

SURVIVORSHIP AFFIDAVIT

92008299
STATE OF INDIANA)
COUNTY OF LAKE)

SS:

On this 21st day of January, 1992, before me personally appeared CORA B. HESS, 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 the survivor and co-owner.
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Thomas Albert Hess and Cora B. Hess, Husband and Wife.
4. Said Thomas Albert Hess died on May 5, 1986, leaving no will.
5. The legal description of the premises in question is:

Lot 84, East Suburban Addition to the Town of Dyer, in Lake County, Indiana, and commonly known as 1445 215th Street, Dyer, Indiana. #14-66-84

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

8. Affiant's relationship to the deceased was wife.

Cora B. Hess
CORAL B. HESS

1445 215th Street
Dyer, Indiana 46311

Subscribed and sworn to before me by the affiant this 21st day of January, 1992.

Raquel Monterrubio
Notary Public, Raquel Monterrubio

My Commission Expire:

9-23-92

Resident of Lake County, Indiana

This Instrument prepared by: Richard F. James, Attorney at Law
200 Monticello Drive, Dyer, IN. 46311

FILED

FEB 7 1992

Anna M. Antonio
AUDITOR LAKE COUNTY

00315



RECORDED

REC'D
FEB 10 9 17 AM '92

800

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

Below for State Office Use

- A _____
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LICENSE No. 717

EMBALMER'S NAME
Edward F. Mullaney

FUNERAL HOME No. 150
FUNERAL DIRECTOR'S LICENSE No. 1791
SIGNATURE *E. Mullaney*

Local No. 826-86

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS - SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRED IN INSTITUTION GAVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DATE OF DEATH (MONTH DAY YEAR)
May 5, 1986

00316

1 DECEASED - NAME Thomas Albert Hess		SEX Male		DATE OF DEATH (MONTH DAY YEAR) May 5, 1986	
2 RACE White	3 AGE 52	4 UNDER 1 YEAR DATE	5 UNDER 1 DAY DATE	6 DATE OF BIRTH (MONTH DAY YEAR) July 18, 1933	7 COUNTY OF DEATH Lake
8 CITY, TOWN OR LOCATION OF DEATH Dyer		9 HOSPITAL OR OTHER INSTITUTION Our Lady Of Mercy Hospital		10 INPATIENT OR OUTPATIENT Inpatient	
11 STATE OF BIRTH Indiana	12 CITIZEN OF WHAT COUNTRY U. S. A.	13 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	14 SURVIVING SPOUSE Cora B. Camp	15 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes	
16 SOCIAL SECURITY NUMBER 316-30-9453		17 USUAL OCCUPATION Truck Driver		18 KIND OF BUSINESS OR INDUSTRY Illiana Disposal Service	
19 RESIDENCE - STATE Indiana		20 COUNTY Lake		21 CITY, TOWN OR LOCATION Dyer	
22 STREET AND NUMBER 1445-215th St.		23 IS RESIDENCE ON A FARM? NO		24 INSIDE CITY LIMITS (APPROX. 1/2 MILE OR MORE) Yes	
25 THIS DOCUMENT IS THE PROPERTY OF THE LAKE COUNTY RECORDER!					
26 IS DECEASED OF SPANISH DESCENT? IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO					
27 FATHER - NAME Bert Hess		28 MOTHER - MAIDEN NAME Sadie Smith		29	
30 INFORMANT - NAME (If not at home) Cora B. Hess (Wife)		31 RELATIONSHIP (Wife)		32 MAKING ADDRESS 1445-215th St. Dyer, Indiana 46311	
33 BURIAL, CREMATION, REMOVAL, OTHER Burial		34 CEMETERY OR CREMATORY - FUNERAL HOME Chapel Lawn Memorial Gardens		35 LOCATION Schererville, Indiana	
36 DATE (MONTH DAY YEAR) May 8, 1986		37 FUNERAL HOME - NAME AND ADDRESS Fagen-Miller Funeral Gardens, Inc. Dyer, Indiana 46311		38 1920 Hart St. Dyer, Indiana 46311	
39 NAME OF ATTENDING PHYSICIAN William G. Davidson, D.O.		40 MAKING ADDRESS - PHYSICIAN 231 Joliet Street, Dyer, IN 46311		41 DATE SIGNED (MONTH DAY YEAR) 5-7-86	
42 HEALTH OFFICER - SIGNATURE <i>Carl Johnson, M.D.</i>		43		44 DATE RECEIVED BY LOCAL HEALTH OFFICER 5-7-86	
45 PART I: CAUSE 1a) Cardio-pulmonary arrest 2a) Metastatic carcinoma		46 PART II: CAUSE 1b) Carcinoma of left kidney		47	
48 OTHER SIGNIFICANT CONDITIONS - Conditions being reported as death but not reported to cause given in PART I or II					

FILED
FEB 7 1992
Anna N. [Signature]