

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

098507

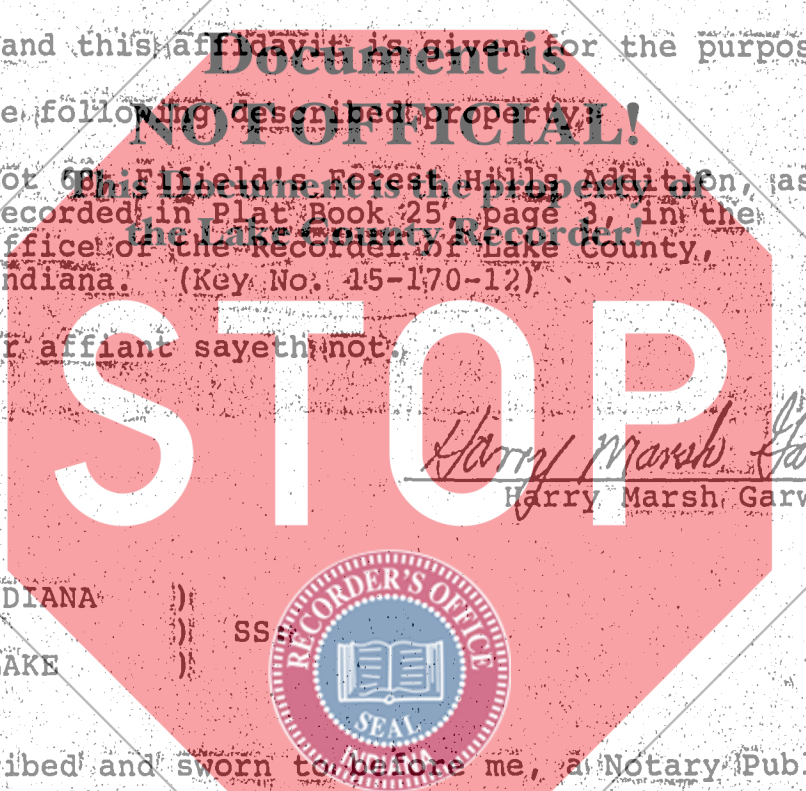
SURVIVOR'S AFFIDAVIT

HARRY MARSH GARWOOD of the County of Lake, State of Indiana, being duly sworn upon his oath, alleges and says that MARIE LOUISE GARWOOD a/k/a MARIE L. GARWOOD, GARWOOD/died, intestate, in Lake County, Indiana, on the 8th day of March, 1987; that she was his wife and lived with him to the day of her death as husband and wife. No Federal or Indiana State Inheritance Tax are due and owing due to her death to the best of affiant's knowledge.

The following real estate was owned, as husband and wife by the entireties, at the death of the decedent (Death Certificate attached), and this affidavit is given for the purpose of clearing title to the following described property:

Lot 68, Fields Forest Hills Addition, as recorded in Plat Book 25, page 3, in the Office of the Recorder of Lake County, Indiana. (Key No. 15-170-12)

Further affiant sayeth not.



Harry Marsh Garwood
Harry Marsh Garwood

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



STATE OF INDIANA/S.S. NO. _____
FILED FOR RECORD
MAY 9 36 AM '90
ROBERT HELLAND
RECORDER

Subscribed and sworn to before me, a Notary Public, in the County of Lake, State of Indiana, this 12th day of April, 1990.

Matthew P. Dogan
Matthew P. Dogan, Notary Public

Resident of Lake County

My Commission expires:
January 2, 1994

This instrument prepared by MATTHEW P. DOGAN, ATTORNEY.

FILED

APR 27 1990

Don R. Carter
ALTON LAKE COUNTY

001402

5:50
OK

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
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- 12 _____

6 Re: L. 68, Fifield's For. Hills Add., Pl. Bk. 25, p. 3, Lake Co., Ind.
(Key No. 15-170-12)

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 449-87

State No. _____

FUNERAL HOME No. FDH3007762
 FUNERAL DIRECTOR'S LICENSE No. FEDE1012056
 EMBALMER'S NAME
 FUNERAL DIRECTOR'S SIGNATURE *Keith A. Jell...*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONTINUES IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1 Marie		L.		Garwood	Female	March 8, 1987
RACE—10g (Specify one if Spanish)	AGE—10a (Specify if 1 year)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Year)
4 White	6a 72	5b	DAYS	5c HOURS	MIN.	July 24, 1914
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name if not in other 7a street and number			IF HOSP OR INST indicate DOB (SP. Emer. Or. Inpatient) (Specify)
7b Merrillville			7c Methodist Hospital Southlake Campus			7d Inpatient
STATE OF BIRTH (If not in U.S. name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)		SURVIVING SPOUSE (If not give maiden name)		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Indiana	USA	10 Married		11 Harry Garwood		12 No
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life even if seasonal)		KIND OF BUSINESS OR INDUSTRY	
13 313-07-4643			14a Housewife		14b Own Home	
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
16 Indiana		18b Lake	18c Merrillville		15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)			
15d 28 Indian Trail			15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			15f Yes
(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		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
16 James		S.		Yuill	17 Louise Kifner	
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN STATE ZIP
18a Harry Garwood		18b Husband		18c 28 Indian Trail		Merrillville, Indiana 46410
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN STATE
19a Cremation		19b Calumet Park Cemetery		19c Merrillville, Indiana		
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP		
20a March 10, 1987		20b Geisen Funeral Home, Inc. 7905 Broadway		Merrillville, In. 46410		
21a (Signature) <i>[Signature]</i>				DATE SIGNED (Mo. Day Year)		HOUR OF DEATH
21b March 9, 1987				21c 5:30 A.M.		
NAME OF ATTENDING PHYSICIAN (If not at home)				MAILING ADDRESS—PHYSICIAN		
21d Bharat H. Barai M.D.				21e 521 E. 86th Avenue Merrillville, Indiana 46410		
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a <i>[Signature]</i>				22b 3/10/87		
PART I		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))				Interval between onset and death
(a)		23 Glioblastoma Multifocum				1 1/2 YRS.
(b)		DU TO OR AS A CONSEQUENCE OF				Interval between onset and death
(c)		DU TO OR AS A CONSEQUENCE OF				Interval between onset and death
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)
						24 No

FILED
APR 27 1990
[Signature]
ALUMBER LAKE COUNTY

001403