



91032351 SURVIVORSHIP AFFIDAVIT

STATE OF Indiana }
COUNTY OF Lake } S. S.

On this 6-20-91 before me personally appeared Elizabeth L.
(insert date)

Erdelles

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 William E. Smith and Elizabeth L. Erdelles;

4. Said William E. Smith (fill in name of co-tenant who died)

died on June 4th, 1991

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

- 5. The legal description of the premises in question is:
PART OF THE NORTHEAST QUARTER OF SECTION 9, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2ND P. M., MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT A POINT 450 FEET EAST AND 25 FEET NORTH OF THE SOUTHWEST CORNER OF THE NORTHEAST QUARTER OF SECTION 9, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2ND P. M.; THENCE EAST PARALLEL TO THE SOUTH LINE OF THE NORTHEAST QUARTER OF SAID SECTION 9, A DISTANCE OF 373.76 FEET TO THE CENTER LINE OF COUNTY ROAD "G" (ALSO KNOWN AS HARRISON STREET); THENCE NORTHWESTERLY ALONG THE CENTER LINE OF SAID COUNTY ROAD "G", A DISTANCE OF 270.82 FEET; THENCE SOUTHWESTERLY WITH AN INTERIOR ANGLE OF 117 DEGREES 56 MINUTES 15 SECONDS A DISTANCE OF 204.10 FEET TO A POINT 450 FEET EAST OF THE WEST LINE AND 185 FEET NORTH OF THE SOUTH LINE OF THE NORTHEAST QUARTER OF SAID SECTION 9; THENCE SOUTH PARALLEL TO THE WEST LINE OF THE NORTHEAST QUARTER OF SAID SECTION 9, A DISTANCE OF 160 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.
- 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 daughter

Signature: Elizabeth L. Erdelles
Address: 6430 Madison St., Merrillville, IN 46410

Subscribed and sworn to before me by the affiant

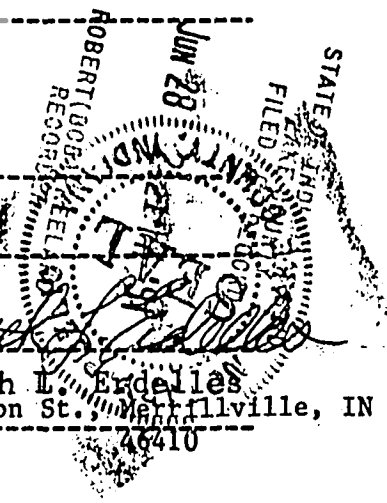
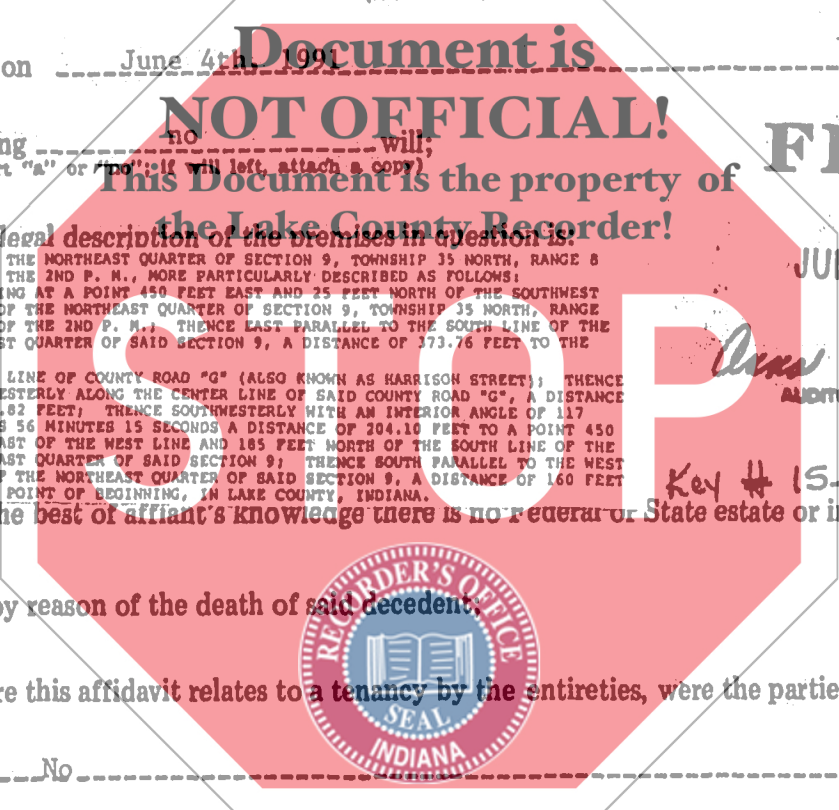
this 6-20-91 (insert date)
Brenda C. Prichard
Notary Public

Brenda C. Prichard
My Commission Expires 2-23-93

This instrument prepared by Ken Tomaszewski

01447

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION



See Ct

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 11859

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

KEY 15-23-202 PT 5 1/2 SW NE S 9 T 35 R 8 1.43 AC 373.76 x 270.82 x 204.10 x 160 FT 1.43 AC

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) William E. Smith				2 SEX Male		3a TIME OF DEATH 5:00 A.M.		3b DATE OF DEATH (Month, Day, Yr) June 4, 1991							
4 SOCIAL SECURITY NUMBER 312-16-0089		5a AGE—Last Birthday (Years) 70		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) February 16, 1921		7 BIRTHPLACE (City and State or Foreign Country) Merrillville, Indiana					
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) 6430 Madison Street						9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville			9d. COUNTY OF DEATH Lake						
10. MARITAL STATUS (Specify) Widower		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) Production Foreman				12b. KIND OF BUSINESS/INDUSTRY Modulus Corporation						
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Merrillville			13d. STREET AND NUMBER 6430 Madison Street								
13a. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12					
18. FATHER'S NAME (First, Middle, Last) William E. Smith						18. MOTHER'S NAME (First, Middle, Maiden Surname) Caroline Stoltz									
20a. INFORMANT'S NAME (Type/Print) Elizabeth L. Erdettes				20b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 6430 Madison St., Merrillville, In. 46410				20c. Relationship Daughter							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 6, 1991 SS Peter & Paul Cemetery				21c. LOCATION—City or Town, State Merrillville, Indiana							
22a. EMBALMER'S NAME Alexis Thanos				22b. EMBALMER'S LICENSE NO. FD08600505				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert J. Geisen</i>				24b. LICENSE NUMBER (of License) FD01041740		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, In. 46410									
26. PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or pulmonary arrest, shock, or heart failure. List only one cause on each line. sever cognitive heart failure IMMEDIATE CAUSE (and disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last JUN 26 1991 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										26. PART II Enter the above is a true and complete copy of the certificate of death on file with the Lake County Health Dept. JUN 06 1991					
PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I Anna M. Anton MEDICOR LAKE COUNTY						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no) No		28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No					
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Nazzal Obaid M.D.</i>		29c. MEDICAL LICENSE NO.		29d. DATE SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Nazzal Obaid, M.D., 8895 Broadway, Merrillville, Indiana 46410										31. HEALTH OFFICER'S SIGNATURE <i>Alexis Thanos</i>		32. DATE FILED (Month, Day, Year) JUN 6 91			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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)									
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				01448							

