

92008206 SURVIVORSHIP AFFIDAVIT

STATE OF Indiana } S. S.
COUNTY OF Lake

FILED

On this Jan - 24, 1992 before me personally appeared _____
(insert date)

JAN 31 1992

William J. Connor

Anna N. Anton
AUDITOR LAKE COUNTY

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

- Affiant resides at the address given below affiant's signature;
- Affiant is att'y for Geo. S. Miers, Jr. - son of decedent
(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
Geo. S. Miers, Jr. and Virginia R. Miers
a/k/a Virginia Elizabeth Miers
- Said Virginia R. Miers a/k/a Virginia Elizabeth Miers
(fill in name of co-tenant who died)

died on _____
leaving no will;
(insert "a" or "no" if will for, attach a copy)

- The legal description of the premises in question is: Yes, # 36-289-6
Lot 7, Van Til Addition to Hammond, as
shown in Plat Book 19, page 23, in
Lake Co, Ind.

- 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.

- 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 none.

Signature: William J. Connor
William J. O'Connor
Address: 2006 Westway Ave
Hammond, Ind. 46322

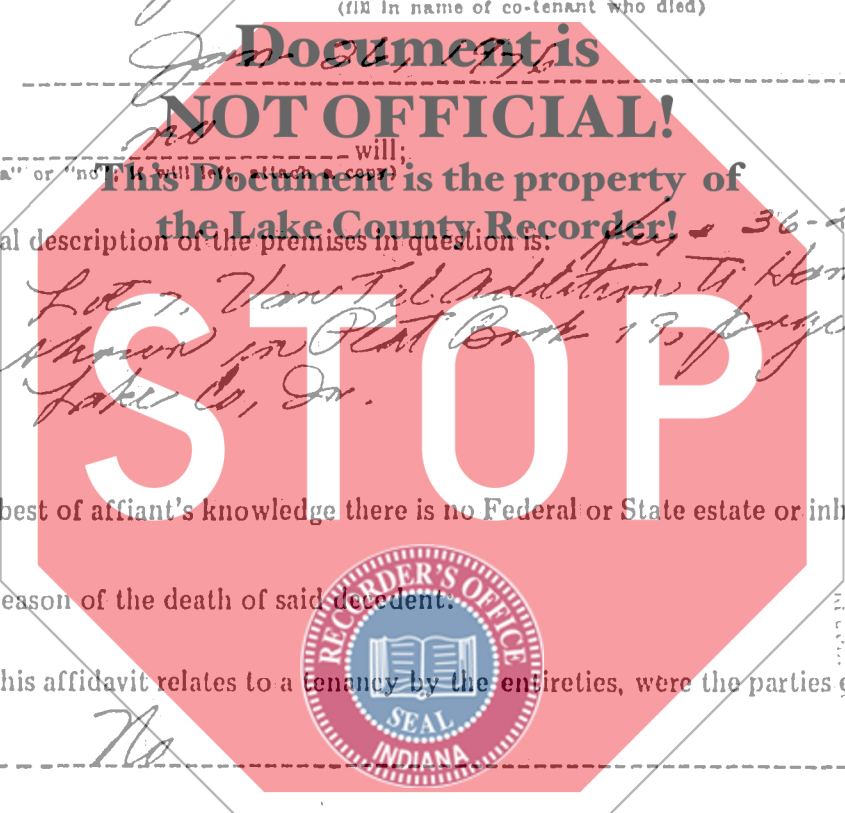
Subscribed and sworn to before me by the affiant
this 24th day of January, 1992 appeared

William J. O'Connor
Arlyne K. Royal
Notary Public

- Lake County Residence
My Commission Expires April 18, 1995

This instrument prepared by William J. Connor

(see attached death certificate for Virginia R. Miers) 01536
800
OK



CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

STATE OF INDIANA
JAN 31 1992

a permanent legal record when properly executed. Please type, or use permanent ink.

