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Please Return To:

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(219) 769-1300

STATE OF INDIANA, LAKE COUNTY
FILED FOR RECORD
APR 25 10 51 AM '91
ROBERT [illegible] TREZLAND
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

NANNIE BRADLEY, being first duly sworn upon her oath, deposes and says:

1. That she was married to WILLIAM BRADLEY who died a resident of Gary, Lake County, Indiana, on April 14, 1991, as evidenced by a Certified Death Certificate attached hereto and made a part hereof.

2. That at the time of his death, WILLIAM BRADLEY and NANNIE BRADLEY, Husband and Wife, held title under a Quit-Claim Deed to the following-described Real Estate, to-wit:

KEY 46-1987-36

Lot 36, in Block 39, in Chicago-Tolleston Land and Investment Company's Second Oak Park Addition to Tolleston, in the City of Gary, Lake County, Indiana.

3. That the Affiant and the Decedent, WILLIAM BRADLEY, were Husband and Wife continuously from the time they acquired title to the above-described Real Estate, to-wit: July 29, 1950, to the time of his death on April 14, 1991.

4. That the Estate of WILLIAM BRADLEY, decedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes.

FURTHER AFFIANT SAYETH NOT.

Nannie Bradley
NANNIE BRADLEY

Subscribed and sworn to before me, a Notary Public, this 23rd day of April, 1991

Mary P. Coons
MARY P. COONS, Notary Public
Resident of Porter County

My Commission Expires:

January 6, 1995

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

FILED

APR 25 1991

Anna N. Antone
AUDITOR LAKE COUNTY

8.00

01501

INDIANA STATE BOARD OF HEALTH

Local No. 08an-91 — **CERTIFICATE OF DEATH** — State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
William Henry Bradley	Male	12:00P M	April 14, 1991

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
306-03-2739	89			October 20, 1901	Birmingham, Alabama

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	N/A	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☒ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Southlake Care Center	Merrillville	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Nannie Webb	Skilled Labor	Steel Industry

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	2451 Adams Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46407	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	Black	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
George Bradley	Lulu Brantley

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Nannie Bradley	2451 Adams Street, Gary, Indiana, 46407	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify):	April 19, 1991 Evergreen Memorial Park	Hobart, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Samuel Smith	FDE01019692	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Samuel Smith	FDE01019692	Divinity Memorial Chapel, 3820 Pulaski Street, East Chicago, Indiana 46312-FDH3001570

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiopulmonary arrest	
	DUE TO (OR AS A CONSEQUENCE OF): b. Lung cancer	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	

FILED APR 25 1991 CLERK LAKE COUNTY

CERTIFIER

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ HEALTH OFFICER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ CORONER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
[signature]	0163180	4/17/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. S. Shaw 3520 Fairview Ave. Lake Station IN 46405

THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE IN THE LAKE COUNTY HEALTH DEPARTMENT

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: APR 17 1991 Alexander S. Williams, M.D. — 32. DATE FILED (Month, Day, Year): APR 25 1991

CORONER USE ONLY

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Could not be Determined ☐ Suicide ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

Alex S. Williams, M.D. COUNTY HEALTH COMMISSIONER

Key 46-1-97-36 Lot 36 Block 39 2nd OAK PARK ADD.

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

01502