

92011504

Return to:

THOMAS M. DOGAN
ATTORNEY AT LAW
636 W. Ridge Road
Gary, Indiana 46408

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVOR'S AFFIDAVIT

HARRIET FORD of the County of Lake, State of Indiana, being duly sworn upon her oath, alleges and says that JACK FORD died intestate, a resident of Lake County, Indiana, on the 17th day of February, 1992; that she was his wife and she lived with him to the day of his death as husband and wife; that to the best of affiant's knowledge, there is no Federal Estate Tax or Indiana State Inheritance Tax due and owing due to his death.

The following described real estate was owned as husband and wife by the entireties at the death of the decedent (Death Certificate attached), and this affidavit is given for purposes of clearing title to said real estate:

Lots 6 and 7, Block 20, in Great Gary Realty Company's First Addition to Gary, as per plat thereof, recorded in Plat Book, 11, page 8, in the Office of the Recorder of Lake County, Indiana.

(Key No. 43-364-6)

Lot Twenty-seven (27), Block Four (4), as marked and laid down on the recorded plat of Eastover, being a subdivision of the Southwest Quarter (SW 1/4) of the Northeast (NE 1/4) of Section Twenty-seven (27), Township Thirty-six (36) North, Range Eight (8) West of the second Principal Meridian, in Gary, Lake County, Indiana.

42-275-28

Further affiant sayeth not.

Harriet Ford
Harriet Ford

FILED

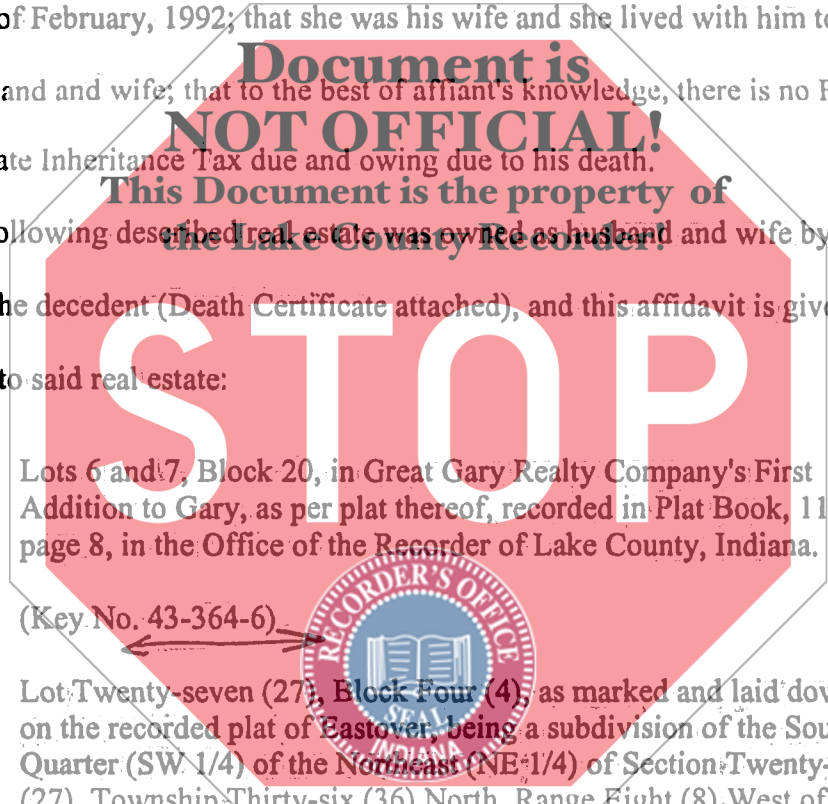
FEB 25 1992

Alex N. Anton
AUDITOR LAKE COUNTY

01064

STATE OF INDIANA/S.S.H.O.
LAKE COUNTY
FILED FOR RECORD

FEB 26 11 16 AM '92
ROBERT (BOB) FREELAND
RECORDER

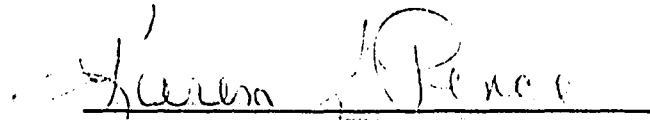


1000
ca

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public for said County and State, this

17th day of February, 1992.