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 0091		STATE FILE NUMBER 01532	
1. DECEASED - NAME FIRST MIDDLE LAST VIRGINIA ELIZABETH MIERS		2. SEX FEMALE	3. DATE OF DEATH MONTH DAY YEAR JANUARY 26, 1976
4a. AGE (IN YEARS LAST BIRTHDAY) 63	4b. UNDER ONE YEAR MONTHS DAYS HOURS MINUTES May 8, 1912	5. DATE OF BIRTH MONTH DAY YEAR May 8, 1912	6. RACE Cauc.
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) Rochester		7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Rochester Methodist Hospital	
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	9. CITIZEN OF WHAT COUNTRY U S A	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY Married	11. SPOUSE - NAME Joseph S. Miers, Sr.
12. WAS DECEASED EVER IN U.S. ARMED FORCES No	13. SOCIAL SECURITY NUMBER ***	14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	14b. KIND OF BUSINESS OR INDUSTRY
15a. RESIDENCE - STATE Indiana	15b. COUNTY Lake	15c. CITY, VILLAGE OR TOWNSHIP Hammond	15d. MULTIPLE LISTED PREMISES (SPECIFY USE) Yes
16a. FATHER - NAME Henry Baker	16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) (Unknown)	17. ADDRESS OF DECIDENT STREET AND NUMBER POST OFFICE 7129 California Ave., Hammond, Indiana	
18a. MOTHER - MAIDEN NAME (Unknown)	18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) (Unknown)	18c. INFORMANT - NAME Mayo Clinic Records, Rochester, Minnesota	ADDRESS
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C)) A. IMMEDIATE CAUSE Bronchogenic carcinoma, left lobe			
B. DUE TO, OR AS A CONSEQUENCE OF		IF DIAGNOSIS DEFERRED CHECK BOX <input type="checkbox"/>	
C. DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
STOP			
FILED			
JAN 31 1992			
PART II OTHER SIGNIFICANT CONDITIONS			
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY IF DEFERRED CHECK BOX	22b. DATE OF INJURY MONTH DAY YEAR	22c. LOCATION STREET OR RFD NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE	22d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, OR PART II, ITEM 20)
23a. CERTIFICATION - PHYSICIAN I attended the deceased from 1-18-76 to 1-26-76 and last saw him/her alive on 1-26-76 . I did, did not view the body after death. Death occurred at 100A M at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.	23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER On the basis of the examination of the body and/or the investigation, in my opinion death occurred at _____ M, on the date and due to the causes stated above. The decedent was pronounced dead on _____ 01 _____ M.		
23c. PHYSICIAN - SIGNATURE <i>J. Ludwig, M.D.</i>	23d. MEDICAL EXAMINER OR CORONER - SIGNATURE <i>Robert C. Thompson</i>		
23e. PHYSICIAN - NAME J. Ludwig, M.D.	23f. MEDICAL EXAMINER OR CORONER - NAME Robert C. Thompson		
23g. MAILING ADDRESS In/For the Mayo Clinic, Rochester, Minnesota	23h. DATE SIGNED MONTH DAY YEAR January 28, 1976		
24a. BURIAL, CREMATION, REMOVAL SPECIFY Removal	24b. CEMETERY OR CREMATORY - NAME ***	24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) Hammond, Indiana	
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR 1-26-76	25a. FUNERAL HOME - NAME Lohse	25b. FUNERAL HOME - ADDRESS Rochester, Minnesota	
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR 2-2-76	26b. LOCAL REGISTRAR - SIGNATURE <i>Marjorie Jones-DeWitt</i>		27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE <i>Robert C. Thompson</i>



CHICAGO TITLE INSURANCE COMPANY
Key # 36-283-6 New Tel Add. 4.7

SIGNATURE OF SUB REGISTRAR
BURL OR REMOVAL PERMIT ISSUED

State of Minnesota

County of Olmsted

I, George R. Peltersen, M.D., Registrar of Vital Statistics
for Rochester City and Olmsted County of the State of
Minnesota, do hereby certify that this is a true and correct
copy of the original certificate of _____ as
recorded in the books of this office.

Marjorie Jones - Deputy
Registrar

Subscribed to and sworn to before me this _____ day of

_____ 19____ A.D.

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

Vonda Jean Anderson

VONDA JEAN ANDERSON

Notary Public, Olmsted County, Minn.
My Commission Expires Jan. 7, 1982

STOP

