

CHAIK HANSON
5541 Broadway
Merrillville, IN
46410

92012609

FILED

FEB 26 1992

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Anna N. Antos
AFFIDAVIT OF SURVIVORSHIP

ADDIE ADAMS, being duly sworn upon her oath, does hereby depose and state as follows:

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 9 in Block 5 in Gary Heights, in the City of Gary, as per plat thereof, recorded in Plat Book 20, page 13, in the Office of the Recorder of Lake County, Indiana.

Said real estate commonly known as 1320 Willard Street, Gary, Indiana.

And that affiant and Cornelius Adams, now deceased, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 23rd day of April, 1962, and recorded in the Office of the Lake County Recorder on the 25th day of April, 1962.

That the marital relationship which existed between affiant and Cornelius Adams, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Cornelius Adams on December 18, 1980, at which time this affiant acquired sole title to the real estate as the surviving tenant by the entireties.

That the gross value of the estate of the decedent, Cornelius Adams, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of the decedent's estate and was not subject to Federal Estate Tax.

Addie Adams
ADDIE ADAMS
1320 Willard St., Gary, IN

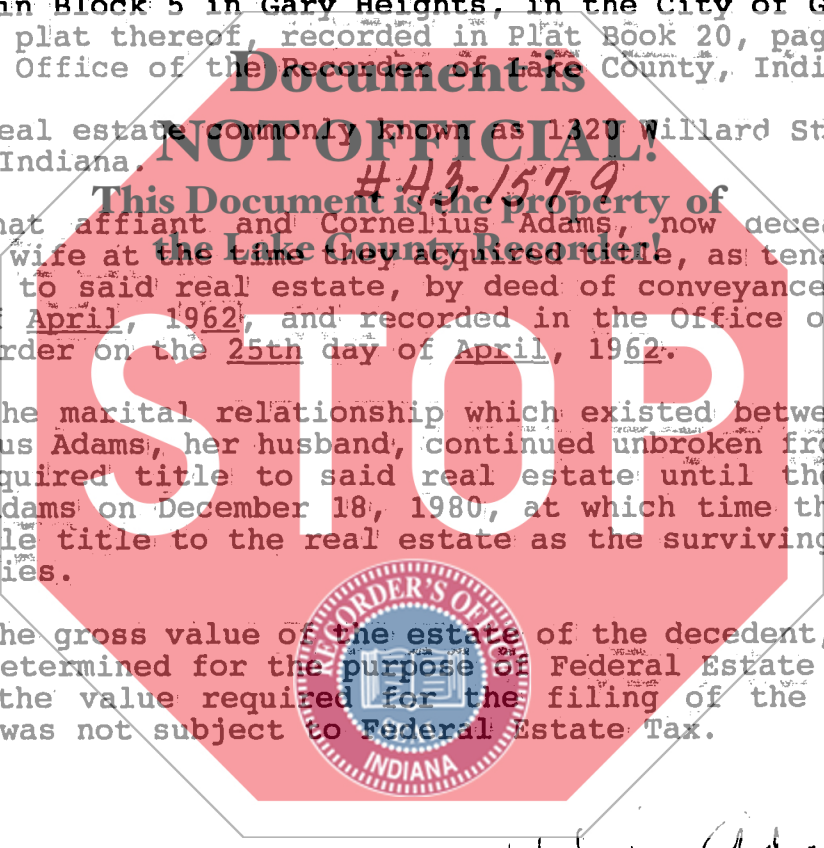
State of Indiana)
) SS:
County of Lake)

Sworn to and subscribed in my presence on this 21st day of February, 1992.

My Commission Expires: 9-18-94

Rosa A. Linker
NOTARY PUBLIC
Resident of Lake County

0127980



STATE OF INDIANA, S.S.C.
LAKE COUNTY
FILED FOR RECORD

REC'D
RECORDED
FEB 26 1992
LAKE COUNTY REC'D

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
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- F _____
- G _____
- H _____
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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

Local No. **60 0999**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____
December 13, 1980

FUNERAL HOME
No. 770

FUNERAL DIRECTOR'S
LICENSE No. 272

LICENSE No. 5170

EMBALMER'S NAME: Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE: *Joseph A. Cole*

1 DECEASED—NAME FIRST MIDDLE LAST Cornelius V. Adams		SEX Male	DATE OF DEATH—MONTH DAY YEAR December 13, 1980		
2 RACE Black	3 AGE 65	4 UNDER 1 YEAR MOS DAYS	5 UNDER 1 DAY HOURS MIN	6 DATE OF BIRTH—Mo Day Yr. 11/13/15	7a COUNTY OF PLATH Lake
7b CITY, TOWN OR LOCATION OF DEATH Gary		7c HOSPITAL OR OTHER INSTITUTION—Name of inst. give street and number 1320 Willard Street		7d IF WOLF OR INST. include DOA of inst. (see instructions)	
8 STATE OF BIRTH Kentucky	9 CITIZEN OF WHAT COUNTRY U. S. A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married	11 SURVIVING SPOUSE of wife give maiden name Addie Chinn		12 WAS DECEDENT EVER IN U.S. ARMED FORCES No
13 SOCIAL SECURITY NUMBER 401-14-9241	14a USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired		14b KIND OF BUSINESS OR INDUSTRY U. S. Steel		
15a RESIDENCE—STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Gary			
16a STREET AND NUMBER 1320 Willard Street		16b IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16c INSIDE CITY LIMITS (SPECIFY YES OR NO) 1M Yes		
17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
18 FATHER—NAME FIRST MIDDLE LAST John Adams		19 MOTHER—MAIDEN NAME FIRST MIDDLE LAST Rose Taylor			
18a INFORMANT—NAME (Type or print) Addie Adams		18b MAILING ADDRESS 1320 Willard St., Gary, Ind., 46404			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY—FUNERAL HOME Oak Hill Cemetery	19c LOCATION City or town STATE Gary, Indiana		
20a DATE (MONTH DAY YEAR) 12/22/80		20b FUNERAL HOME—NAME AND ADDRESS Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.			
21a NAME OF ATTENDING PHYSICIAN (Type or Print) William R. Lewis, M.D.		21b DATE SIGNED (Mo Day Yr) 12-18-80	21c HOUR OF DEATH 4:00 PM		
21d MAILING ADDRESS—PHYSICIAN 27178		22a HEALTH OFFICER—SIGNATURE E. N. Caldwell, M.D.			
22b DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 23 1980					
23 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST					
PART I (a) CARDIORESPIRATORY DISTRESS		Interval between onset and death 3-5 min			
(b) METASTATIC CARCINOMA		Interval between onset and death 3-4 months			
(c) SQUAMOUS CELL CARCINOMA OF LUNGS		Interval between onset and death 1-year			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions come during to death but not related to cause given in PART I (a)		AUTOPSY (Specify part of no)			
None		No			

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STOP



HEALTH
CERTIFIED BY
Shirley E. Foster
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE JAN. 16 1992