

162147

Lee - M. O.

S1052573 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

} S. S.

On this 9/24/91 before me personally appeared
(insert date)
M.
Winifred/Hass

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature; # 42 - 209-1
(6501 E. 4th Avenue)
- Affiant is owner of lot 1, Block 3, in Duneland Park Sub.;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by
Helen C. Lee and Winifred M. Hass;

- Said Helen C. Lee **Document is NOT OFFICIAL!**
(fill in name of co-tenant who died)
died on January 15, 1987
leaving a will;
(insert "a" or "no"; if will left, attach a copy)

- 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 \$ 60,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

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

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

- Affiant's relationship to the deceased was daughter

Re # 42-209-1
Duneland Pk. Lt 1 Bl 3

Signature: Winifred M. Hass
Winifred M. Hass
Address: 8025 Maple Ave., Gary, IN

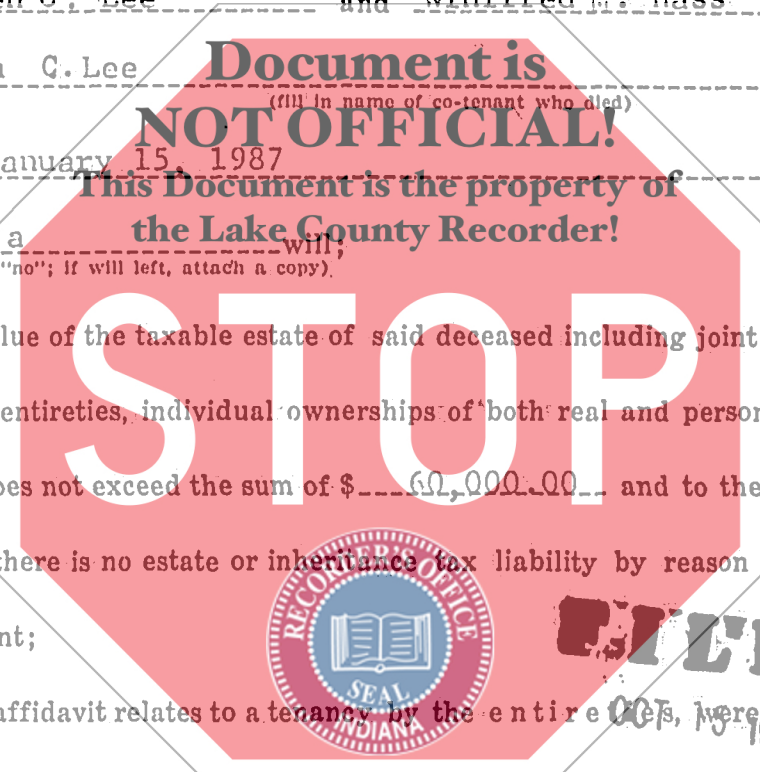
Subscribed and sworn to before me by the affiant

this 9/24/91
(insert date)

Bruce E. Ayers
BRUCE E. AYERS, Notary Public

My Commission Expires 8/3/94

This instrument prepared by M. Winifred/Hass



FILED

OCT 15 1991

STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE
OCT 17 9 21 AM '91
ROSE...

Handwritten initials

Permit + 10^{cc}

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

Below for State Office Use

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. **87-87**

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE

CAUSE

FUNERAL HOME No. **252**

FUNERAL DIRECTOR'S LICENSE No. **2372**

FUNERAL DIRECTOR'S SIGNATURE *Carla M. [Signature]*

1940

LICENSE No.

JAN 15 1987

Henry Blake

EMBALMER'S NAME

DECEASED - NAME 1 Helen C. Lee			SEX Female		DATE OF DEATH (MONTH DAY YEAR) January 15, 1987	
RACE - to 8 White Race American Indian or Alaskan Indian or Hawaiian White		AGE - last birthday 92		DATE OF BIRTH (MONTH DAY YEAR) 6 Nov. 22, 1894		COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hobart			HOSPITAL OR OTHER INSTITUTION - Name of institution, give street and number. St. Mary Medical Center			IF HOSP OR INST. (Specify DOA or Emer. Rm. Inpatient/Outpatient) Inpt.
STATE OF BIRTH (to 44 name country) Iowa		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED - NEVER MARRIED WIDOWED - DIVORCED (Specify) Widowed		SURVIVING SPOUSE (if wife, give maiden name) None
SOCIAL SECURITY NUMBER 312-10-7861			USUAL OCCUPATION (to 1-2nd of 2nd class during most of working life. Specify if extended) Homemaker		KIND OF BUSINESS OR INDUSTRY Own Home	
RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION Indiana Lake County Gary			IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15c Yes	
15d 6501 E. 4th Avenue			IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FIRST MIDDLE LAST Joseph O'Donnell		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Mary Davis				
INFORMANT - NAME (If you or grand) Winifred Hass, daughter		RELATIONSHIP daughter		MAILING ADDRESS - STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 8025 Maple Avenue Gary, Indiana 46403		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery		LOCATION - CITY OR TOWN STATE Merrillville, Indiana	
DATE (MONTH DAY YEAR) January 17, 1987			FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Lach Funeral Home, 6121 Miller Ave., Gary, In. 46403			
21a (Signature) <i>R.A. [Signature]</i>			DATE SIGNED (MONTH DAY YEAR) 1/15/87		HOUR OF DEATH M	
NAME OF ATTENDING PHYSICIAN (If you or Priest) [Signature]			21b		21c	
MAILING ADDRESS - PHYSICIAN [Signature]			21d			
HEALTH OFFICER - SIGNATURE [Signature]			DATE RECEIVED BY LOCAL HEALTH OFFICER 1-15-87		27b	
23 IMMEDIATE CAUSE Compensation - kidney failure			ENTER ONLY ONE CAUSE PER LINE FOR (I) AND (II) Compensation - kidney failure			Interval between onset and death
PART I (a) Due to OR AS A CONSEQUENCE OF arterio-sclerotic heart disease						Interval between onset and death
PART I (b) Renal Effusion M.A.H.S.E.						Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to those given in PART I (a) or (b)						AUTOPSY (Specify Yes or No) 24: No.

162147
Lumeland
R.A. Bl. S.
#42-209-1
Henry Blake
Embalmer's Name

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