

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

COUNTY OF LAKE

S.S.

111757

3

On this 6-27-90 before me personally appeared _____
(insert date)

ADELAIDE HECTOR

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is surviving co-tenant - wife
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by
Harold C. Hector and Adelaide Hector;
- Said Harold C. Hector
(fill in name of co-tenant who died)

died on October 7, 1969

leaving no ~~will~~
(insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is: Key 34-153-12+13
Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
Lots 12 and 13 in Block 1 in Hyde Park Addition of Hammond, as per plat thereof, recorded in Plat Book 12, page 3, in the Office of the Recorder of Lake County, Indiana (commonly known as 6348 Garfield Avenue, Hammond, Indiana)

- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
no

(If answer is "Yes," identify the divorce proceedings: _____)

- Affiant's relationship to the decedent was surviving spouse

JUL 11 1990

Signature: Adelaide Hector
Adelaide Hector
Address: 6348 Garfield Avenue
Hammond, Indiana

Anna N. Anton
AUDITOR LAKE COUNTY

Subscribed and sworn to before me by the affiant

this 6-27-90
(insert date)

Raquel Monterrubio
Notary Public

Resident of Lake County, Indiana

My Commission Expires _____

000072

This instrument prepared by Richard F. James, Atty, 200
Monticello Drive, Dyer, IN 46311

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↑

5.50
dk

STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD
JUL 16 10 36 AM 1990
ROBERT "BOB" FREELAND
RECORDER

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

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

Local No. 873

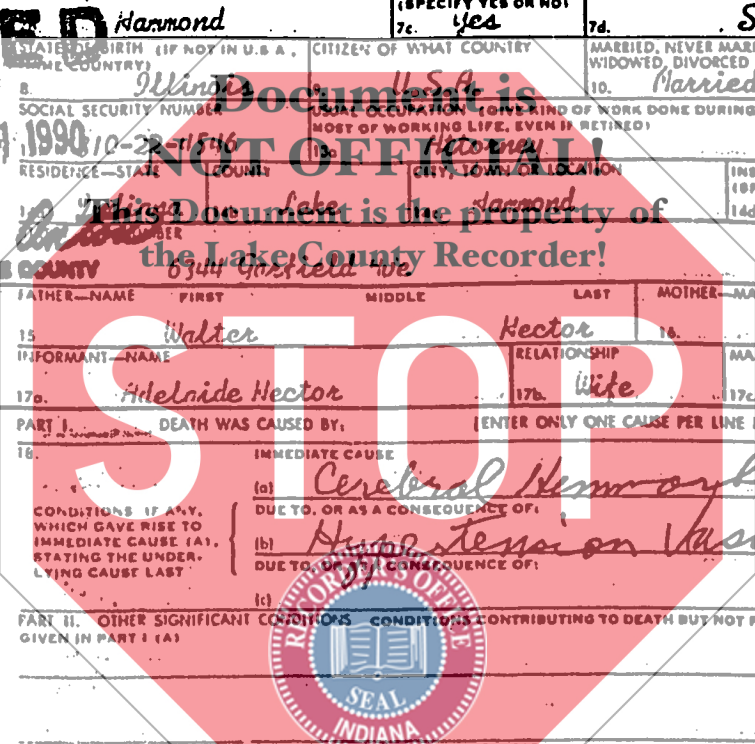
State No. 340060

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. HAROLD		C.	HECTOR		2. MALE	3. OCTOBER 7, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR NOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. white		5a. 62	5b.	5c.	6. 7-8-07	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
Harmond		7c. Yes		7d. St. Margarets			
STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Indiana		U.S.A.		10. Married		11. Adelride Jeranson	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN A RESIDENTIAL INSTITUTION		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. Lake		1990-10-22-1546		13a. Doctor		13b. Law	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP	
12. Lake		12. Lake		14a. Yes		14b. North	
AUDITOR LAKE COUNTY		6344 Garfield Ave		14c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		14d. IS RESIDENCE ON A FARM?	
PARENTS		FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Walter Hector		16. Elsie Lutson					
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Adelride Hector		17b. Wife		17c. 6344 Garfield Ave. Hammond, Indiana			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c):				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Cerebral Hemorrhage				Yr	
CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Hypertension Vascular				Ryrs	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				ALTOGETHER (YES OR NO)	
						19a.	
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED (MONTH, DAY, YEAR)		
20a. 12:15 P.M.		20b. 10-7-69			21a. 10-7-69		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		TITLE (DEGREE OR TITLE)			
22a. A.W. Rhind, M.D.		22b. A.W. Rhind, M.D.					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO		CITY OR TOWN		STATE	
23. 422 Conkey Street		Hammond		Indiana			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		FURNERAL HOME NUMBER	
24a. Burial		24b. Elmwood		24c. Hammond, Indiana		24d. 285	
DATE (MONTH, DAY, YEAR)		FURNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. 10-9-69		25a. C.J. Huber 727 65th St. Hammond, Indiana 46324					
FURNERAL DIRECTOR—SIGNATURE		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER			
25b. C.J. Huber		P.E. Frankowski, M.D.		OCT 8 1969			

FILED

DECEASED LIVED IF DEATH OCCURRED IN A RESIDENTIAL INSTITUTION



This Document is the property of the Lake County Recorder!

Below for State Office Use

A _____
B _____
C _____
D _____
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H _____
I _____
J _____
1 _____
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7 _____
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Disposition Permit Issued / /
Provisional Certificate Yes No

Willson Huber
 146
 FURNERAL DIRECTOR'S LICENSE NO. 34653
 1980



THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
MAY 10 3 1990

Franklin J. Remuda, M.D.

Date Issued

HAMMOND HEALTH COMMISSIONER

