

Howard Hill
1649 Broadway
Gary, Indiana 46407

STATE OF MICHIGAN)
COUNTY OF WAYNE) SS:

933575

AN AFFIDAVIT

Comes now Loris Lucille Pryor, After first being duly sworn upon her oath, deposes and says:

That she is Sixty-two (62) years of age and at the present time she is residing at 10820 Marlowe Street, Detroit, Michigan 48235; that she has been a resident of Wayne County, Michigan for more than fifteen (15) years; that she is the niece of one Willie A. Tranzor, who is her deceased mother's sister; that the said Willie A. Tranzor is residing with this Affiant at the present time.

Affiant further states that her aunt, the said Willie A. Tranzor and one Arthur G. Tranzor, now deceased, entered into a marriage contract at Cairo, Illinois on the 19th day of May, 1918; that the parties lived together as husband and wife continuously until the date of Mr. Tranzor's demise.

Affiant further states that during the period of their coverture the said Willie A. Tranzor and Arthur G. Tranzor acquired certain real property located in Gary, Lake County, Indiana, said real property being more particularly described in the following manner, to-wit:

IN THE ID
AUG 17 1987

Anna N. Antos
ATTORNEY LAKE COUNTY

South Seven and One Half (S.7½) feet of Lot Number Seven (7), all of Lot Number Eight (8) and the North Seven and One Half (N.7½) feet of Lot Number Nine (9) in Block Number Four (4), as marked and laid down on the recorded plat of Pridemore, Orr and Ulrich's Sub-division in the City of Gary, Lake County, Indiana. a/k/a 2028 Massachusetts Street, Gary, Lake County, Indiana Key # 46-387-8

AUG 19 8 47 AM '87

STATE OF INDIANA, S. NO
LAKE COUNTY
FILED FOR RECORD

That they acquired said property on the 9th day of November, 1951.

Affiant further states that the said Arthur G. Tranzor departed his life at Gary, Lake County, Indiana on the 24th day of June, 1974 intestate; that there was no Probate proceeding had on his estate and that there were no State or Federal taxes due on his said estate.

Affiant states she makes this Affidavit for the expressed purpose of showing that the co-tenant of the above real property is now deceased.

FURTHER AFFIANT SAYS NOT.

HOWARD H. HILL
Attorney at Law
1649 Broadway
Gary, Indiana 46407
883-5681

Loris Lucille Pryor
LORIS LUCILLE PRYOR

TICOR TITLE INSURANCE
Crown Point, Indiana

INDIAN BLAS...
FILED FOR RECORD

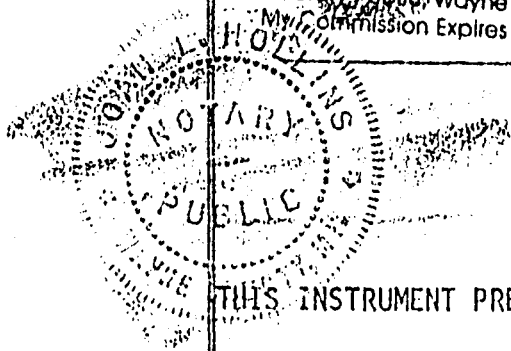
875

STATE OF MICHIGAN)
) SS:
COUNTY OF WAYNE)

Subscribed and sworn to before me this 13 day of July, 1987.

MY COMMISSION EXPIRES:
JOAN L. HOLLINS
Notary Public, Wayne County, MI
My Commission Expires Mar. 2, 1991

Joan L. Hollins
Notary Public



THIS INSTRUMENT PREPARED BY: Atty. Howard H. Hill, 1649 Broadway, Gary, IN

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

Local No. **74-0721**

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Death No. **# 257973**

476

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

FUNERAL HOME
No. **255**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Arthur		Tranzor			2. Male	3. 6/24/74	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. Black		5a. 85	5b.	5c.	6. 5-12-1890	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Gary			7c. yes	7d. Mercy Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME & COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Tennessee		9. U.S.A.		10. Married		11. Willie	
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 1806-09-9988		13a. Retired		13b. Steel			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		14b. Lake	14c. Gary		14d. yes	14e. Calumet	
STREET AND NUMBER				14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. RESIDENCE ON A FARM?	
14f. 2028 Massachusetts Street				14g. No		15. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

FATHER—NAME			MOTHER—MAIDEN NAME			
FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
15. Sylvester			16. America			
INFORMANT—NAME			RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Willie Tranzor			17b. Wife	17c. 2028 Mass. Street, Gary, Indiana		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) Bilateral pulmonary thromboembolism		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		
(b)		
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
		19a.	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. Natural	20b.	20c. M.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
20e.	20f.	20g.	

CORONER'S CERTIFICATION				R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			
DEATH OCCURRED (HOUR)	THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED		(MONTH, DAY, YEAR)	
21a. M.	21b. 6	24	74	M.	2	74	

CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
22a. William H. Mott, M.D.		22b. <i>William H. Mott</i>		Coroner	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE	ZIP	
23. 751 Washington Street		Gary	Indiana	46402	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME	LOCATION	CITY OR TOWN	STATE	
24a. Burial	24b. Greenwood Park	24c. Hobart Ind			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. 6-29-74	25a. <i>Andrew Smith</i>		25607		

SIGNATURE OF HEALTH OFFICER		DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. <i>James J. Houtchens</i>		25c. July 3, 1974

SBH-113.4

EMBALMER'S NAME **Andrew Smith**

FUNERAL DIRECTOR'S
LICENSE No. **657**

FUNERAL DIRECTOR'S SIGNATURE *Charles Smith*

LICENSE No. **1235**

Below for State Office Use

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