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FILE

APR 11 1990

AFFIDAVIT OF SURVIVORSHIP AND OWNERSHIP

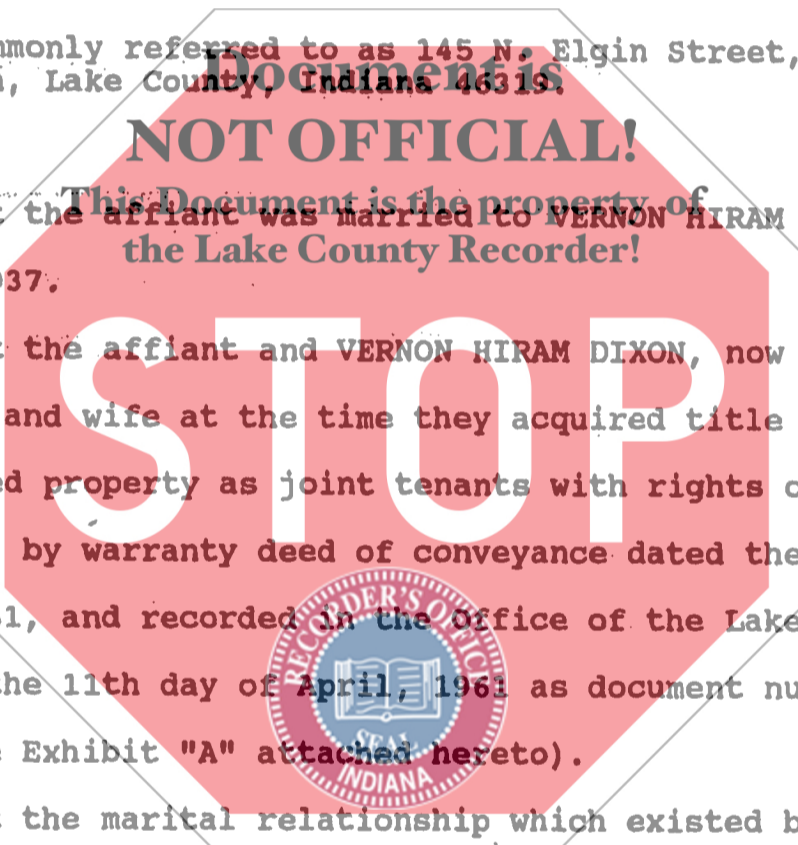
Law N. Carter
AUDITOR LAKE COUNTY

Comes now WILMA FERN DIXON, being first duly sworn upon her oath and states as follows:

1. That the affiant is the owner in fee simple of the following described real estate located in Griffith, Lake County, Indiana, more particularly described as follows:

Lots 1, 2, 3, and 4, in Block 4, as marked and laid down on the recorded plat of Ridgewood Addition to Griffith, as the same appears of record in Plat Book 2, Page 80, in the office of the Recorder of Lake County, Indiana.

More commonly referred to as 145 N. Elgin Street, Griffith, Lake County, Indiana 46319.



2. That the affiant was married to VERNON HIRAM DIXON on October 7, 1937.

3. That the affiant and VERNON HIRAM DIXON, now deceased, were husband and wife at the time they acquired title to the abovementioned property as joint tenants with rights of survivorship, by warranty deed of conveyance dated the 24th day of March, 1961, and recorded in the Office of the Lake County Recorder on the 11th day of April, 1961 as document number 322281. (See Exhibit "A" attached hereto).

4. That the marital relationship which existed between the affiant and VERNON HIRAM DIXON continued unbroken from the time they so acquired title to said real estate until the death of VERNON HIRAM DIXON on the 2nd day of May, 1966, at which time the affiant acquired title to the real estate as surviving joint tenant. (See Exhibit "B" attached hereto).

5. That the decedent, VERNON HIRAM DIXON, died on May 2, 1966 leaving no will.

6. That the gross value of VERNON HIRAM DIXON'S estate as determined for the purposes of federal estate taxes was less than

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

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ROBERT W. GUNN, JR., CLERK
RECORDER

Michael Haughey
219 N Broad ✓
Griffith 46319

000713 1000

the value required for the filing of a federal estate tax return, and the decedent resided in Griffith, Lake County, Indiana at the time of his death.

7. That the affiant shall assume any and all inheritance tax liability which exists by reason of the death of said decedent and the resulting transfer of the abovementioned real estate.

