

SURVIVORSHIP AFFIDAVIT

COMMUNITY-TITLE CO.
421 W. 81st Avenue
Merrillville, IN 46410

STATE OF INDIANA §
COUNTY OF LAKE § S.S.

L3288

On this Feb. 8, 1991 before me personally appeared,
(insert date)

Janice Marie Shield

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

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is daughter of the deceased.
(state interest of affiant in the above premises as owner)
- 3. Said premises described as follows: Lot 34 in Cleveland Heights, as per plat thereof, recorded July 6, 1950 in Plat Book 28 page 78, in the Office of the Recorder of Lake County, Indiana. Key# 39-478-34

4. Said premises were formerly owned as ~~joint-tenants or~~ as tenants by the entireties by Robert L. Green and Hilda M. Green

5. Said Hilda M. Green (fill in name of co-tenant who died) died on Nov. 18, 1988

leaving no will:
(insert "a" or "no")

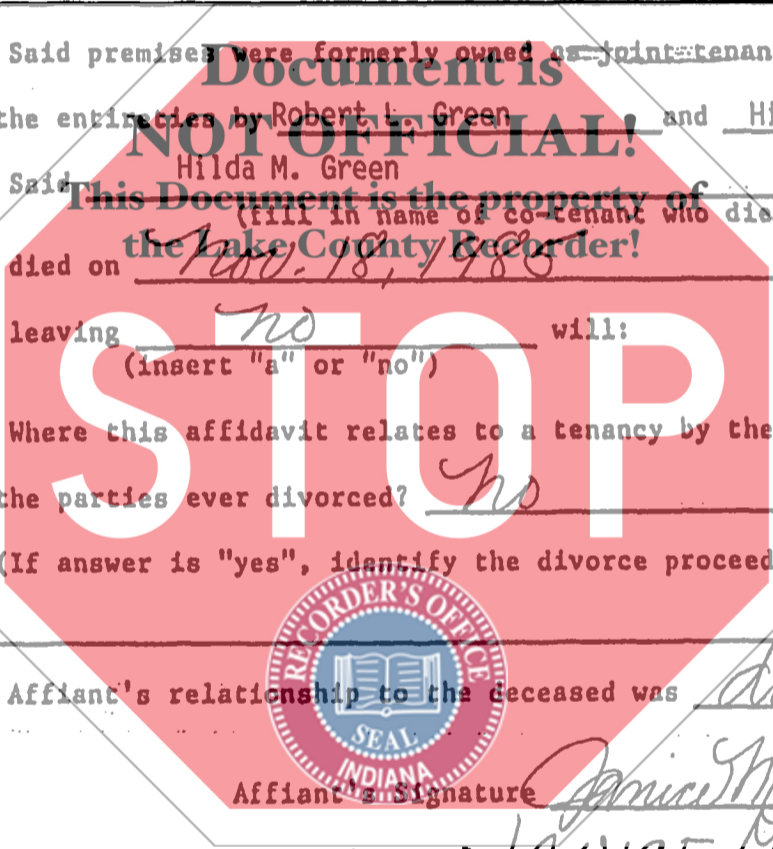
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no
(If answer is "yes", identify the divorce proceedings:)

7. Affiant's relationship to the deceased was daughter.

Affiant's Signature Janice Marie Shield

Name Printed JANICE MARIE SHIELD

Address 2567 PEACH ST.
PORTAGE, IN 46368



STATE OF INDIANA/S.S. NO. FILED FOR RECORD FEB 27 12 37 PM '91 ROBERT RECORDER OF DEEDS



Subscribed and sworn before me by the affiant this 2-8-91 (insert date)

Patricia Ludington (Notary Public)

PATRICIA Ludington LAKE County (printed name and county)

My commission expires 4-15-94

FILED

FEB 20 1991

Anna N. Anton AUDITOR LAKE COUNTY

This instrument prepared by: JANICE MARIE SHIELD

Am 200

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
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- Y _____
- Z _____

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

COMMUNITY TITLE CO.
421 W. 81st Avenue
Merrillville, IN 46410
State No. _____

Local No. 2180-85

FUNERAL HOME
No. 245

LICENSE No. 4237
FUNERAL DIRECTOR'S
LICENSE No. 1448

EMBALMER'S NAME Charles W. Wells
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, OVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
& ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECLAIED- NAME 1 HILDA MARIE GREEN			SEX Female	DATE OF DEATH (MONTH DAY YEAR) November 18, 1985	
RACE - (10) White, Black, American Indian, etc. (Specify) 4 White	AGE - Last Birthday (Yrs / Mos / Days) 5a 60	UNDER 1 YEAR Mos Days	UNDER 1 DAY Hours Mins	DATE OF BIRTH (Mo Day Yr) 2/28/1925	COUNTY OF DEATH 7c Lake
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION (Name, if not in notes, give street and number) 7c Methodist Hospital Southlake Cam.		IF HOSP OR INST bears DOA OP (Enter the Institution's Specific) 7d Inpatient	
STATE OF BIRTH (If not in U.S.A. specify) 8 Kentucky	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Robert L. Green	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 no	
SOCIAL SECURITY NUMBER 13 403-28-9471		USUAL OCCUPATION (List kind of work done during week of death, but not of record) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b Own Home		
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Calumet Township			
STREET AND NUMBER 16a 2015 W. 41st Ave.			IS RESIDENCE ON A FARM? 16b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 16c no	
18 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME (FIRST MIDDLE LAST) 16 Dennis Blakeman		MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 Lillian Robinson			
INFORMANT - NAME (Type or print) 18a Robert L. Green Husband		RELATIONSHIP 18b Husband	MAILING ADDRESS (ST. CITY OR TOWN STATE ZIP) 18c 2015 W. 41st. Ave., Gary, Indiana 46408		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery	LOCATION 19c Merrillville, Indiana		
DATE (MONTH DAY YEAR) 20a November 20, 1985		FUNERAL HOME - NAME AND ADDRESS 20b PRUZIN BROTHERS, 6360 Broadway, Merr., Indiana 4641	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
To the best of my knowledge, depth attained at the time death occurred, and the cause of death (Specify) 21a (Signature) <u>R. E. Drasga</u>		DATE SIGNED (Mo Day Yr) 21b 11/18/85	HOUR OF DEATH 21c 1:35 a.m.		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Ray E. Drasga M.D.		MAILING ADDRESS - PHYSICIAN 21e 8127 Merrillville Road, Merrillville, Ind. 46410			
HEALTH OFFICER - SIGNATURE 22a <u>[Signature]</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 11-18-85			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR THIS PART) PART I (a) Lung Cancer		INTERVAL BETWEEN ONSET AND DEATH			
(b) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
(c) DUE 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) 24		AUTOPSY (Specify Yes or No) no			

FILED

FEB 20 1991

[Signature]
AUDITOR LAKE COUNTY

01160