Please Return To:

ARNOLD KREVITZ Attorney At Law 500 East 86th Avenue

Merrillville, IN 4641 (BULY ENTERED FOR TAXATION SUBJECT TO

(219) 769-1300

FINAL ACCEPTANCE FOR TRANSFER.

SURVIVORSHIP AFFIDAVIT

MAY 22 1990

STATE OF INDIANA

SS:

COUNTY OF LAKE

ROSE BAILEY, being first duly sworn upon her oath, deposes and says:

- That she was married to GEORGE BAILEY on November 9, 1946 who died a resident of Gary, Lake County, Indiana, on January 1, 1989, as evidenced by a Certified Death Certificate attached hereto and made a part hereof.
- That at the time of his death, GEORGE BAILEY and ROSE BAILEY, Husband and Wife, held title under a Warranty Deed to the following-described Read Estates togsit:

Lot Twelve (12) Flock Two (2) as marked and laid down on the recorded Phát Defcumasshaist tour resulace of a subdivision in the City of Gary, Lake County, Indiana, cas the same appears of record on Plat Book Thirty (30) Page Twelve (12), in the Recorder's Office of Lake County, Indiana.

That the Affiant and the Decedent, GEORGE BAILEY, were Husband and Wife continuously from the time they acquired title to the above-described Real Estate, to-wit: September, 1954, to the time of his death on January 1, 1989.

That the Estate of CECNGE BAILEY, degedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes

FURTHER AFFIANT SAYETH NOT.

ROSE'BAILEY

Subscribed and sworn to before me, a Notary Public, this

16th day of May, 1990.

MARY PO COONS, Notary Public Resident of Porter County

My Commission Expires:

January 6, 1991

(41 V, 100

This Instrument Prepared by:

ARNOLD KREVITZ, Attorney At Law 500 East 86th Avenue Merrillville, IN 46410 (219) 769-1300

