



Chicago Title Insurance Company

#9-4428

Citizens Federal S.A.L.A.

1720 - 45th St. Muncie, Ind.
Attn: Elizabeth

257160

876432

SURVIVORSHIP AFFIDAVIT

STATE OF _____ } S. S.
COUNTY OF _____

On this 13th of September 1986 before me personally appeared _____
(insert date)

Robert Macdonald

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner _____;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)

- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by _____
Robert Macdonald and Vineta Macdonald _____;

- 4. Said Vineta Macdonald _____
(fill in name of co-tenant who died)

died on 12-14-79 _____

leaving no will;
(insert "a" or "no"; if will left, attach a copy)

- 5. The legal description of the premises in question is:

Lot 90 in Highland Terrace 5th Addition to the Town of Highland as per plat thereof recorded in Plat Book 30, page 19, in the Office of the Recorder of Lake County, Indiana.

Key # 27-235-40

- 6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No _____

(If answer is "Yes," identify the divorce proceedings: _____);

- 8. Affiant's relationship to the deceased was husband _____.

Signature: Robert J. Macdonald
Address: 3127 Strong St. Highland, Indiana
46322

Subscribed and sworn to before me by the affiant

this 13th of September, 1986
(insert date)

Elizabeth Murrian
Notary Public

Elizabeth Murrian
My Commission Expires 1-4-89

FILED

SEP 19 1986

Lucie O. ...
AUDITOR LAKE COUNTY

This instrument prepared by Robert Macdonald

County of Residence Lake

1235
550

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

STATE OF INDIANA
LAKE COUNTY
RECORDER
SEP 22 1 16 PM '86
RUBEN CLAY

8-01-550116-9

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
DEC 19 1979
Date Issued

EMBALMER'S NAME: FR CHARLES WELLS LICENSE No. 1237
FUNERAL DIRECTOR'S SIGNATURE: Robert J. Mullen LICENSE No. 2472

FUNERAL HOME
No. 303

FUNERAL DIRECTOR'S
LICENSE No. 2472

FUNERAL DIRECTOR'S
SIGNATURE

Local No. 945

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 1236

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
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

1. DECEASED—NAME FIRST: <u>Vineta</u> MIDDLE: <u>MacDonald</u> LAST: <u>MacDonald</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (MONTH DAY YEAR) <u>12-14-79</u>
4. RACE—(a) White, Black, American Indian, etc. (Specify) <u>White</u>	5a. AGE—Last birthday (Year) <u>67</u>	6. DATE OF BIRTH (Mo., Day, Yr.) <u>11-10-12</u>	7. COUNTY OF DEATH <u>LAKE</u>
8. CITY, TOWN OR LOCATION OF DEATH <u>HAMMOND</u>		9. HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) <u>ST. MARCARETS Hosp</u>	
10. STATE OF BIRTH (If not in U.S.A. name country) <u>IN.</u>	11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	13. SURVIVING SPOUSE (If wife, give maiden name) <u>Robert J. Macdonald</u>
14. SOCIAL SECURITY NUMBER <u>309-09-2984</u>		15. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	
16. RESIDENCE—STATE <u>IN</u>	17. COUNTY <u>LAKE</u>	18. CITY, TOWN OR LOCATION <u>HIGHLAND</u>	19. USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) <u>Housewife</u>
20. STREET AND NUMBER <u>3127 STRONG</u>		21. IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. INSIDE CITY LIMITS (Specify YES or NO) 15i. <u>YES</u>
23. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. FATHER—NAME FIRST: <u>Clyde</u> MIDDLE: <u>BYERLY</u> LAST: <u>BYERLY</u>		25. MOTHER—MAIDEN NAME FIRST: <u>NELLIE</u> MIDDLE: <u>MOYLAN</u> LAST: <u>MOYLAN</u>	
26. INFORMANT—NAME (Type or name) <u>Robert Macdonald</u>		27. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <u>3127 STRONG HIGHLAND IN 46322</u>	
28. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <u>BURIAL</u>		29. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE <u>CALVARY Cemetery PORTAGE IN</u>	
30. DATE (MONTH, DAY, YEAR) <u>12-17-1979</u>		31. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>FAGEN-MILLER FUNERAL PARLORS HIGHLAND</u>	
32. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) <u>M. Stasick</u>		33. DATE SIGNED (Mo., Day, Yr.) <u>12-18-79</u>	34. HOUR OF DEATH <u>10:20am</u>
35. NAME OF ATTENDING PHYSICIAN (Type or Print) <u>M. Stasick, M.D.</u>		36. MAILING ADDRESS—PHYSICIAN <u>7330 Indianapolis Blvd., Hammond, Ind. 46323</u>	
37. HEALTH OFFICER—SIGNATURE <u>Franklin J. Bonchans</u>		38. DATE RECEIVED BY LOCAL HEALTH OFFICER <u>DEC 19 1979</u>	
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <u>Cardiopulmonary Collapse</u> DUE TO OR AS A CONSEQUENCE OF (b) <u>Carcinomatosis</u> DUE TO OR AS A CONSEQUENCE OF (c) <u>Carcinoma of Rt. Breast</u>		40. FILED SEP 19 1986 AUDITOR LAKE COUNTY	
41. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (List) PART II			

Disposition Permit Issued / /

Provisional Certificate

Yes No