

SURVIVORSHIP AFFIDAVIT

N STATE OF _____ }
COUNTY OF _____ } S. S.

On this May 3, 1991 before me personally appeared Joseph J. McDaniel
(insert date)

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 owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.);
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Joseph J. McDaniel and Betty L. McDaniel;

4. Said Betty L. McDaniel
(fill in name of co-tenant who died)
died on December 3, 1983

leaving no
(insert "a" or "no"; if "will" left, attach a copy)
This Document is the property of the Lake County Recorder!

5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ _____ and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

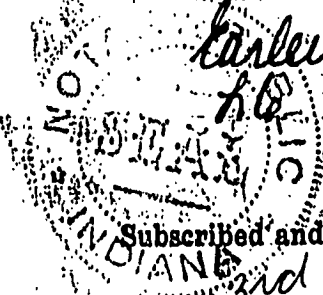
(If answer is "Yes," identify the divorce proceedings: _____);

7. Affiant's relationship to the deceased was Husband

Harwood on Deep River
RD Bl 1
#50-228-6

Signature Joseph J. McDaniel

Address 52900 E. 35th Avenue
Lake Station IN 46405



Subscribed and sworn to before me by the affiant
this 3rd day of May 1991
(insert date)

Cheri L. Seaton
Notary Public

Anna N. Anton
CLERK LAKE COUNTY

MAY 17 1991

My Commission Expires _____

00746

800 Ct

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION
STATE OF INDIANA, S. NO. _____
LAKE COUNTY, IN
FILED FOR RECORD
MAY 20 1 24 PM 1991
ROBERT REGORDER

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

Below for State Office Use

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- X _____
- Y _____
- Z _____

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 2060-83

State No. _____

FUNERAL HOME No. 306
 FUNERAL DIRECTOR'S COMMISSION No. 2012

646

LICENSE No.

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME 306
 FUNERAL DIRECTOR'S SIGNATURE [Signature]
 COMMISSION No. 2012

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|---|--------------------------------------|---|---|
| 1. DECEASED - NAME FIRST MIDDLE LAST BETTY L. McDANIEL | | SEX Female | DATE OF DEATH (MONTH, DAY, YEAR) December 3, 1983 |
| 2. RACE - (a) White, Black, American Indian, or (b) Other | 3. AGE - Last Birthday (Yr, Mo, Day) | 4. UNDER 1 YEAR MOY DAYS | 5. UNDER 1 DAY HOURS MINS |
| White | 54 | 5b | 5c |
| 6. DATE OF BIRTH (Mo, Day, Yr) July 7, 1929 | | 7. COUNTY OF DEATH Lake | |
| 8. CITY, TOWN OR LOCATION OF DEATH Munster | | 9. HOSPITAL OR OTHER INSTITUTION - (Name if not in other prev street and number) Community Hospital | |
| 10. STATE OF BIRTH (If not in U.S.A. name country) Illinois | | 11. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 13. SURVIVING SPOUSE (If wife give maiden name) | |
| Married | | Joseph J. McDaniel | |
| 14. SOCIAL SECURITY NUMBER 338-22-6435 | | 15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker | |
| 16. RESIDENCE - STATE COUNTY Indiana Lake | | 17. CITY, TOWN OR LOCATION Lake Station | |
| 18. STREET AND NUMBER 2900 East 35th Avenue | | 19. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. | | 21. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes | |
| 22. PARENTS - FATHER - NAME FIRST MIDDLE LAST Robert L. Bond (dec.) | | 23. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Emma Green (dec.) | |
| 24. RELATIONSHIP Joseph J. McDaniel, HUSB. | | 25. MAILING ADDRESS (STREET OR P.O. NO.) CITY OR TOWN STATE 2900 East 35th Avenue, Lake Station, Indiana 46405 | |
| 26. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 27. CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE Chapel Lawn Cemetery Schererville, Indiana | |
| 28. DATE (MONTH, DAY, YEAR) December 7, 1983 | | 29. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd. Hobart, IN | |
| 30. M.D. OR D.O. NAME OF ATTENDING PHYSICIAN (Type or Print) M. Y. Ali, M.D. | | 31. DATE SIGNED (Mo, Day, Yr) 12/8/83 | |
| 32. MAILING ADDRESS - PHYSICIAN 9116 Columbia Avenue, Munster, Indiana 46321 | | 33. HOUR OF DEATH 4:40 a. M. | |
| 34. HEALTH OFFICER - SIGNATURE [Signature] | | 35. RECEIVED BY LOCAL HEALTH OFFICER [Signature] | |
| 36. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST | | 37. INTERVAL BETWEEN ONSET AND DEATH | |
| 38. IMMEDIATE CAUSE Advanced Small Cell CA of the Lung | | 39. INTERVAL BETWEEN ONSET AND DEATH | |
| 39. DUE TO OR AS A CONSEQUENCE OF | | 40. INTERVAL BETWEEN ONSET AND DEATH | |
| 40. DUE TO OR AS A CONSEQUENCE OF | | 41. INTERVAL BETWEEN ONSET AND DEATH | |
| 41. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) | | 42. AUTOPSY (Specify Yes or No) No | |



PAID
MAY 17 1991

Anna D. Baker
 ACTION JAMES COUNTY

barlow & deep run
 # 50-22-6
 COMPLETE
 ON FILE WITH
 HEALTH DEPT.

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