

892081

STATE OF INDIANA)
) SS: THE PROBATE COURT OF LAKE COUNTY
COUNTY OF LAKE) SITTING AT EAST CHICAGO, INDIANA

IN THE MATTER OF THE SUPERVISED)
ESTATE OF:)
PATRICIA R. GARMON, Deceased)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DEC 18 10 20 AM '86
RUDDOLPH CLAY
RECORDER

AFFIDAVIT OF SURVIVORSHIP

John M. Garmon, executor of the estate of Patricia R. Garmon, deceased, having first been duly sworn upon his oath, says:

1. That this affiant's father, Malcolm T. Garmon, died on the 11th day of September, 1979, in the Town of Munster, State of Indiana, County of Lake.
2. That this affiant's mother, Patricia R. Garmon, died on the 5th day of April, 1986, in the Town of Munster, State of Indiana, County of Lake.
3. That this affiant's father, Malcolm T. Garmon, and mother, Patricia R. Garmon, were married on the 30th day of November, 1946, and said marital relationship continued unbroken until the death of this affiant's father, Malcolm T. Garmon, on the 11th day of September, 1979.
4. That at the time of the death of this affiant's father, Malcolm T. Garmon, Malcolm T. Garmon and Patricia R. Garmon were the owners of certain real estate in the Town of Hammond, described as follows:

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

DULY ENTERED
FOR TAXATION

Dec. 16, 1986

Lula O. ...
AUDITOR LAKE COUNTY

1070

ct 10/00

Lot 54, except the North 35 feet thereof, and the North 37 feet of Lot 55, in Block 1, in Wilson Square addition to the City of Hammond, as per plat thereof, recorded in Plat Book 29, at Page No. 21, in the Office of the Recorder of Lake County, Indiana. Also commonly known as 7211 Beech, Hammond, Indiana. # 36-488-55

Said property having been held by Malcolm T. Garmon and Patricia R. Garmon as husband and wife, as tenants by entireties.

5. That the gross estate at the time of Malcolm T. Garmon's death was not in excess of \$250,000.00 and that no federal or state tax was due on his estate.

6. That at the time of the death of this affiant's mother, Patricia R. Garmon, she had not remarried, and that the gross estate at the time of her death was not in excess of \$250,000.00 and that no federal or state tax was due on said estate.

7. That Patricia R. Garmon is survived by her sons, John M. Garmon, Daniel T. Garmon, and Matthew P. Garmon, and the Worldwide Church of God as devisees under the Last Will and Testament of Patricia R. Garmon, deceased, which has been admitted to probate in the Lake Superior Court, Room Number Two under Cause Number EE86-155.


8. That this affiant is making this Affidavit for the purpose of clearing the title of record of the above-described property formerly held by Malcolm T. Garmon and Patricia R. Garmon as tenants by the entireties and which is now property of the estate of Patricia R. Garmon, deceased, subject to supervised probate administration by the Lake Superior Court, Room Number Two, sitting at East Chicago, Indiana, under Cause Number EE86-155.

Further your affiant saith not.

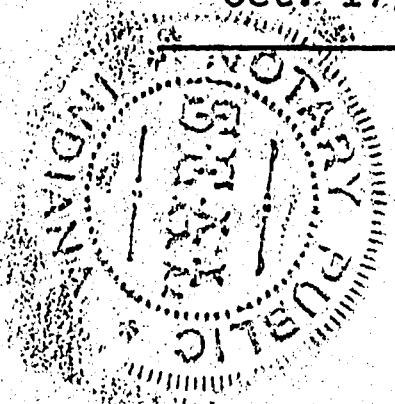

JOHN M. GARMON

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and
for said County and State this 11 day of December, 1986.


Linda S. Wood Notary Public
Resident of Lake County

My Commission Expires:
Oct. 17, 1990



This instrumet prepared by
Attorney Paul A. Leonard, Jr.,
3737-45th Street, Highland, Indiana, 46322.

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THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

10702
55-18A-76
177-55-61
177-54-61

1617

Edgar Gleim

EMBALMER'S NAME

FUNERAL HOME No. 750

FUNERAL DIRECTOR'S LICENSE No. 94

FUNERAL DIRECTOR'S SIGNATURE

AUDITOR LAKE COUNTY HEALTH COMMISSIONER

CAUSE OF DEATH

M.D. OR D.O.

