

*Enslin, Enslin, Matthews
142 Rimbach
Hammond, Ind.*

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

*James G.
6519 Marshall St
Hammond, Ind.*

AFFIDAVIT OF SURVIVORSHIP

92010241

Comes now FLORA JEAN GUTHRIE, also known as FLORA J. GUTHRIE, being first duly sworn upon her oath and states as follows:

1. That FLORA JEAN GUTHRIE and the decedent, CHARLES W. GUTHRIE, were husband and wife and the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

34-212-33

Lot 33, Block 1 in Kaplan's Turner Meyn Park being a resubdivision to parts of the Northeast 1/4 of the Northwest 1/4, Section 9 Township 36 North, Range 9 West of the 2nd P.M., in the City of Hammond, as shown in Plat Book 20 page 4, in Lake County, Indiana.

Commonly known as 6519 Marshall, Hammond, Indiana.

2. That the decedent FLORA JEAN GUTHRIE and CHARLES W. GUTHRIE were husband and wife at the time they acquired title, as tenants by the entirety to said real estate.

3. That the marital relationship which existed between FLORA JEAN GUTHRIE and CHARLES W. GUTHRIE, husband and wife, continued unbroken from the time they acquired title to said real estate until the death of CHARLES W. GUTHRIE on the 23rd day of February, 1989, at which time FLORA JEAN GUTHRIE acquired title to the real estate as surviving tenant by the entirety.

4. That the gross value of the estate of the decedent, for purposes of federal and state taxes was less than the value required for filing, and the decedent's estate was not subject to federal or state taxes.



Flora Jean Guthrie
FLORA JEAN GUTHRIE, also known as
FLORA J. GUTHRIE

FEB 20 8 59 AM '92

TICOR TITLE INSURANCE
Sta. Crown Point, Indiana

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

SUBSCRIBED AND SWORN to before me this 24 day of

January, 1992.

Cynthia J. Cheek
CYNTHIA J. CHEEK, Notary Public

My Commission Expires
October 22, 1995

Lake County Residence

This Instrument was prepared by:
GARY K. MATTHEWS
ENSLIN, ENSLEN & MATTHEWS
142 Rimbach
Hammond, Indiana
219/931-1700

FILED

FEB 13 1992

Anna N. Anton
AUDITOR LAKE COUNTY

578

165-300-92-53

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No: 356-89

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

1 DECEASED—NAME FIRST MIDDLE LAST Charles W. Guthrie			2: SEX M	3: DATE OF DEATH (Mo., Day, Yr.) February 23, 1989	
4: SOCIAL SECURITY NUMBER 417-44-2346	5a: AGE—Last Birthday (Year) 53	5b: UNDER 1 YEAR Months Days	5c: UNDER 1 DAY Hours Minutes	6: DATE OF BIRTH (Month, Day, Year) Mar. 27, 1935	7: BIRTHPLACE (City and State or Foreign Country) Unknown Jasper, Ind.
8: YEAR LAST SERVED IN U.S. ARMED FORCES N/A	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"/> Residence <input type="checkbox"/> Other (Specify)				
9b: FACILITY NAME (If not institution give street and number) The Community Hospital		9c: CITY, TOWN OR LOCATION OF DEATH Munster		9d: COUNTY OF DEATH Lake	
10: MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Married	11: SURVIVING SPOUSE (If wife give maiden name) Flora Jean Cheek	12a: DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cement Mason		12b: KIND OF BUSINESS, INDUSTRY Union	
13a: RESIDENCE—STATE Indiana	13b: COUNTY Lake	13c: CITY, TOWN OR LOCATION Hammond		13d: STREET AND NUMBER 6932 Arizona	
13e: RESIDE CITY LIMITS? (Yes or no) Yes	13f: FARMS No	13g: ZIP CODE 46325	14: WAS DECEDENT OF HISPANIC ORIGIN? (Specify: Mexican, Puerto Rican, etc.) No	15: RACE—American Indian, Black, White, etc. (Specify) White	16: DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary; Secondary 10; College (1 of 5 +)
17: FATHER'S NAME (First, Middle, Last) Billy Guthrie		18: MOTHER'S NAME (First, Middle, Last) Unavailable L. ORENCE HARBIN			
19a: INFORMANT'S NAME (Type Print) Flora Jean Guthrie		19b: ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6932 Arizona, Hammond, Indiana		19c: Relationship Wife	
20a: METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b: DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 25, 1989 Chapel Lawn Cemetery		20c: LOCATION—City or Town, State Scherville, Indiana	
21a: SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b: LICENSE NUMBER (of license) FDO 1014511	22: NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd., Highland, Indiana, FDH 300-7500		
23a: To the best of my knowledge, death occurred at the time, date, and place stated Signature and Title: <i>[Signature]</i>		23b: LICENSE NUMBER	23c: DATE SIGNED (Month, Day, Year)		
24: TIME OF DEATH 2:51 A.M.		25: DATE PRONOUNCED DEAD (Month, Day, Year) February 23, 1989		26: WAS CASE REFERRED TO MEDICAL EXAMINER, CORONER? (Yes or no) NO	
27: PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, 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) <i>Cholangiocarcinoma</i> DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Specify only if immediate cause is unclear) PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
28: WAS AN AUTOPSY PERFORMED? NO					
29: WAS THERE PRIOR SEARCH OF CAUSE OF DEATH? NO					
29a: CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated					
29b: SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c: LICENSE NUMBER 01031484	29d: DATE SIGNED (Month, Day, Year) 2/27/89		
30: NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) RAY E. DRASGA, M.D., 8127 Merrillville Road, Merrillville, IN 46410					
31: HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32: DATE FILED (Month, Day, Year) Feb. 24, 1989	
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)	34d: DESCRIBE HOW 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)			



FILED
FEB 13 1992

TICOR TITLE INSURANCE
Crown Point, Indiana