Karen L. Pence, Notary Public

Resident of Lake County

My Commission Expires:
~~2/18/1995~~
April 18, 1995



INDIANA STATE BOARD OF HEALTH

Local No. 314-91

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Jack H. Ford		2 SEX Male	3a TIME OF DEATH 7:57 P.M.	3b DATE OF DEATH (Month Day Year) February 10, 1991
4 SOCIAL SECURITY NUMBER 316-09-3642	5a AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) May 23, 1919
7 BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio	8a WAS DECEDENT A US VETERAN? Yes	8b YEAR LAST SERVED IN US ARMED FORCES? 1946	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 Campus		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) Harriet Jeremiah	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Blower	12b KIND OF BUSINESS/INDUSTRY U.S. Steel Gary Works	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 3821 Tennessee Street	
13e ZIP CODE 46409	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input checked="" type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 10		18 FATHER'S NAME (First, Middle, Last) George Ford		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Lillian Howell		20a INFORMANT'S NAME (Type/Print) Harriet Ford		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3821 Tennessee Street, Gary, Indiana 46409		20c Relationship Wife		
21a 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)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 13, 1991 Evergreen Memorial Park Cemetery, Hobart, Indiana		21c LOCATION—City or Town, State
22a EMBALMER'S NAME Alexis Thanos		22b EMBALMER'S LICENSE NO. FD08600505		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Maude J. Hene</i>		24b LICENSE NUMBER (of License) FD01041740		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, In. 46410
26 PART I: Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Acute Congestive Heart Failure</i> DUE TO (OR AS A CONSEQUENCE OF) <i>Acute Myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF) <i>Arteriosclerosis</i> DUE TO (OR AS A CONSEQUENCE OF) <i>Arteriosclerosis</i>				
27 IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
28a CERTIFIER (Check only one) <input checked="" type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		28b WAS AN AUTOPSY PERFORMED? (Yes or no) No		28c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a CERTIFYING PHYSICIAN: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>Alexander S. Williams M.D.</i>		29c MEDICAL LICENSE NO. 01036861
29d DATE SIGNED (Month Day Year) 2/12/91		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jong H. Kim, M.D., 5490 Broadway, Merrillville, Indiana 46410		
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams M.D.</i>		32 DATE FILED (Month Day Year) February 12, 1991		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c DESCRIBE HOW INJURY OCCURRED FILED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) FEB 25 1992		34d ADDRESS OF INJURY (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, etc. <i>Alex N. Antone</i> AUDITOR LAKE COUNTY 01065		

DECEDENT

PARENTS

INFORMANT

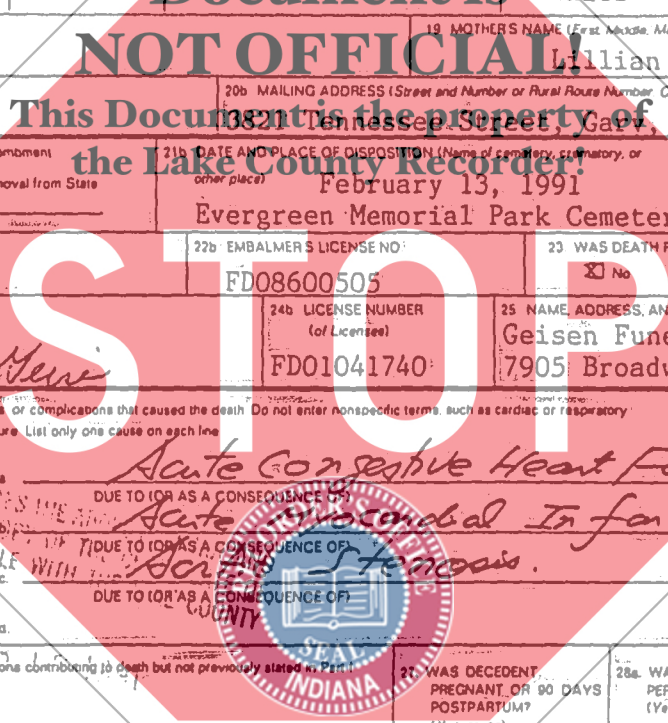
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



#43-364-6
 At Gary Deathly 1st. Rte 67, Box 20
 Rt 27, Box 4, #43-275-28