

MAIL TO:
GARY K. MATTHEWS,
ATTORNEY
142 Rimbach, Hammond,
IND. 46320

STATE OF INDIANA)
COUNTY OF LAKE) SS:

IN THE MATTER OF THE ESTATE)
OF MARY M. CHEEK,)
Deceased)

STATE OF INDIANA/S. NO.
LAKE COUNTY
FILED FOR RECORD
MAY 9 12 01 PM '90
ROBERT POSTER EELAND
RECORDER

099461

AFFIDAVIT OF SURVIVORSHIP

Comes now ROBERT CHEEK, being first duly sworn upon his oath and states as follows:

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

Lot Fifteen (15), Redivision of Block Three (3), Blackmun's Addition to the City of Hammond, as shown in Plat Book 13, page 4, in Lake County, Indiana, commonly known as 1252 Sherman Street - Hammond, Indiana.

2. That the Decedent, MARY M. CHEEK, and ROBERT CHEEK, an adult, were Husband and Wife at the time they acquired title, as tenants by the entirety, to said real estate.

3. That the marital relationship which existed between MARY M. CHEEK and ROBERT CHEEK, Husband and Wife, continued unbroken from the time they so acquired title to said real estate until the death of MARY M. CHEEK, on the 24th day of January, 1989, at which time ROBERT CHEEK, acquired title to the real estate as surviving tenant by the entirety.

4. That the gross value of the estate of the Decedent, MARY M. CHEEK as determined for the purposes of Federal Estate Taxes, was less than the value required for filing and the Decedent's estate was not subject to Federal Estate Tax.

Robert Cheek
ROBERT CHEEK, as Surviving Owner

FILED

MAY 9 1990

Gene N. Antone
AUDITOR LAKE COUNTY

000605

7.00

STATE OF INDIANA)

COUNTY OF LAKE)

SS:

SUBSCRIBED and SWORN to before me, a Notary Public, this 4 day
of MAY, 1990.

Gary K. Matthews
GARY K. MATTHEWS Notary Public

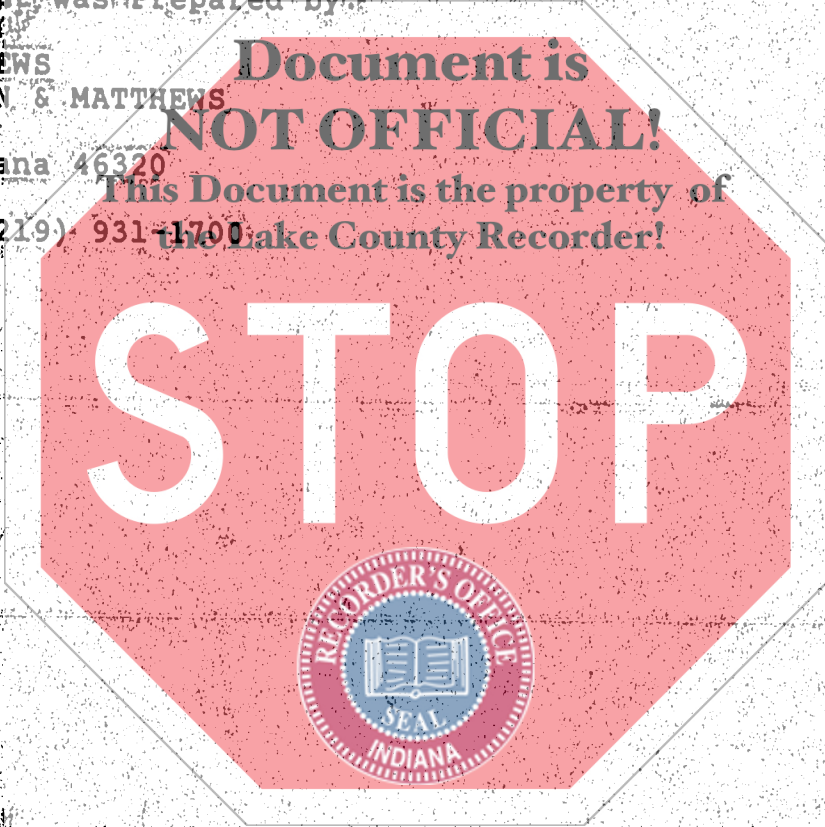
My Commission Expires: 10-6-92

County of Residence: LAKE

This instrument was prepared by:

