

92022358

SURVIVORSHIP AFFIDAVIT

Crown Point, Indiana

STATE OF INDIANA, COUNTY OF LAKE, SS:

Katherine R. Maier, being first duly sworn, on oath states that she is of lawful age and resides in the County of LAKE, State of INDIANA. That she is the surviving wife of George A. Maier who died on the 19th day of MAY, 1991, and that as such surviving widow

is the owner of the following real estate situated in LAKE County, Indiana: Lot 1 Bel-Oaks Estates, Unit 2, as shown in Plat Book 38, page 37, Lake County, Indiana.



That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.

Katherine R. Maier
Katherine R. Maier

Sworn to before me and subscribed in my presence this 31st day of March, 1992

Resident of LAKE County.

Susan J. Rudloff
Notary Public Susan J. Rudloff

My Commission Expires: 09/14/95

PREPARED BY: Katherine R. Maier

FILED

APR 10 1992

Anna N. Antons
AUDITOR LAKE COUNTY

Note: Document to be recorded in the Office of the Recorder

00224

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ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46007

STATE OF INDIANA / S.S.N.O.
RECORDER'S OFFICE
LAKE COUNTY
APR 10 12 30 PM '92

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

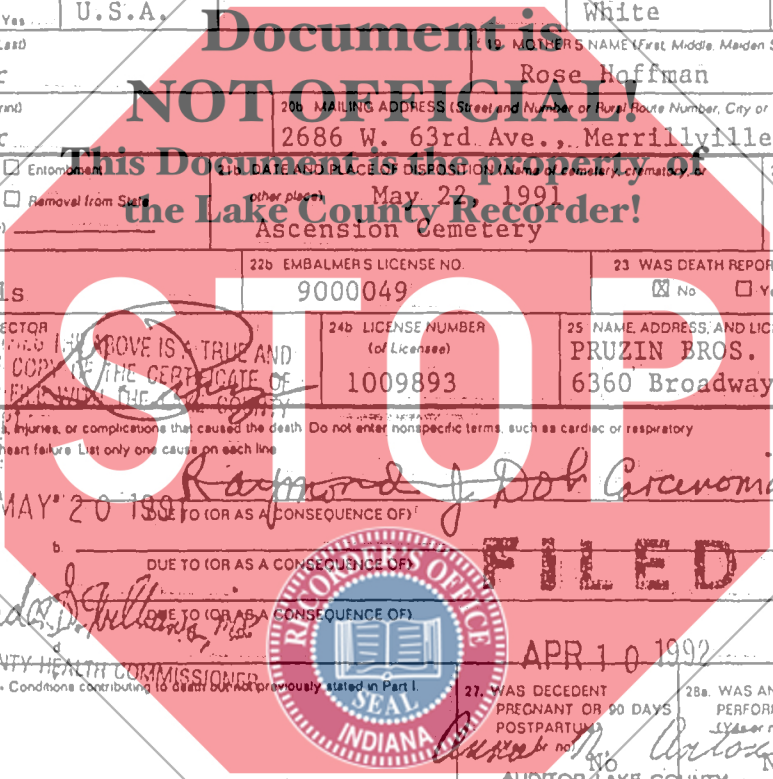
Local No. 1075-91

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
PO BOX 114
MERRILLVILLE, IN 46307

1 DECEASED—NAME (First Middle Last) GEORGE A. MAIER				2 SEX Male		3a TIME OF DEATH 05:00 A.		3b DATE OF DEATH (Month Day Yr) May 19, 1991	
4 SOCIAL SECURITY NUMBER 321-14-3039		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) April 20, 1920	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8a WAS DECEDENT A U.S. VETERAN? Yes							
8b YEAR LAST SERVED IN US ARMED FORCES? 1945		9a PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence							
9b FACILITY NAME (If not institution, give street and number) 2686 West 63rd Avenue				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) Katherine Reisz		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Auto Maintenance		12b KIND OF BUSINESS/INDUSTRY WGN Television			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Merrillville		13d STREET AND NUMBER 2686 West 63rd Avenue			
13e ZIP CODE 46410		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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12)		17 College (11.4 or 5 +) 12		18 FATHER'S NAME (First Middle Last) Rheinhold Maier					
19 MOTHER'S NAME (First Middle Maiden Surname) Rose Hoffman						20a INFORMANT'S NAME (Type/Print) Katherine Maier			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2686 W. 63rd Ave., Merrillville, IN 46410						20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		21b DATE AND PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) May 22, 1991 Ascension Cemetery		21c LOCATION—City or Town, State Libertyville, Illinois					
22a EMBALMER'S NAME Charles W. Wells		22b EMBALMER'S LICENSE NO. 9000049		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) 1009893		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410					
26a PART I—IMMEDIATE CAUSE (Final disease or condition resulting in death) Caecum carcinoma of liver		26b DUE TO (OR AS A CONSEQUENCE OF) 12 weeks		26c DUE TO (OR AS A CONSEQUENCE OF) 12 weeks					
26d PART II—Other significant conditions - Conditions contributing to death but not previously stated in Part I.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No		28a. WAS AN AUTOPSY PERFORMED? No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> 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>[Signature]</i>		29c MEDICAL LICENSE NO. 01016733		29d DATE SIGNED (Month, Day, Year) 5-20-91			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Raymond J. Doherty, 895 Kantricut, Merrillville, IN 46410		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) May 20, 1991					
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 INJURY OCCURRED 00275	
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)							
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY