

Chicago Title Insurance Company

997383

SURVIVORSHIP AFFIDAVIT

059435

STATE OF INDIANA
COUNTY OF LAKE

} S. S.

On this AUGUST 24, 1988 before me personally appeared LUDIE BRADEN
(insert date)

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
ANDREW BRADEN and LUDIE BRADEN

- 4. Said JESSE BRADEN
(fill in name of co-tenant who died)
died on MARCH 21, 1969
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

FILED
SEP 15 1988
Auditor M. Antox
AUDITOR LAKE COUNTY

- 5. The legal description of the premises in question is:
Lots 29 and 30, Block 5, Subdivision of part of the Northwest Quarter of Section 33, Township 37 North, Range 9 West of the 2nd Principal Meridian, in the City of East Chicago, as shown in Plat Book 4, page 4, in Lake County, Indiana.

#30-172-33 & 34

- 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?
NO

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

- 8. Affiant's relationship to the deceased was THE WIFE

Signature: Ludie Braden
LUDIE BRADEN
Address: 508 E. 151st ST., EAST CHICAGO, IN.

Subscribed and sworn to before me by the affiant

this AUGUST 24, 1988
(insert date)

Frank X. Becerra
Notary Public FRANK X. BECERRA

My Commission Expires MAY 18, 1991

This instrument prepared by DONALD STEPANOVICH, ATTORNEY

RECORDER, LAKE COUNTY
STATE OF INDIANA
LAKE COUNTY
FILED & RECORDED
SEP 14 10 PM '88
46307

3
59435

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

How for State Office Use

Sub 7/12 TW. A. 33 T 37 R 9
 Lt 29 Bl 5
 # 30-172-33
 Lt 30 Bl 5

EMBALMER'S NAME John B. Williams
 LICENSE No. 4104

FUNERAL DIRECTOR'S LICENSE No. 1492
 # 30-172-34

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 275

State No. 545

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
JESSE			J		BRADEN	MALE	3-21-69
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			2. AGE—LAST BIRTHDAY (YEARS)	3. UNDER 1 YEAR UNDER 1 DAY	4. UNDER 1 DAY	5. DATE OF BIRTH (MONTH, DAY, YEAR)	6. COUNTY OF DEATH
negro			55	Mo. 55	Da. 55	6-21-1914	Lake
4. CITY, TOWN, OR LOCATION OF DEATH			7. INSIDE CITY LIMITS (SPECIFY YES OR NO)		8. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)		
Hammond			U.S.A.		St. Margaret's Hospital		
7b. STATE OF BIRTH (IF NOT IN U.S.A.)			9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Iowa			U.S.A.		married		Ludie Reese
8. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION			12. SOCIAL SECURITY NUMBER		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY
Iowa			312-89-5230		Disability		
14. RESIDENCE—STATE		14b. COUNTY		14c. CITY, TOWN OR LOCATION		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Indiana		Lake		East Chicago		yes	
14a. STREET AND NUMBER			14e. CITY, TOWN OR LOCATION		15. IS RESIDENT ON A FARM?		
508 E. 151st Street East Chicago Indiana			East Chicago Indiana		no		

PARENTS

15. FATHER—NAME			FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME		
Andrew Braden						Fannie Young		
17. INFORMANT—NAME						17b. RELATIONSHIP		
Ludie Braden						Wife		
17c. MAILING ADDRESS (STREET, R.F.D. NO., CITY OR TOWN, STATE, ZIP)						508 E. 151st Street East Chicago, Indiana		

PART I.

DEATH WAS CAUSED BY:

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a)	Cerebral Thrombosis	12-29/68 to 3/21/69	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b)	
		Cystic Kidney - left (Bladder)	
		12-27/68 to 12/27/68	
(c)			

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

Removal of Cyst - by Surgery

19. AUTOPSY (YES OR NO)
NO

20. IF YES, THE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED	
11:15 A.M.		MONTH 3 DAY 21 YEAR 69			3-22-69	
26a. CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		27. (FEMALE OR TITLE)
Dr. F. Manley				Floyd Manley, M.D.		
22a. MAILING ADDRESS—CERTIFIER				CITY OR TOWN		STATE
6010 Columbia Avenue Hammond, Ind.				Hammond		Ind.
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		FUNERAL HOME NUMBER
Burial		St. Paul's Cemetery		Hammond, Indiana		152
24. DATE (MONTH, DAY, YEAR)		24b. FUNERAL HOME—NAME AND ADDRESS				24c. CITY OR TOWN, STATE, ZIP
3-26-69		Hinton Funeral Home 4857 Alexander Ave. East Chicago, Ind.				East Chicago, Ind.
24d. FUNERAL DIRECTOR—SIGNATURE				HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER
Robert D. Hinton				[Signature]		MAR 24 1969

59H 8-24-2

Disposition Permit Issued / /

Provisional Certificate

Yes No

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

AUG 22 1988

Franklin D. Spruella M.D.

Date Issued

HAMMOND HEALTH COMMISSIONER