GARY K. MATTHEWS
ENSLIN, ENSLIN & MATTHEWS
142 Rimbach
Hammond, Indiana 46320

Telephone: (219) 931-1700



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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- 10 _____
- 11 _____
- 12 _____

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 121-81

903600

FUNERAL HOME
No. 750

FUNERAL DIRECTOR'S
LICENSE No. 94

FUNERAL DIRECTOR'S
LICENSE No. 1576

EMBALMER'S NAME
Ronald A. Hayes

FUNERAL DIRECTOR'S
SIGNATURE
[Signature]

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.

CONDITIONS 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. Mary N. Cheek					Female	January 24, 1981
RACE—(eg. White, Black, American Indian or 1/2breed)	AGE—(Last Birthday)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day Year)	COUNTY OF DEATH	
4. White	8a. 65	5b. MOS	5c. DAYS	6. 6-17-1915	7a. Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—(Name if not in other part; give street and number)		IF HOSP OR INST indicate Date Of Inadmission and Discharge	
7b. Munster			7c. Community Hospital		7d. Inpatient	
STATE OF BIRTH (If not in U.S. A name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED, DIVORCED (Date)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Year or Year)	
8. Kentucky	U.S.A.	10. Married	11. Robert C. Cheek		12. No	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life; begin at top)		KIND OF BUSINESS OR INDUSTRY			
13. 311-28-2155	14. None		14b. ---			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENT ON A FARM?		
18a. Indiana	18b. Lake	18c. Highland		15b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER			IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		INSIDE CITY LIMITS (IS PRETTY YES OR NO)	
18d. 1252 Sherman Street			15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. Yes	
FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST						
16. Jack Collins		17. Floria Gilbert				
INFORMANT—NAME (Type or print)	RELATIONSHIP	MAILING ADDRESS STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
18a. Robert Cheek		18b. 1252 Sherman Street		Highland,	Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION CITY OR TOWN		STATE	
19a. Burial	19b. Hoskins Cemetery		19c. Bush, Kentucky			
DATE (MONTH DAY YEAR)	FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN STATE ZIP			
20a. January 27, 1981	20b. Kuiper Funeral Home 302 Kl. Inman Rd. Highland, IN 46322					
To the best of my knowledge death occurred at the time, date and place stated (If not so stated)				DATE SIGNED (Mo. Day Year)	HOUR OF DEATH	
21a. <i>[Signature]</i>				21b. 1/25/81	21c. 8:30 A	
NAME OF ATTENDING PHYSICIAN (Type or print)						
21d. FRED SACER M.D.						
MAILING ADDRESS—PHYSICIAN						
21e. 800 Mc City Blvd Site 2 Munster Ind. 46321						
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a. <i>[Signature]</i>				22b. 1-26-81		
23. IMMEDIATE CAUSE (ENTER THE CAUSE PER LINE FOR EACH LINE)						
PART I		(a) <i>Cardiogenic shock.</i>				Interval between onset and death
		DUE TO OR AS A CONSEQUENCE OF				3 days.
		(b) <i>Antibiotic administered</i>				Interval between onset and death
		DUE TO OR AS A CONSEQUENCE OF				15 yrs.
		(c) <i>...</i>				Interval between onset and death
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I				AUTOPSY (Specify Type or Age)
		<i>None</i>				

FILED

MAY 9 1990

[Signature]
AUDITOR LAKE COUNTY