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Please Return To:

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500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ROBERTSON REELAND
RECORDER

OCT 31 12 54 PM '91

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

REECE BRADLEY, being first duly sworn upon his oath, deposes and says:

1. That he was married to OPHELIA BRADLEY on October 14, 1937, who died a resident of Gary, Lake County, Indiana, on October 4, 1991, as evidenced by a Certified Death Certificate attached hereto and made a part hereof.

2. That at the time of her death, OPHELIA BRADLEY and REECE BRADLEY, Husband and Wife, held title under a Warranty Deed to the following-described Real Estate, to-wit:

Key 47-20-43
Lot 43 and the South 17' of Lot 44,
Block 7, Schug Park South Broadway
Addition to the City of Gary, Lake
County, Indiana.

3. That the Affiant and the Decedent, OPHELIA BRADLEY, were Husband and Wife continuously from the time they acquired title to the above-described Real Estate to the time of her death on October 4, 1991.

4. That the Estate of OPHELIA BRADLEY, decedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes.

FURTHER AFFIANT SAYETH NOT.



Reece Bradley
REECE BRADLEY

Subscribed and sworn to before me, a Notary Public, this 18th day of October, 1991

Mary P. Coons

MARY P. COONS, Notary Public
Resident of Porter County

My Commission Expires:

January 6, 1995

This Instrument Prepared by:

ARNOLD KREVITZ, Attorney At Law
500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

FILED

OCT 31 1991

Anna N. Anton
AUDITOR LAKE COUNTY

(1500)

800

INDIANA STATE BOARD OF HEALTH

Local No. 2061-91

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Ophelia Bradley		2 SEX Female	3a TIME OF DEATH 4:06p M	3b DATE OF DEATH (Month Day Year) Oct. 4th, 1991
4 SOCIAL SECURITY NUMBER 307-20-4914		5a AGE—Last Birthday (Years) 77	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo Day Year) Aug. 10th, 1914		7 BIRTHPLACE (City and State or Foreign Country) Natchez, Ms.		
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake		9c CITY TOWN OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Reece Bradley	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Domestic
13a RESIDENCE—STATE Indiana		13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 3617 Maryland St.
13e ZIP CODE 46409	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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) Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (11-4 or 5+) 2 Yrs		18 FATHER'S NAME (First Middle Last) Frank Brenghtsey		
19 MOTHER'S NAME (First Middle Maiden Surname) Mary		20a INFORMANT'S NAME (Type/Print) Reece Bradley		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3617 Maryland St. Gary, In. 46409		20c Relationship Husband		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Thurs. Oct. 10th, 1991 Fern Oaks Cemetery		21c LOCATION—City or Town, State Griffith, In.
22a EMBALMERS NAME Celeste P. Kaufman		22b EMBALMER'S LICENSE NO. FDE: 1033626		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Celeste P. Kaufman</i>		24b LICENSE NUMBER (of Licensee) FDH: 3002411	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME KAUFMAN FUNERAL HOME INC. 421 WEST 5TH AVE. GARY INDIANA 46402 FDH: 3002411	
PART I: Enter the diseases, 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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) CEREBROVASCULAR Accident				
DUE TO (OR AS A CONSEQUENCE OF) Drugs				
DUE TO (OR AS A CONSEQUENCE OF) Supine Pneumonia				
DUE TO (OR AS A CONSEQUENCE OF) THIS CERTIFICATE IS THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.				
PART II: Other DEATHS ON FILE WITH THE HEALTH DEPT.		27. 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 OF CERTIFIER <i>Alexander S. Williams, MD</i>		29c MEDICAL LICENSE NO. 91923573	29d DATE SIGNED (Month, Day, Year) 10/10/91	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED MOST OF DEATH (ITEM 26) (Type/Print) Dr. Raffy Hovanessian, M.D., 7868 Broadway Merrillville, In. 46410 (219)769-6639				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>				32. DATE FILED (Month, Day, Year) October 11, 1991
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d LOCATION (Street, Rural Route Number, City or Town, State) Oct 3, 1991		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) No		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

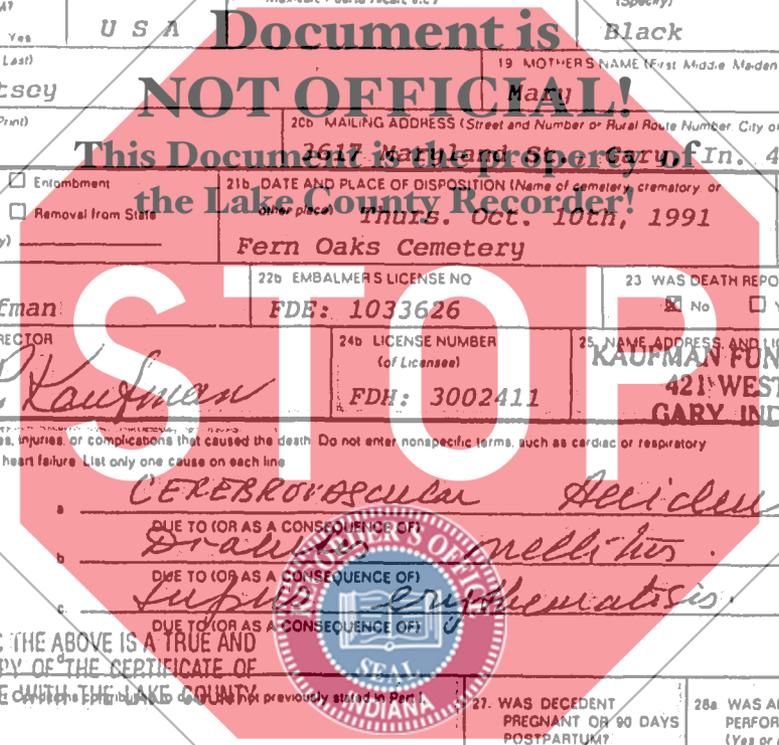
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Handwritten note: Schup Park South Broadway add all 1.43 + S.17 ft L.44.88 ft



FILED stamp

Handwritten signature: Alexander S. Williams, MD and AUCITOR LAKE COUNTY