STATE OF INDIANA )SS: COUNTY OF LAKE

Kneifie v Bekele 651 E. Butte. Workert

## AFFIDAVIT OF SURVIVORSHIP

Comes now Marlyn G. Edwards, being duly sworn upon his oath and states as follows:

That Marlyn G. Edwards, the affiant, is the owner in fee on simple of the following described real estate located in Lake " County, Indiana, more particularly described as follows:

> Wood-Dale Addition to Recordence Dockencountry, the diangerty of

commonly known as 505 South Liberty, Hobart, Indiana 46342.

That the decedent, Erna Ruth Edwards, and the affiant, Marlyn G. Edwards, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 31st day of December, 1955, and recorded in the Office of the recorder of Lake County, Indiana on the 23rd day of January, 1956 as document # 900494 in Book 1020 page 60.

That the marital relationship which existed between the affiant and Erna Ruth Edwards, his wife, continued unbroken from the time they so acquired title to said real estate until the death of Erna Ruth Edwards, his wife, on the 12th day of July, 1988, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Erna Ruth Edwards, as determined for the purpose of Federal Estate Taxes, R a all state than the value subject to Federal Estate Tax. That the

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return has been filed and the assessed Federal Estate Taxes have been paid.

That the decedent's estate was not subject to Indiana Inheritance Taxes.

This affidavit is made for the purpose of establishing the above facts, and for the purpose of completing the chain of title to the hereinabove described parcel of real estate, and for the purpose of inducing reliance hereon and to induce Ticor Title

Insurance Company to issue a Chair Control to the insurance free of any objection based upon the death of the said Erna Ruth Edwards.

This Document is the property of the Lake County Recorder!

Further this affiant sayeth not.

IN WITNESS WHEREOF the said Marlyn G. Edwards has hereunto subscribed his name and seal this 11th day of January, 1990.

Marlyn G. Edwards

Sworn and subscribed to before me the undersigned the date and year above mentioned.

Susan J. Brown, Notary Public

My Commission expires: 7-19-91

County of Residence: Jasper

Prepared by Harry R. Kneifel, Sr.