PARENTS

DISPOSITION

DECEASED

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

Local No. 716-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1. Patricia R. Garmon			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. Apr. 5, 1986
RACE—(in U.S. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yrs.) 5a. 57	UNDER 1 YEAR 5b. MONTHS	UNDER 1 DAY 5c. HOURS	DATE OF BIRTH (Mo., Day, Yr.) 6. 5-10-1928
CITY, TOWN OR LOCATION OF DEATH 7a. Munster		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7b. The Community Hospital		IF HOSP. OR INST. (Specify Sec. or Dept.) 7c. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (If with, give relation name) 11. N/A	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13. 316-24-8661		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Home Maker	KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond		
STREET AND NUMBER 16a. 7211 Beach Ave.			IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 18. Roy Heade		MOTHER—MAIDEN NAME 17. Bernice Tennyson		
INFORMANT—NAME (Type or Print) 19a. John Garmon		RELATIONSHIP SON	MAILING ADDRESS 19b. 9346 Parkway Dr. Highland, Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Ridgelawn Cemetery	LOCATION 19c. Gary, Indiana	
DATE (MONTH, DAY, YEAR) 20a. April 9, 1986		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana		
To the best of my knowledge, death occurred at the residence and place and due to the causes stated. 21a. (Signature) S. D. Gailani			DATE SIGNED (Mo., Day, Yr.) 21b. April 7, 1986	HOUR OF DEATH 21c. M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a. S. D. Gailani, M.D.			MAILING ADDRESS—PHYSICIAN 21b. 9116 Columbia Avenue, Munster, IN. 46321	
HEALTH OFFICER—SIGNATURE 22a. (Signature) Paul Johnson			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 4-8-86	
DATE CAUSE 23. (Signature) Metastatic Colon Cancer			INTERVAL BETWEEN ONSET AND DEATH	
(a) OR AS A CONSEQUENCE OF			INTERVAL BETWEEN ONSET AND DEATH	
(b) OR AS A CONSEQUENCE OF			INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))			ADDITIONAL COMMENTS (Specify Yes or No) 24.	

DEC 10 1986

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 1305-79

TYPE OR PRINT
IN
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INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

FUNERAL HOME
 SEP 13 1979
 LICENSE No. 1085
 FUNERAL DIRECTOR'S
 LICENSE No. 94
 EMBALMER'S NAME
 James J. Slacanin
 AUDITOR
 LAKE COUNTY
 SIGNATURE
 DEC 16 1980

DECEASED—NAME 1. Malcolm T Garmon		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 9/11/79
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. Caucasian	AGE—Last Birthday (Yrs.) 5a. 57	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
CITY, TOWN OR LOCATION OF DEATH 7b. Munster		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c. Community Hospital	IF HOSP. OR INST. indicate ICD, CP, Etc., No., Institution (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If with, give maiden name) 11. Patricia Mead
SOCIAL SECURITY NUMBER 13. 331-18-2582		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Custodian	KIND OF BUSINESS OR INDUSTRY 14b. School—Town of Munster, Ind.
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond	IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 7211 Beech Street		INSIDE CITY LIMITS (Specify YES OR NO) 15e. 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 16. Samuel Garmon		MOTHER—MAIDEN NAME 17. Mattie Stockton	
INFORMANT—NAME (Type or print) 18a. Patricia Garmon		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 7211 Beech Street Hammond, Indiana 46324	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Ridgelawn	LOCATION CITY OR TOWN STATE 19c. Gary, Indiana
DATE (MONTH, DAY, YEAR) 20a. 9/14/79		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Kuiper Funeral Home 9039 Kleinman Rd. Highland, Ind 4632	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. 21a. (Signature) Thomas A. Brubaker M.D.		DATE SIGNED (Mo., Day, Yr.) 21b. Sept. 13th, 1979	HOUR OF DEATH 21c. 6:15 PM
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Thomas A. Brubaker, M.D.		MAILING ADDRESS—PHYSICIAN 21e. 110 Ridge Road Munster, Indiana 46321	
HEALTH OFFICE—(Type or Print) 22a. Peen Peen M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 9-13-79	
PART I 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Cardiogenic shock DUE TO OR AS A CONSEQUENCE OF (b) Valvular heart disease DUE TO OR AS A CONSEQUENCE OF (c) Rheumatic fever			Interval between onset and death hours Interval between onset and death years Interval between onset and death years
PART II 24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			ALLEGED Cause Yes or No No

36-488-35
 1071

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 RECORD
 ON FILE WITH THE LAKE COUNTY HEALTH DEPT.