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SURVIVORSHIP AFFIDAVIT

# 7-5018

B-438251Pg E

Bank One, Merrill, NA, 731 E 81st St

Merrill, IN

STATE OF Indiana

COUNTY OF Lake

S. S.

On this July 25 1988 before me personally appeared IMOGENE

Marshall

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 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

Grady F. Marshall and Imogene Marshall;

4. Said Grady F. Marshall (fill in name of co-tenant who died)

died on June 15 1985

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

5. The legal description of the premises in question is:

Lot 2, Marshall Gardens Subdivision as shown in Plat Book 62, page 7 in Lake County, Indiana.

Key 39-537-2

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability

ity by reason of the death of said decedent:

JUL 29 1988

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

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

8. Affiant's relationship to the deceased was WIFE

Signature: Imogene Marshall

Address: 2006 E. ELM CST

Subscribed and sworn to before me by the affiant

this July 25 1988 (insert date)

Dean Kaplan Notary Public

My Commission Expires 8-11-91

Resident of Lake County, IN

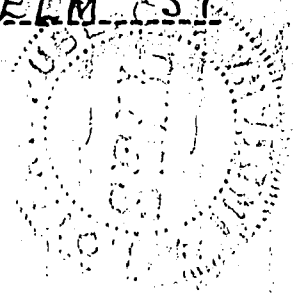
This instrument prepared by Imogene Marshall

CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

LILLIAN A. BLASTICK RECORDER, LAKE COUNTY CROWN POINT, INDIANA 46307

FILED

James A. Cantor AUDITOR LAKE COUNTY



Handwritten initials and number 850

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

How for State Office Use

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

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# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 1515

Local No. 1165-85

FUNERAL HOME No. 750  
FUNERAL DIRECTOR'S LICENSE No. 94

LICENSE No. 1617

EMBALMER'S NAME Edgat Gleim  
FUNERAL DIRECTOR'S SIGNATURE [Signature]

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

DECEASED—NAME FIRST MIDDLE LAST 1 Grady F. Marshall			SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 June 15, 1985
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE—Last Birthday (Year) 5a 69	UNDER 1 YEAR MOS 5b	UNDER 1 DAY HOURS MINS 5c	DATE OF BIRTH (Mo. Day Yr.) 6 Mar. 31, 1916
CITY, TOWN OR LOCATION OF DEATH 7b Munster		HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number) 7c Community Hospital		IF HOSP OR INST Indicate OCA OP (Emer. Rm., Postmort.) (Specify) 7d Emer Rm.
STATE OF BIRTH (If not in U.S.A. name country) 8 Georgia	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Imogene Hogge	
SOCIAL SECURITY NUMBER 13 418-03-2349		USUAL OCCUPATION (Give kind of work done during most of working life—specify if retired) 14a Retired		KIND OF BUSINESS OR INDUSTRY 14b Blow Knox
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Griffith		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 2006 East Elm		INSIDE CITY LIMITS (Specify YES OR NO) 16i NO		16f NO
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16 Inus Marshall		MOTHER—MAIDEN NAME 17 Nellie Elder		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Imogene Marshall Wife		MAILING ADDRESS 18b 2006 East Elm Griffith, Indiana 46319		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Chapel Lawn Cemetery		
DATE (MONTH DAY YEAR) 20a June 18, 1985		LOCATION 19c Schererville, Indiana		
FUNERAL HOME—NAME AND ADDRESS 20b Kuiper Funeral Home 9039 Kleinman Rd. Highland, IN 46322				
To the best of my knowledge death occurred at the time, date and place and due to the (causes) stated		DATE SIGNED (Mo., Day Yr.) 21b 6-17-85		HOUR OF DEATH 21c 6-15-85 8:45 P.m.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Joseph M SIEKIERSKI, M.D.				
MAILING ADDRESS—PHYSICIAN 21e 145 N GRIFFITH BLVD GRIFFITH IN 46319				
HEALTH OFFICER—SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6-18-85		
IMMEDIATE CAUSE (PART I) (a) CORONARY Myocardial Infarction		Interval between onset and death		
(b) ARTERIO SCLEROTIC HEART DISEASE		Interval between onset and death		
(c) Chronic obstructive Pulmonary Disease		Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify YES OR NO) 24		

