

SURVIVORSHIP AFFIDAVIT

#3-4049

Security Federal SALA
2600 Highway Ave.
Highland

R57632

Attn: Norma

STATE OF
COUNTY OF

} S. S.

902485

On this 30th day of January before me personally appeared _____
(insert date)

VIVIAN TURNER

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 co-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
Weldon E. Turner and Vivian L. Turner;

4. Said Weldon E. Turner
(fill in name of co-tenant who died)

died on October 10, 1984

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

5. The legal description of the premises in question is: Key 26-253-4

The East 15 feet of Lot 3, all of Lot 4, and the West 5 feet of Lot 5, Block 3, Bellamy and Gage North Ridge Estates 1st Addition in the Town of Griffith, as shown in Plat Book 35, page 74, in Lake County, Indiana.

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?

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

8. Affiant's relationship to the deceased was wife

Signature: Vivian L. Turner

Address: 207 37th St.
Griffith, IN 46319

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
FEB 18 10 16 AM '87
HOWARD J. BLASTON
RECORDER, LAKE COUNTY
GROWN POINT, INDIANA 46007

Subscribed and sworn to before me by the affiant

this 30th day of January 1987
(insert date)

Norma J. Richardson
Notary Public

My Commission Expires 10-24-88

FILED

FEB 17 1987

Anna N. Antos
AUDITOR LAKE COUNTY

This instrument prepared by William C. Kennedy-Corporate Officer

1006550
CF

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION



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

below for State Office Use

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

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Disposition Permit Issued / /
Provisional Certificate
 Yes No

OCT 17 1984
 LAWRENCE MILLER
 EMBALMER'S NAME
 FUNERAL DIRECTOR'S SIGNATURE
 FUNERAL HOME
 No. 275
 LICENSE No. 1322
 LAKE COUNTY HEALTH COMMISSIONER

Local No. 1937-84 INDIANASTATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH State No. _____

DECEASED—NAME 1. WELDON EUGENE TURNER		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. OCT. 10, 1984
RACE—(See g. White, Black, American Indian, etc.) (Specify) 4. WHITE	AGE—Last Birthday (70s) 5a. 59	UNDER 1 YEAR MOE DATE	UNDER 1 DAY HOURS MIN
CITY, TOWN OR LOCATION OF DEATH 7a. GRIFFITH		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7b. 207 E. 37th ST.	IF HOSP. OR INST. Indicate DOA, DP/1 hour P.M., Organized (Specify) 7d.
STATE OF BIRTH (If not in U.S.A. name country) 8. IND.	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. VIVIAN MANDERNACH
SOCIAL SECURITY NUMBER 13. 305-20-4121		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. PIPE FITTER	KIND OF BUSINESS OR INDUSTRY 14b. ILLINOIS GAS TECHNOLOGY.
RESIDENCE—STATE 15a. IND.	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. GRIFFITH	
STREET AND NUMBER 16a. 207 E. 37th ST.		IS RESIDENCE ON A FARM? 16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 16c. YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g. YES <input type="checkbox"/> NO <input type="checkbox"/>			
FATHER—NAME 18. WELDON M. TURNER		MOTHER—MAIDEN NAME 17. EULA L. FORTNER	
INFORMANT—NAME 19a. VIVIAN TURNER	RELATIONSHIP WIFE	MAILING ADDRESS 19b. 207 E. 37th ST. GRIFFITH, IND. 46319	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19c. BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19d. CHAPEL LAWN MEM. GARDENS	LOCATION 19e. SCHERERVILLE; IND.	CITY OR TOWN STATE
DATE (MONTH, DAY, YEAR) 20a. OCT. 13, 1984	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. FAGEN-MILLER FUNERAL GARDENS, INC. GRIFFITH, IND.		
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the essential cause. 21a. Signature <i>Daniel D. Thomas</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 10-15-84	HOUR OF DEATH 21c. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d. DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21e. ON 10-10-84	PRONOUNCED DEAD (Hour) 21f. AT 1:31 P. M
HEALTH OFFICER—SIGNATURE 22a. <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. FILED 10-17-84	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a) Asphyxia Undetermined Due to, OR AS A CONSEQUENCE OF (b) Due to hanging FEB 17 1987 Due to, OR AS A CONSEQUENCE OF (c)			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a) Huntington Korea Disease		AUDITON LAKE COUNTY 24. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. Suicide	DATE OF INJURY (Mo., Day, Yr.) 25b. 10/10/84	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d. Hanging
INJURY AT WORK (Specify Year or Not) 26a. No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b. Garage	LOCATION 25e. 207 E. Main, Griffith, IN	CITY OR TOWN STATE

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