

LAWYERS TITLE INS. CORP.  
7895 BROADWAY  
MERRILLVILLE, IN 46410

2 918622

SURVIVORSHIP AFFIDAVIT

Merrillville, Indiana

STATE OF INDIANA, COUNTY OF Lake, ss:

SUSAN HOOK, being first duly sworn, on oath states that she is of lawful age and resides in the County of LAKE, State of SHE. That she is the surviving SISTER of JOHN A HOOK who died on the 21 st day of OCTOBER, 19 84, and that as such surviving SISTER is the owner of the following real estate situated in LAKE County, Indiana:

THE SOUTH 61.3 FEET OF LOT 4, BLOCK 3, JAKE KRAMER, JR. ADDITION TO HOBART, CITY OF HOBART, AS SHOWN IN PLAT BOOK 11, PAGE 22, LAKE COUNTY, INDIANA.

Key # 18-62-9

STATE OF INDIANA  
LAKE COUNTY  
FILED  
MAY 22 9 16 AM '87  
RECORDED  
RICHARD J. LEBLANC  
CLERK

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were BROTHER and SISTER at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.

Susan Hook  
SUSAN HOOK

Sworn to before me and subscribed in my presence this 15 TH day of MAY, 19 87.

Resident of LAKE County.

Christine M Kikkert  
Notary Public  
CHRISTINE M KIKKERT

My Commission Expires: 12-7-90

PREPARED BY: S.



Note: Document to be recorded in the Office of the Recorder

FILED

MAY 21 1987

Anna M. Anton  
AUDITOR LAKE COUNTY

let  
550  
1111A

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

Below for State Office Use

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- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
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OCT 23 1984

EMBALMER'S NAME Marty Anderson

LICENSE No. 520

FUNERAL HOME  
No. 776  
FUNERAL DIRECTOR'S  
No. 2367  
FUNERAL DIRECTOR'S  
SIGNATURE

LAKE COUNTY HEALTH COMMISSIONER

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

DECEASED

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED NAME 1 <b>John A. Hook</b>		SEX 2 <b>male</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>October 21, 1984</b>
RACE 4 <b>white</b>	AGE - Last Birthday 5a <b>85</b>	UNDER 1 YEAR 5b UNDER 1 DAY 5c	DATE OF BIRTH (MO DAY YEAR) 6 <b>2-22-1899</b>
CITY, TOWN OR LOCATION OF DEATH 7a <b>Hobart</b>		HOSPITAL OR OTHER INSTITUTION 7c <b>St Mary Medical Center</b>	IF HOSP OR INST indicate DOA 7d <b>Inpatient</b>
STATE OF BIRTH (MO - U.S.A) 8 <b>Pennsylvania</b>	CITIZEN OF WHAT COUNTRY 9 <b>USA</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 <b>never married</b>	SURVIVING SPOUSE 11
SOCIAL SECURITY NUMBER 12 <b>312-05-5774</b>	USUAL OCCUPATION 13a <b>retired supervisor</b>	KIND OF BUSINESS OR INDUSTRY 13b <b>US Steel Gary Sheet &amp; Tin Mill</b>	
RESIDE - STATE 14a <b>Indiana</b>	COUNTY 14b <b>Lake</b>	CITY, TOWN OR LOCATION 14c <b>Hobart</b>	
STREET AND NUMBER 15a <b>1041 Lincoln St</b>		IS RESIDENCE ON A FARM 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS 15c <b>yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER NAME 16 <b>Joseph Hook</b>		MOTHER ALIEN NAME 17 <b>Catherine Troyan</b>	
INFORMANT NAME (Type or Print) 18a <b>Janis Hook</b>	RELATIONSHIP 18b <b>Sister</b>	MAILING ADDRESS 18c <b>1041 Lincoln St Hobart, Indiana 46342</b>	
BURIAL (EMERGENCY, REMOVAL, OTHER) 19a <b>burial</b>	CEMETERY OR CREMATORY - FUNERAL HOME 19b <b>Calumet Park Cemetery</b>	LOCATION 19c <b>Merrillville, Indiana</b>	
DATE (MONTH DAY YEAR) 20a <b>October 24, 1984</b>	FUNERAL HOME - NAME AND ADDRESS 20b <b>Geisen Funeral Home 7905 Broadway Merrillville, Indiana</b>		
To the best of my knowledge death occurred at the time, date and place and due to the causes stated 21a <b>M. U. Paragonker</b>		DATE SIGNED (MO DAY YEAR) 21b <b>10-23-84</b>	HOUR OF DEATH 21c <b>M</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a <b>M. U. Paragonker</b>			
MAILING ADDRESS - PHYSICIAN 21b <b>7395 Broadway Merrillville, Indiana 46410</b>			
HEALTH OFFICER - SIGNATURE 22a <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>10-23-84</b>	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))			
PART I (a) <b>Acute Pulmonary edema &amp; cardiac arrest</b>		Interval between onset and death	
(b) <b>Post operative pneumonia &amp; Effusion</b>		Interval between onset and death	
(c) <b>perforated peptic ulcer disease &amp; peritonitis</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not referred to above given in PART I (a)		AUTOPSY (Specify Yes or No) 24 <b>No</b>	

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.  
7905 BROADWAY  
MERRILLVILLE, IN 46410  
State No.

Local No. 1986-84