**FILED**  
JUL 29 1985  
[Signature]

# Last Will and Testament of

GRADY F. MARSHALL

I, GRADY F. MARSHALL, at this time a resident of the Town of Griffith, Lake County, Indiana and being of sound and disposing mind, memory, and understanding do make, publish, and declare this to be my Last Will and Testament hereby revoking any and all former wills and testamentary papers by me at any time heretofore made.

## ITEM 1

I direct that all of my just debts, expenses of my last sickness and burial and the costs of administration shall first be paid out of my estate by my Executrix hereinafter named as soon after my decease as may be found convenient.

## ITEM 2

I direct that transfer, estate, inheritance, succession and any other taxes which shall become payable by reason of my death shall be paid by my Executrix out of my residuary estate as an administration expense without apportionment, irrespective of whether assessed in respect of property owned by me at the time of my death or in respect of any other property included in the computation of such taxes.

## ITEM 3

All the rest, residue, and remainder of my estate, both real, personal and mixed, of whatsoever kind and nature and wheresoever situated of which I die seized or possessed, or in which I have an interest or may be entitled to at the time of my death I give, bequeath and devise unto my wife, IMOGENE MARSHALL, provided, however, if my wife aforesaid dies before I do or my wife and I die as the result of a common disaster or accident or under such circumstances that there is no sufficient evidence that my wife and I died other than simultaneously, then and in either of these events all the rest, residue, and remainder of my estate aforesaid I give, bequeath and devise unto my children, ALICE FAYE WARRER, PAUL R. MARSHALL and PEGGY JOYCE LUDWIG in equal shares, share and share alike, provided, however, if either or all of my children aforesaid die leaving a child or children surviving them, then and in that event the share my deceased child would have taken hereunder if alive at the time of my death, I give, bequeath and devise unto the children of my deceased child living at the time of my death in equal shares; and, provided, further, if any of my children aforesaid die without issue surviving the

**FILED**

JUL 29 1988

*Anna N. Anton*  
AUDITOR LAKE COUNTY

*Grady F. Marshall*

deceased child, then my residuary estate shall be divided :  
equally between my surviving children, or if dead,  
equally between their surviving children per stirpes and  
not per capita.

ITEM 4

I nominate, constitute, and appoint my wife, IMOGENE MARSHALL,  
as Executrix of this, my Last Will and Testament, but in  
case of her death, inability, refusal or failure to act as  
Executrix, then and in that event I nominate, constitute,  
and appoint my son and daughter, respectively, PAUL R. MARSHALL  
and PEGGY JOYCE LUDWIG, as Co-Executors of this, my Last Will  
and Testament.

No bond shall be required of my Executrix, the same being  
hereby specifically waived.

As used in my Last Will and Testament reference to Executrix  
shall be deemed to include Co-Executors.

IN WITNESS WHEREOF I have hereunto set my hand and seal  
this 26 day of March, 1980.

Grady F. Marshall

The foregoing instrument was subscribed by the Testator,  
GRADY F. MARSHALL on the 26 day of March, 1980 in our  
presence and also at the same time declared by him to be  
his Last Will and Testament and we, at the same time, in  
his presence, at his request, and in the presence of each  
other have hereunto subscribed our names as attesting  
witnesses and do hereby declare that at the time of the  
execution of the will said Grady F. Marshall was of sound  
and disposing mind, memory, and understanding.

WITNESS

ADDRESS

Jesse W. McAttee

East Chicago Indiana

Mary Seremet

East Chicago Indiana

Bonnie A. Jones

Dalton, Illinois