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918784 SURVIVORSHIP AFFIDAVIT

Key # 50-247-9

IN RE: Lot No. Nine (9) in Block No. Five (5), as marked and laid down on the recorded plat of Garden Homes No. 3, being a subdivision of part of the Southeast Quarter of the Southeast Quarter of Section 24, Township 36 North, Range 8 West of the 2nd P.M., in Lake County, Indiana, as the same appears of record in Plat Book 23, page 77 in the Recorder's Office of Lake County, Indiana.

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
RECORDER
MAY 22 2 07 PM '87

VIOLET L. BARLOW, being first duly sworn upon her oath deposes and says that she and her now deceased husband, GEORGE B. BARLOW, were husband and wife at the time they acquired title as tenants by the entireties, to said real estate by deed of conveyance on the 20th day of July, 1946.

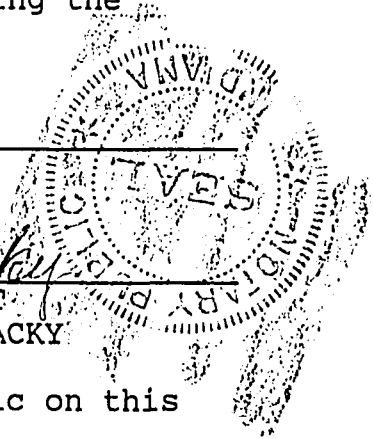
Affiant further states that her husband GEORGE B. BARLOW, died on the 5th day of February, 1973, intestate and whose death is recorded in the Office of the Gary Health Department, as attested to in the attached Board of Health Death Certificate. Whereupon your affiant, as surviving tenant by the entireties, became Fee Simple Owner individually of the aforementioned property.

Affiant further states that there has never been any administration upon the estate of said George J. Barlow, that the gross value of the estate of said George J. Barlow, deceased, taking into consideration in the evaluation thereof, the value of all his gifts in contemplation of death, including all gifts made by him in the three (3) years next preceding his death, together with the value of all her investments in joint properties and estates by the entireties, including the real estate above described, plus the proceeds of all insurance on his life, did not equal or exceed the sum of \$400,000.00 as a consequence of which his estate was not subject to federal estate tax.

This affidavit is made for the purpose of clearing the record title to the above described property.

Violet L. Barlow
VIOLET L. BARLOW

Florence J. Zavacky
BY HER ATTORNEY-IN-FACT
FLORENCE JACQUELYN ZAVACKY



Subscribed and sworn to before me a Notary Public on this the 10th day of May, 1987.

My Commission Expires:
2-21-88
Porter County Resident

Pamela A. Pilzac
Notary Public

THIS INSTRUMENT PREPARED BY:
THOMAS W. WEBBER, SR.
Attorney at Law, P.C.
6195 Central Ave.
Portage, IN 46368
219/762-0402

DULY ENTERED
FOR TAXATION

MAY 22 1987

Anna N. Anton
AUDITOR LAKE COUNTY

1301

5-50

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: J. Krause

LICENSE No. 646

FUNERAL DIRECTOR'S LICENSE No. 2012

*Weds
see*
Local No. **73-0203**

INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH

State No. _____

PERMANENT INK	DECEASED—NAME FIRST MIDDLE LAST George J. Barlow			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) February 5, 1973
FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S/CORONER'S HANDBOOK.	1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	AGE—LAST BIRTHDAY (YEARS) 5a. 52	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 1-6-1921
DECEASED	7b. CITY, TOWN, OR LOCATION OF DEATH Gary	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Mercy Hospital (D.O.A.)		
	8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) North Dakota	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Violet L. Potts	
	12. SOCIAL SECURITY NUMBER 310-18-8162	13a. USUAL OCCUPATION! (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Steel Worker	13b. KIND OF BUSINESS OR INDUSTRY U.S. Steel Corp.		
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.	14a. RESIDENCE—STATE Indiana	14b. COUNTY Lake	14c. CITY, TOWN OR LOCATION Hobart	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) no	14e. TOWNSHIP Hobart
	14f. STREET AND NUMBER 10 1/2 E. 36th Place			14g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PARENTS	15. FATHER—NAME FIRST MIDDLE LAST Henry Barlow (deceased)		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Dorothy Hausman (deceased)		
	17a. INFORMANT—NAME Violet L. Barlow		17b. RELATIONSHIP wife	17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10 1/2 E. 36th Pl., Hobart, Ind. 46342	

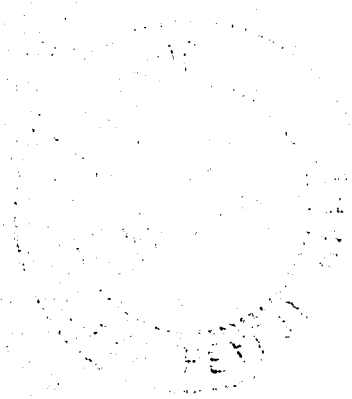
THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACTS OF 1949 SECTION 1225. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: (See Item 18).

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE Contaminated Bacillus prodigiosus	
(b) DUE TO, OR AS A CONSEQUENCE OF:	
(c) DUE TO, OR AS A CONSEQUENCE OF:	
18. PART II. OTHER SIGNIFICANT CONDITIONS	19a. AUTOPSY (YES OR NO) yes
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH yes	

CERTIFICATION—HEALTH OFFICER <i>James T. Hedrick, Jr.</i>	19. DEATH OCCURRED AT Hobart, Indiana	20. THE DECEDENT WAS PRONOUNCED DEAD ON: M. 2 5 19 73 AT 1:05 P.M.
21. AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED (TYPE OR PRINT HEALTH OFFICER)		
21c. NAME AND SIGN	21d. STREET OR R.F.D. NO. CITY TOWN STATE ZIP DATE SIGNED	
	James T. Hedrick, Jr., M.D.	
21d. 1429 Virginia Street	Gary, Indiana	46407
21e. 2/7/73	21f. 2/7/73	

22a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	22b. CEMETERY, CREMATORY, FUNERAL HOME Calumet Park Cemetery	22c. LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER Merrillville, Indiana 306
22d. BURIAL—DATE MO. DAY YEAR 2-8-1973	23a. FUNERAL HOME—NAME Rees Funeral Home, Inc.	23b. FUNERAL HOME—ADDRESS 600 W. Bridge Rd., Hobart, Ind. 46342
23c. FUNERAL DIRECTOR—SIGNATURE <i>Gerald Rees</i>	HEALTH OFFICER—SIGNATURE <i>James T. Hedrick, Jr.</i>	DATE RECEIVED BY HEALTH OFFICER (MONTH DAY YEAR) FEB 7 1973

1302



30.

James I. Howlett
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE FEB 13 1973