Attorney at Law P.O. Box 427

Hobart, Indiana 46342 Phone: (219) 942-1128

## PORTER COUNTY BOARD OF HEALTH CERTIFICATE OF DEATH THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

PE/PRINT	1 DECEASED—NAME FIRS	RUTH		AST	=		DATE OF CEATH ING (IN. 17)	
IN	A SOCIAL SECURITY NUMBER	NUITI	EDWARDS				ly 12, 1988	
RMANENT	· · · · · · · · · · · · · · · · · · ·	(Years)	55 UNDER 1 YEAR	SC UNDER I DAY	BOATE OF BIRTH LAWARA		(City and State or horeign Country)	
ACK INK	<u>317-52-8646</u>	36	Months Days	} ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6-18-1902	WAUKON	, 10.7A	
	8 YEAR LAST SERVED IN U.S. ARMED FORCES?	WOCOTAL 35	<del></del>		ATH (Check only one See instruc	nons)		
{						seidence D Other (Specify)		
EDENT	90 FACILITY NAME (If not institution give stress and number) 90 PORTER MEMORIAL HOSPITAL VALPARAISO PORTER							
		OSPITAL		<del></del>		PORTE	K	
X	10 MARITAL STATUS—Merried Never Merried Widowed	11 SURVIVING SPOUSE (If wife give mades no		DECEDENT'S USUAL C	OCCUPATION  Suring most of working Me	126 KIND OF	BUSINESS/INDUSTRY	
	Married (Sacty)	AARLYN EDWA		Do not use retressit	ISTERED NURSE	(RETIR	ED) HOSPITAL	
<b>L</b>	136 RESIDENCE-STATE 136 COUNTY 136 CITY TOWN OR LOCATION 136 STREET AND NUMBER							
0							PLACE	
<b>1</b>	13e INSIDE CITY 13F FARM	14 WAS DECEDENT OF	HSPANIC ORIGIN?	15. RACE—American Indian		DECEDENT'S EDUCATION		
	LIMITS? (Yee or no)		(Specify No or Yes - If yes apacify Culten Mexican Averso Rican etc.) △ ☑ No □ Ye		Black White, esc	(Spec#	(Specify only highest grade completed)	
<b>V</b>	YES NO	46342	Specify	ec/1/2/140 11 ter	(Soech) WHITE	Elementary/Seco	naery (0-12)   College (1-4 or \$ + )	
	17 FATHERS NAME (First Middle Land)			I IS, MOSHE	ERS NAME (First Andole Aladen	Surname		
ENTS	G.D. ELLI	KER (DE	CEASEDICULII	nent is		HEMEIER	(DECEASED)	
RMANT	150 HAFOHMANT S NAME (Tape plant)	/	196 MAIGHIG AC	DHESS (Street end Numb		Town Steel La Co		
{ _ `	MARLYN EDWARDS					, IN 463		
13	204 METHOD OF DISPOSITION  COMMETHOD OF DISPOSITION  Reference  Re	TOTAL TO	ONDER OND PLACE OF			20c LOCATION=	City or Town State	
OSITION	C Burian Cramation R	This D	ocument	stne pro	perty of	MERRTIIV	ILLE, INDIANA	
OSITIONAL	21. SICAATURE OF FUNERAL DIRECTO	the	Lake Com	KSENUMBER CCO	TE NAME ADDRESS AND LI			
(3)	$\partial I$ . $\alpha$			icenses)		HONE- FDI		
12	Leave XI	LOON	, . EDE.	1041083	1		. HOBART, IN 463	
MOUNCH	Complete items 23a-c only	Je To the best of my know	ledge, death occurred at the t			ISE NUMBER	23c DATE SIGNED	
SICIAN ON Y	when certifying physician is not available at time of death		1/////	STON	11/2	03,17	(Monen Day, Year)	
24-26 MUST		ignature and Tale <	11 11/1/6		- Ma	7341	7-12-68	
IMPLETED BY O	24 TIME OF DEATH	S DATE PRONOUNCED	EAD MADON TO TOUT		The WAS C	GE BILLEBOED TO	MEDICAL EXAMINER/CORONERS	
DUNCES DE TH	01:50A	7-	12 60	>		1 2 V		
( ) !	27 PART I Enter the diseases injuries, or complication's that deused the death Do not enter the mode of dying, such as carded or respiratory intent about or heart failure list only one cause on each line.							
00					1-		interval Between Onset and Death	
// *	IMMEDIATE CAUSE (Final disease or condition	Cardi	Orespirate	ry	est IAN	29 1990	Immed.	
ISTRUCTION	resulting in deem)	DUE TO (	OR AS A CONSEQUENCE O	Aso id			4-5 days	
1	Sequencially list conditions. If any leading to immediate	b Cerepi	ORAS A CONSEQUENCE C		e a l	<del></del>	7 S Hays	
<b>\)</b>	cause Error UNDERLYING	Corchi	ovascular	7 5 4	ficillary)	N. Un	loseveral veacs	
	CAUSE (Disease or injury that initiated events	OUE TO (	OR AS A CONSEQUENCE O		Опам	N LAIGE COU	arv .	
M.	resuming in death) LAST	4 5	A SE	Al S				
SE OF	PART II. Other significant condendes contri	outing to death but not resur	ting in the underlying could be	ran in Part L	28a WAS	AN AUTOPSY	286 WERE AUTOPSY FINDINGS	
SE OF	C	11 .1.		filmin ,		RMED?	AVAILABLE PROR TO COMPLETION OF CAUSE	
121							OF DEATH? (Yes or no)	
19								
	298 CERTIFIER  CERTIFYING PHYSICIAN (Physician certifying cause of death when enginer physician has propounced death and completed from 23)							
RUCTIONS	(Check only To the best of my knowledge death occurred due to the cause(s) and manner as stated							
0	☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)							
TIFIER 3	To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and menner as stated.							
1	□ MEDICAL EXAMINER □ CORONER □ HEALTH OFFICER							
10								
2	296 SIGNATURE AND TULE OF CERTIF	£1 ()			29c LICENSE NUMBE	R :	19d DATE SIGNED (Manth, Day, Year)	
7	William Z	1 Park	1 MD		01023	958	7-12-88	
do.	TO MANE AND ADDRESS OF PERSON I	WHO COMPLETED CALICS	OF DEATH (ITEM 27) (Tune	(Prov)	101090	<del>/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>		
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUCE OF DEATH (ITEM 27) (Typo/Park) WILLIAM L. NIMBCH MD, 2101 EVANS AVENUE, VALPARAISO, INDIANA 46383							
\ X		177	2101 BYRNS AVENUE, VABLACATOO, INDIAMI 44505				12 DATE FILED (Month Day, Year)	
TH CER	31 HEALTH OFFICER'S SIGNATURE TO PROGRAMME AND TOLLY						Tula 13 1988	
To	33 MANNER OF DEATH	340 DATE OF INJU		34c. INJURY AT WI	ORK?   34a DESCRIBE H	JOSO PRULNI WO	JRACO J	
		(Month Day, Ye		(Yee or no)			_	
ONER OR 1	Natural Pending						001299	
WINER USE	Accident Could not be	140 DI ACE OS IN	URYAt home, farm, etreet f	Torry office	34' LOCATION (Street and N	umber or Rural Rous	e Number, City or Town State)	
Y	Determined	building atc (Sc		aciony, unite	AT FORMING CORPORATION		er a emisera en reconsente.	
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