462993

Chicago Title Insurance Company

Liberty Savings Association, F.A.
1900 Indpls Blvd
Whtg, In 46394

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake } S.S. 501-01-7947

91024624

On this May 9 1991 (Insert date) before me personally appeared _____

Helen W. M. Jones

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 Richard W. and Helen W. M. Jones;

4. Said Richard W. Jones (fill in name of co-tenant who died)

died on Feb 2, 1991;

leaving No (Insert "a" or "no") will;

5. The legal description of the premises in question is:

Lot 2, Block 2, Hansen Park Addition, to the City of Hammond, as shown in Plat Book 20, page 44, in Lake County, Indiana.

Key # 34-37-2

6. 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;

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

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

_____);

8. Affiant's relationship to the deceased was Spouse

Signature: Helen W. M. Jones
Helen W. M. Jones

Address: 7020 Monroe Av

Subscribed and sworn to before me by the affiant

this 9th day of May (Insert date)

Doris D. Slayden
Notary Public

Doris D. Slayden

My Commission Expires 2-28-95

Resident of Lake County

This instrument prepared by Helen W. M. Jones

FILED

MAY 21 1991

Auditor Lake County

00919

80.00

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

STATE OF INDIANA, S.S. NO.
LAKE COUNTY
FILED FOR RECORD
ROBERT [illegible]
RECORDER
MAY 22 1 25 PM 91

Local No. 146

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A T... COMPLETE COPY OF DEATH ON FILE W... HAMMOND HEALTH DEPARTMENT.
FEB 27 1989 — Date Issued — Hammond Health Commi...

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Richard W. Jones
2. SEX	Male
3. DATE OF DEATH (Mo., Day, Yr.)	February 23
4. SOCIAL SECURITY NUMBER	314-14-4307
5a. AGE—Last Birthday (Years)	66
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Month, Day, Year)	December 31, 1922
7. BIRTHPLACE (City and State or Foreign Country)	Hammond, Indiana
8. YEAR LAST SERVED IN U.S. ARMED FORCES?	1945
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	St. Margaret Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	Hammond
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Helen Hansen
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Gas Engineer
12b. KIND OF BUSINESS/INDUSTRY	NIPSCO
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Hammond
13d. STREET AND NUMBER	7020 Monroe
13e. INSIDE CITY LIMITS? (Yes or no)	Yes
13f. FARM	No
13g. ZIP CODE	46324
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
15. RACE—American Indian, Black, White, etc. (Specify)	White
16. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 12; College (1-4 or 5+): 3

PARENTS

Field	Entry
17. FATHER'S NAME (First, Middle, Last)	Thomas Jones
18. MOTHER'S NAME (First, Middle, Maiden Surname)	Hazel Munson

INFORMANT

Field	Entry
19a. INFORMANT'S NAME (Type/Print)	Helen Jones
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	7020 Monroe Hammond, Indiana 46324
19c. Relationship	wife

DISPOSITION

Field	Entry
20a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Elmwood Cemetery February 27, 1989
20c. LOCATION—City or Town, State	Hammond, Indiana
21a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
21b. LICENSE NUMBER (of Licensee)	FD61018769
22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	C.J. Huber Funeral Home 722 165th Street Hammond, Indiana FDH3002851

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

Field	Entry
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title	[signature]
23b. LICENSE NUMBER	29300
23c. DATE SIGNED (Month, Day, Year)	02.23.19..
24. TIME OF DEATH	11:12 A.M.
25. DATE PRONOUNCED DEAD (Month, Day, Year)	02.23.1989 February 23, 1989
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)	No

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. Acute Myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	N/A

FILED
MAY 21 1991
[signature] AUDITOR LAKE COUNTY

CERTIFIER (SEE INSTRUCTIONS)

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. LICENSE NUMBER	IN 20248
29d. DATE SIGNED (Month, Day, Year)	February 24, 1...
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)	W V HEHEMANN, MD 2905 CALUMET AVE MUNSTER, IN 46321

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Franklin D. Oyemuda M.D.
32. DATE FILED (Month, Day, Year)	FEB 27 1989

CORONER OR MEDICAL EXAMINER USE ONLY

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

00820

#34-37-2 Hansen Ok. Add. Lt 2 B 22

SBH06-004 State Form 10110 Rev. 10/87 DEATH/PD 1