

STATE OF INDIANA }
COUNTY OF LAKE } SS:

AFFIDAVIT OF SURVIVORSHIP

89328 i

Amelia Carlson, a/k/a Amelia S. Carlson, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Albert Carlson, a/k/a Albert F. Carlson, died, without leaving a Will, on September 27, 1986, at St. Anthony Medical Center, Crown Point, Lake County, Indiana, he, at that time, being domiciled and a resident of Lake County, Indiana.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Key # 16-5-87

A portion of the North Half of the Southwest Quarter of Section 21, T. 36 N., R. 7 W. of 2nd P.M., located in Hobart Twp. L.C.I., described as follows: Commencing at a point on the North line of the Southwest Quarter of said Section 21, a distance of 941.6 feet east of the Northwest corner of said Southwest Quarter of Section 21; thence South at right angles 142.6 feet; thence East at right angles 129.47 feet; thence North at right angles 142.6 feet to the North line of the Southwest Quarter of said Section 21, thence West along the North line of the Southwest Quarter of said Section 21.

FILED

DEC 24 1986

Julia O. ...
AUDITOR LAKE COUNTY

DEPT. OF ...
STATE OF INDIANA
Crown Point, Indiana

TICOR FILE
Crown Point, Indiana

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life was not sufficient to necessitate payment of Federal Estate Tax.

Further, Affiant sayeth not.

Amelia Carlson
Amelia Carlson

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 25 day of November, 1986.

Martin Behnke
Martin behnke, Notary Public

My Comm. expires: 1-14-89
County of Residence: Lake

Prepared by: Martin Behnke, Attorney at Law
651 E. Third St., P. O. Box 427, Hobart, In. 46342
Phone: (219) 942-1128

1181550
T1

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

Below for State Office Use

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13+300

Local No. 2628-86 INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH State No. _____

FUNERAL HOME
No. 306

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

EMBALMER'S NAME: WILLIAM K. WILSON
FUNERAL DIRECTOR'S SIGNATURE: [Signature]
LICENSE No. 2256
FUNERAL DIRECTOR'S LICENSE No. 2012

DECEASED - NAME 1 ALBERT F. CARLSON		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) SEPTEMBER 27, 1986
RACE - (If White, Black, American Indian or Alaskan specify) WHITE	AGE - (Last Birthday) 70	DATE OF BIRTH (MO. DAY YEAR) 10-19-1915	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH CROWN POINT		HOSPITAL OR OTHER INSTITUTION - (Name if not in other give street and number) ST. ANTHONY MED CENTER	IF HOSP OR INST (Indicate DOA OP Emer. Rm. Autopsy if specify) INPATIENT
STATE OF BIRTH (If not in U.S. name country) PA	CITIZEN OF WHAT COUNTRY U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) MARRIED	SURVIVING SPOUSE (If wife give maiden name) AMELIA S. TONY
SOCIAL SECURITY NUMBER 191-03-6209		USUAL OCCUPATION (Give kind of work done during most of working life prior to death) BURNER OPERATOR	KIND OF BUSINESS OR INDUSTRY U.S. STEEL
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION HOBART	
STREET AND NUMBER R.R. 1-3793 E. 33RD AVE		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15c NO
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FRANK E. CARLSON, (DEC.)		MOTHER - MAIDEN NAME AMELIA ANDERSON, (DEC.)	
INFORMANT - NAME (Type or Print) AMELIA S. CARLSON, WIFE	RELATIONSHIP WIFE	MAILING ADDRESS 3793 E. 33RD AVE., HOBART, IN 46342	STATE IN
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	CEMETERY OR CREMATORY - FUNERAL HOME CALUMET PARK	LOCATION MERRILLVILLE	STATE IN
DATE (MONTH DAY YEAR) OCTOBER 01, 1986	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-0488		
21a (Signature) <u>[Signature]</u> NAME OF ATTENDING PHYSICIAN (Type or Print) DR. JOHN CARTER		DATE SIGNED (MO. DAY YEAR) 9/29/86	HOUR OF DEATH 4:50 P.M.
21b MAILING ADDRESS - PHYSICIAN 295 SO. WISCONSIN HOBART, IN 46342		22b DATE RECEIVED BY LOCAL HEALTH OFFICER 9/30/86	
22a HEALTH OFFICER - SIGNATURE <u>[Signature]</u>		22c DATE RECEIVED BY LOCAL HEALTH OFFICER 9/30/86	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) pneumonia DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death Several days	
(b) coronary occlusive disease DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death Several yrs.	
(c) myocardial infarction		Interval between onset and death Several mos.	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Coronary bypass grafts - recent		AUTOPSY (Type Yes or No) NO	