUENCE OF I (c)		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) II		AUTOPSY (Specify Yes or No) 24		