8. That to the best of the affiant's knowledge, information and belief there are no liens, encumbrances and/or claims against the abovementioned real estate.

Further your affiant sayeth not.

Wilma Fern Dixon

Document is NOT OFFICIAL!
WILMA FERN DIXON, Affiant

I, Wilma Fern Dixon, swear and affirm under the penalties of perjury that the foregoing Affidavit of Survivorship and Ownership is true and accurate to the best of my knowledge, information and belief.

Wilma Fern Dixon

WILMA FERN DIXON, Affiant

Subscribed and sworn to before me a Notary Public in Lake County, State of Indiana the ^{6th} day of April, 1990.



Raquel E. Rios
Raquel E. Rios, Notary Public
My Commission Expires: 1/15/94



This Instrument Prepared By:

Michael B. Haughee

Michael B. Haughee
Attorney At Law
219 North Broad Street
Griffith, IN 46319
(219) 924-0080

Scherer
Griffith

Pol 179241 LD

BOOK 1169

PAGE 268

237 Broad St

Griffith

a/k/a Geordeon L. Tunis

This Indenture, Made by

Gordon L. Tunis and Tressie Tunis

grantors, of Washburn County, Wisconsin, hereby conveys and warrants to Vernon Dixon and Wilma Dixon, husband and wife as joint tenants, and the survivor thereof,

grantee, of Lake County, Indiana, for the sum of \$4,000.00 the following tract of land in Lake County, State of Indiana:

Lots 1, 2, 3 and 4, in Block 4, as marked and laid down on the recorded plat of Ridgewood Addition to Griffith, as the same appears of record in Plat Book 2, Page 80, in the office of the Recorder of Lake County, Indiana.

This deed is executed and delivered in accordance with contract for sale of real estate, dated 18 November 1952, between the grantors and grantees herein, the provisions of said contract having been fully performed.



STATE OF INDIANA | S. NO
LAKE COUNTY
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1961 APR 11 AM 9 01

RAY BUTZ, RECORDER

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In Witness Whereof, the said grantors have hereunto set their hands and seal this 24th day of March, A.D., 1961.

Signed and Sealed in Presence of

W. W. Bitney
W. W. Bitney
Frances Stellrecht
Frances Stellrecht

Geordeon L. Tunis (SEAL)
Gordon L. Tunis, a/k/a
Geordeon L. Tunis
Tressie Tunis (SEAL)
(SEAL)
(SEAL)

State of Wisconsin,
Washburn County, ss.

Personally came before me, this 24th day of March, A.D., 1961, the above named Gordon L. Tunis, a/k/a Geordeon L. Tunis to me known to be the person who executed the foregoing instrument and acknowledged the same.



W. W. BITNEY
Notary Public, Washburn Co., Wis.
Permanent Commission Under Sec. 137.01 (2) Wis. Stats.

W. W. Bitney
W. W. Bitney
Notary Public, Washburn County, Wis.
My commission expires A.D., 19

Drafted by *W. W. Bitney* and *W. W. Bitney*, Attys., Spooner, Wisconsin

IN WITNESS WHEREOF, the said grantors have hereunto set their hands and seals this 3 day of April, A.D., 1961.

Signed and Sealed in Presence of

Tressie (X) Tunis (SEAL)
Tressie Tunis

Dorothy M. Rome
Dorothy M. Rome

Effie Bruce
Effie Bruce

STATE OF Indiana)
County of DeWitt) ss.

Personally came before me, this 3rd day of April 1961, the above named Tressie Tunis, to me known to be the person who executed the foregoing instrument and acknowledged the same.