001349

INDIANA STATE BOARD OF HEALTH

cal No. 1...89.0004..... CERTIFICATE OF DEATH

Centa Na																		
State No.	٠	٠	•			٠			٠		٠	•	•	٠	٠		٠	

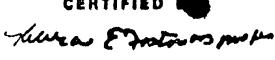
Y.PE/PRINT IN	i DECEASED-NAME George Corne		Baile	LAST		SE,	1-1-89
ERMANENT	4 SOCIAL SECURITY NUMBER	Se AGE—Lest birthday (Years) 70	SE LINDER I YEA		E DATE OF)r}	APLACE (City and State or Foreign Country)
SLACK INK	429-28-1635	70	Months Deys	Mours Minutes		7-8-18	Mason Tenn.
	US ARMED FORCES	HOSPITAL		1	F.C.	ne See instructions!	
	YES / Navy FID FACILITY NAME (IF not institution		atient D ER/Outpatient	C 00x	DWN OR LOCATIO	iome Residence	Orner (Specify) COUNTY OF DEATH
CEDENT	North Lake	·	t	1	Gary		Lake
	10 MARITAL STATUS—Married Never Married Wigoweg	11 SURVIVING SPOUS		12ª DECEDENT'S USUAL			KIND OF BUSINESS/INDUSTRY
	Divorced (Specify) yes	,	ompson			Steel	Steel
,		6 COUNTY	13c CITY TOWN OR		13¢ S	TREET AND NUMBER	
	Indiana Indiana	Lake	 	ATY OF HISPANIC ORIGIN?	1		entral Drive
	LIMITS? (Yes or no)	136 210 0000	1	s - If yes specify Cuban	15 RACE Am Black Whit	e etc	16 DECEDENT'S EDUCATION (Specify only highest grade completed)
	yes no	4640	7 Specify	iran era) - Gyvo - O Vi	(Specib)	Lack Ewment	ery/Secondar) (Q-12) College (1-4 or 5 +)
RENTS	17 FATHERS NAME (First Middle, La George Ba		Dage		Mable !	Middle Maiden Surname) Paylor	
Y' THAMRO"	186 INFORMANT'S NAME (Type/Prin		TO MAILING	ADDRESS (Street and Nun	ber or hural house I	Number, City or Town Sta	
3	Rose Bail	ey		2/49 Centr	al Dri	ve	wife
17	20a METHOD OF DISPOSITION Sourial Cremation [Removal from State	01her place)	E OF DISPOSITION (Name)	of cemetery, cremato		ATION—City or Town State
POSITION ~	Donation Dther (Specify)		deansent	Everagesno		UI	lobart, IN
4	218 SIGNATURE OF FUNERAL DIREC	the the		ICENSE NUMBER	22 NAME ADD	RESS 2ND LICENSE NY	WEER OF FOLLERAL HONE
	(Gendelle	1/20	, / /X/ \	12356	COUNT	2011	L. N.D. 1215 CC
PONIDUNONC	Compléte items 23s-c only	23# To the best of my and	wledys, peath occurred at t	ne time pale, and place state	g	236 LICENSE NUMBE	ER 23c DATE SIGNED
YSICIAN ONLY	when certifying physician is not available at time of beath to certify cause of beath	Signature and Title <					(Month, Day, Year)
MS 24-26 MUST,	24 TIME OF DEATH	25. DATE PRONOUNCED	DEAD (Month, Day, Year)			26 WAS CASE REFE	RRED TO MEDICAL EXAMINER/CORONER?
NOUNCES DEAT	9:00 /	1-1-	29			(Yes or no)	711
3	1	injuries, pr. complications that (art failure. List only one clause		ster the mode of dying such a	as cardia to respe	lor L	Approximate Interval Between
N	IMMEDIATE CAUSE (Final		Cin Ma	lesis			Onsei and Death YUNCLY
: INSTRUCTIONS	disease or condition resulting in death)		IOR AS A CONSEQUENT		MA	Y 2 2 1990	
13	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUENC	CE OF)	•		
1/4	CAUSE (Disease or injury	4			land.	M Clark	
	that inniated events resulting in death) LAST	DUE 10	IOR AS A CONSEQUENT		AUDIT /	IN LAKE COUNTY	
USE OF	PART II Other significant conditions of	contributing to peath but not res	ulting in the ungertying cau	e giveo in Part 1		1 26a WAS AN AUTO	PSY 286 WERE AUTOPSY FINDINGS
ATH ATH	Circha		le list	DIANALILLE		PERFORMED? (Yes or no)	AVAILABLE PHIOR TO COMPLETION OF CAUSE
//4	- Charles	4 7 100	n week				OF DEATH? (Yes or no)
						11/2	
E STRUCTIONS(R (Citech Dill)	TIFYING PHYSICIAN (Physicial best of my knowledge, dest			s pronounced death i	and completed item 23)	••
	D PRO	NOUNCING AND CERTIFYIN	IG PHYSICIAN (Physician	both pronouncing osath and (centrying cause of o	eeth)	mayer to acceptant decreased for towarded to correct of the correc
'RTIFIER O	To 11	ne best of my knowledge, deat	n occurred at the time. data	. and place, and due to the ca	s sendem bne (2)eeus	os stated '	
1.0	_ 	NICAL EXAMINER D CO			date, and place, and	due to the cause(s) and m	anner se stated
10	296. SIGNATURE AND TITLE OF CH	AIFIER /	70.		29c. LIC	ENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
1/2	<i>Ca</i>	Telse//-in	nellin			16449	1/5/88
N.	30 NAME AND ADDRESS OF PERSO	7	_	•		<i>C</i> -	- · ill · · · · ·
/ 3	itersine K	Drnstein	3290	O Grant	. 5+	Gary	IN 46408
ALTH FICER	31. HEALTH OFFICER'S SIGNATURE	do an hi	15 cm o				DATE FILED (Month, Day, Year)
TOER \	33 MANNE OF DEATH	340 DATE OF INJ	URY 346 TIME O	F 34c. INJURY AT V	VORK7 346	DESCRIBE HOW INJUR	
RONER OR	l 9'	(Month, Day,)	YRULMI (166)	(Yes or no)			
DICAL AMINER USE	Accident		<u></u>		<u> </u>	·	
ILY	Sucros Could not be Determined Homocros	PLACE OF IN	JURY—At nome, form, stre Specify)	et factory, office	341 LOCATION	I (Street and Number or h	ural Roune Number, City or Town State) 001350
	·				<u> </u>		UVI DOU
	SBH06-004 State Form 101	10 (B/10-87) (LDE41	1 ਹੁਵਾੜ ਜ				

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CERTIFIED



CITY OF GARY, INC.

MAY 1 6 1990