

91039441

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Vivian Mae Whitt on her oath and deposes and says:

1. That she is the wife of Dale Eugene Whitt, and that she knew him for over forty (40) years.
2. That Vivian Mae Whitt and Dale Eugene Whitt were married on October 16, 1951.
3. That on February 11, 1959 Vivian Mae Whitt and Dale Eugene Whitt, acquired, as tenants by the entireties, the following property located in Lake County, Indiana, which is more particularly described as follows:

Lot 46, Grand Hessville Heights Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 31, page 87 in the Office of the Recorder of Lake County, Indiana, and more commonly known as 7405 New Hampshire Street, Hammond, Indiana.
Unit No. 26, Key No. 33-233-46

4. That on March 1, 1991, her husband, Dale Eugene Whitt, also known as Dale E. Whitt, died leaving Vivian Mae Whitt as his surviving spouse, never having filed for or having been divorced.
5. That no federal Estate Tax or Indiana State Inheritance Tax was due as a result of the death of said Dale Eugene Whitt.

This Affidavit is given for the purpose of bringing the title of the above-described property into the name of Vivian Mae Whitt and for no other reason.

Dated this 25 day of July, 1991.



Vivian Mae Whitt
VIVIAN MAE WHITT

Subscribed and sworn to before me, a Notary Public, on the 25th day of July, 1991.

Edward H. Feldman
Edward H. Feldman
Notary Public

FILED

JUL 3 1 1991

My commission expires: 1-7-93

County of residence: Lake

Anna N. Antox
AUDITOR LAKE COUNTY

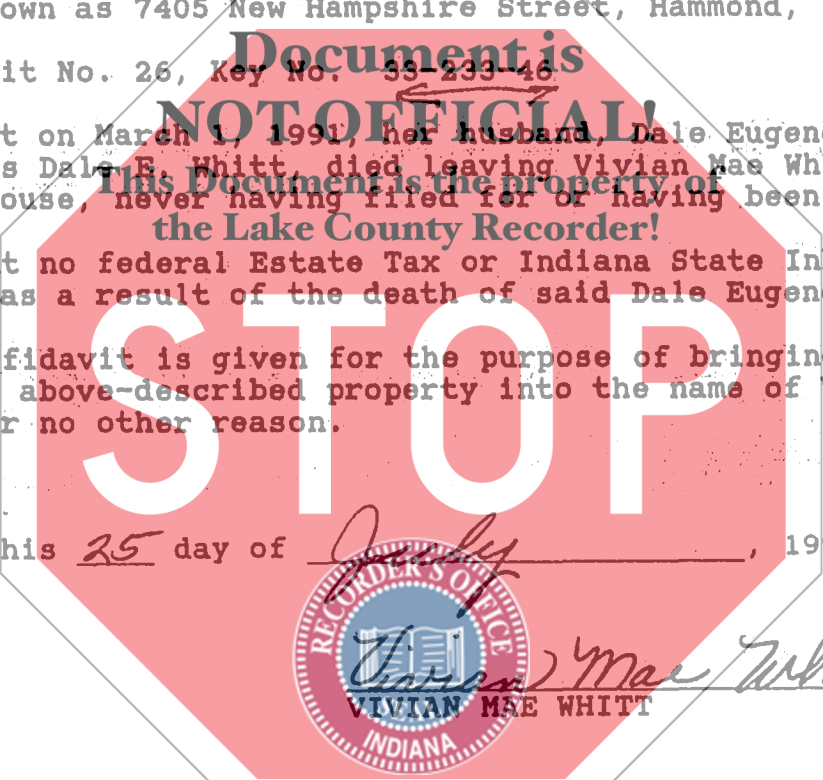
This instrument prepared by: Edward H. Feldman
Attorney at Law
2833 Lincoln Street - Suite B
Highland, Indiana 46322
(219) 838-8200

Return to: ↑

01899

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD

Aug 6 9 22 AM '91
ROBERT B. FREELAND
RECORDER



INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF DEATH FILE WITH THE HAMMOND HEALTH DEPARTMENT.

MAR 04 1991
Date Issued Hammond Health Commissioner

Local No. 160

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) Dale E. Whitt		2 SEX Male	3a TIME OF DEATH 5:26 a.m.	3b DATE OF DEATH (Month Day Yr) March 1, 1991	
4 SOCIAL SECURITY NUMBER 337-14-4723	5a AGE—Last Birthday (Years) 63	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) April 2, 1927	
7 BIRTHPLACE (City and State or Foreign Country) Robinson, Illinois	8a WAS DECEDENT A U.S. VETERAN? yes WWII	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1952	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) St. Margaret Hospital	9b CITY/TOWN OR LOCATION OF DEATH Hammond	9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Vivian M. Rose	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Foreman	12b KIND OF BUSINESS/INDUSTRY Inland Steel		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hammond	13d STREET AND NUMBER 7405 New Hampshire Avenue		
15a ZIP CODE 46323	15b 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) 9		18 FATHER'S NAME (First Middle Last) Bert Whitt			
19 MOTHER'S NAME (First Middle Maiden Surname) Colletta Wimberly		20a INFORMANT'S NAME (Type/Print) Mrs. Vivian M. Whitt			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7405 New Hampshire Ave. Hammond, IN 46323		20c Relationship Wife			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) March 3, 1991 Park Crematory		21c LOCATION—City or Town, State Park Forest, Illinois	
22a EMBALMER'S NAME N/A		22b EMBALMER'S LICENSE NO. N/A		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>John C. Quist</i>		24b LICENSE NUMBER (of Licensee) FDO1013507		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Ave. Hammond, IN 46323	
26 PART I. Enter the disease, 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary heart failure DUE TO (OR AS A CONSEQUENCE OF)					
b. 15 cm x 10 cm abscess DUE TO (OR AS A CONSEQUENCE OF)					
c. _____ DUE TO (OR AS A CONSEQUENCE OF)					
d. _____ DUE TO (OR AS A CONSEQUENCE OF)					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Bronchogenic Carcinoma					
27a WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no		28a WAS AN AUTOPSY PERFORMED? (Yes or no) no		28b 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>Dr. M. S. ...</i>			29c MEDICAL LICENSE NO. 33507	29d DATE SIGNED (Month, Day, Year) 3-1-91 (March 1, 1991)	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) H. MISHOULAM, 9725 PRAIRIE AVENUE, HIGHLAND IN 46322					
31 HEALTH OFFICER'S SIGNATURE <i>Dr. ...</i>				32 DATE FILED (Month, Day, Year) March 4, 1991	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		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. 1899 A			