K. Lucile Cleveland
K. Lucile Cleveland
Notary Public
DeWitt County, _____



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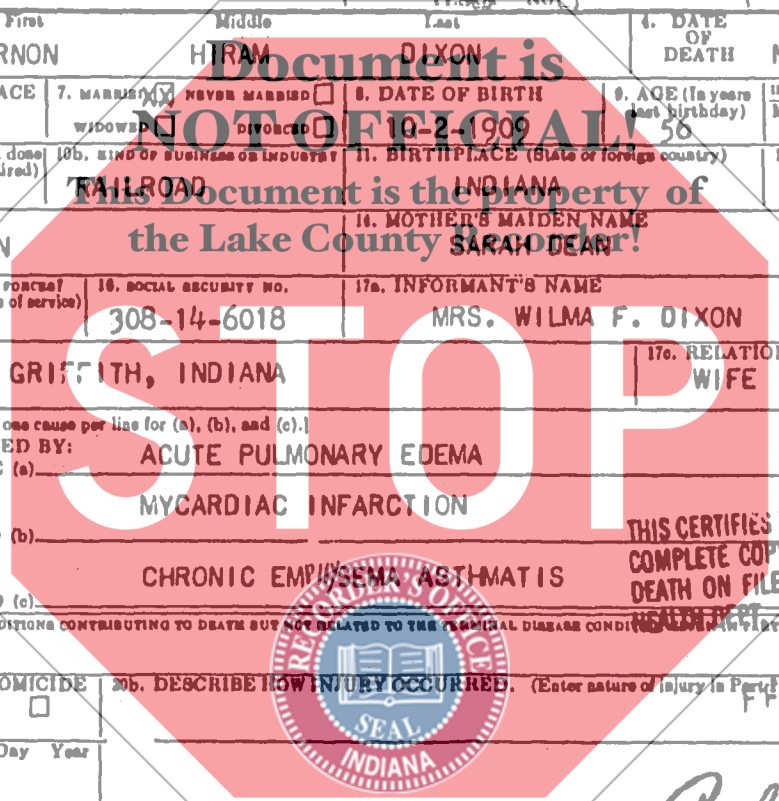
**INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH**

198-66

Local No. 198-66

State No. _____

1. PLACE OF DEATH a. COUNTY <u>LAKE</u>		3. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>INDIANA</u> b. COUNTY <u>LAKE</u>	
b. CITY, TOWN, OR LOCATION <u>GRIFFITH</u>		c. Length of Stay in 1b <u>16 YEARS</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>145 TRUE STREET</u>		d. STREET ADDRESS <u>145 TRUE STREET</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>VERNON HIRAM DIXON</u>		4. DATE OF DEATH Month Day Year <u>MAY 2, 1966</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-2-1909</u>
9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR IF UNDER 24 Wks. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRACKMAN</u>		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>JAMES RILEY DIXON</u>		14. MOTHER'S MAIDEN NAME <u>SARAH DEAN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>308-14-6018</u>	
17a. INFORMANT'S NAME <u>MRS. WILMA F. DIXON</u>		17b. RELATIONSHIP TO DECEASED <u>WIFE</u>	
17c. INFORMANT'S ADDRESS <u>145 TRUE STREET, GRIFFITH, INDIANA</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE PULMONARY EDEMA</u> <u>MYCARDIAC INFARCTION</u> DUE TO (b) _____ DUE TO (c) _____ CHRONIC EMPHYSEMA ASTHMATIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (a) _____		INTERVAL BETWEEN ONSET AND DEATH	
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I (a).) <u>FELL FROM TREE</u>	
20a. TIME OF INJURY Hour _____ a. m. _____ p. m.		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20c. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION OF INJURY <u>GRIFFITH, INDIANA</u>	
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>4-11-66</u> to <u>5-2-66</u> and last saw her alive on <u>4-28-66</u> Death occurred at <u>2 A.M.</u> <input type="checkbox"/> E.N.T. <input type="checkbox"/> on the date stated above; and to the best of my knowledge, from <input type="checkbox"/> E.N.T. <input type="checkbox"/> on the causes stated.		22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ M <input type="checkbox"/> E.N.T. <input type="checkbox"/> C.N.T. from causes stated and on above date.	
23a. Signature of Attending Physician or Health Officer. <u>RALPH A. LUNDEBERG, M.D.</u>		23b. ADDRESS <u>GRIFFITH, INDIANA</u>	
23c. DATE SIGNED <u>5-3-66</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 6, 1966</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BURR OAK CEMETERY</u>	24d. LOCATION <u>BURR OAK, INDIANA</u>
DATE REC'D BY LOCAL HEALTH OFFICER <u>MAY 5, 1966</u>	SIGNATURE OF HEALTH OFFICER <u>A. F. GREGOLINE, M.D.</u>	25. FUNERAL DIRECTOR <u>JOHNSTON-ROYCE, GRIFFITH, INDIANA</u>	



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH OFFICE

Ralph Lundberg
LAKE COUNTY HEALTH COMMISSIONER

EXHIBIT "B"

FUNERAL DIRECTOR'S LICENSE No. 2136
 ENBALMER'S NAME RAYMOND J. ROYCE
 LICENSE No. 5149