Chicago Title Insurance Company

H 459109 LD
①

92035253

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake } S. S.

On this 15th day of May '92 (Insert date) before me personally appeared

Gladyce A. Grant

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 owner; (state interest of affiant in the above premises as "owner," "son of owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by

Thomas J. Grant and Gladyce A. Grant;

4. Said Thomas J. Grant (fill in name of co-tenant who died)

died on March 22, 1983

leaving 4 will; (Insert "a" or "no" if will not attached hereto)

5. The legal description of the premises in question is:

Lot 29, Block 3, LaSalle Addition to Hammond, as shown in Plat Book 14, page 28, in Lake County, Indiana.

KEY 34-265-28

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

(If answer is "Yes," identify the divorce proceedings:

);

8. Affiant's relationship to the deceased was wife

Signature: Gladyce A Grant
Gladyce A. Grant

tax mailing address → Address: 4919 MAGNOLIA AVE HAMMOND, IN.

Subscribed and sworn to before me by the affiant

this 15th day of May 1992 (Insert date)

Roberta S Tate
Roberta S. Tate Notary Public Res. of Porter

My Commission Expires 12-17-93

FILED
MAY 29 1992
Dena N. Anton
AUDITOR LAKE COUNTY

This instrument prepared by Gladyce A. Grant

800 CT

01140

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
92 JUN 2 PM 1:37
ROBERT A. PASTRICK
RECORDER

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

MAR 23 1983

Franklin H. Grimmond M.D.
HAMMOND HEALTH COMMISSIONER

Date Issued

7 _____
8 _____
9 _____
10 _____
11 _____
12 _____

EMBALMER'S NAME Michael Mysliwy LICENSE No. 2141

FUNERAL DIRECTOR'S SIGNATURE Michael Angelucci

FUNERAL DIRECTOR'S LICENSE No. 599

FUNERAL HOME No. 161

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

LaSalle Add L.29, Bl.3 Key #34-265-23 Unit #26

Local No. 210

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 01141

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: First Thomas; Middle J.; Last Grant
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 3-22-83
4. RACE: WHITE
5. AGE—Last Birthday: 56
5a. UNDER 1 YEAR: MOS / DAYS
5b. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH: 3-15-27
7. COUNTY OF DEATH: LAKE
7b. CITY, TOWN OR LOCATION OF DEATH: Hammond
7c. HOSPITAL OR OTHER INSTITUTION: ST. MARGARET HOSPITAL
7d. IF HOSP. OR INST. indicate DOA, OP, Emer. Room, Inpatient
8. STATE OF BIRTH: INDIANA
9. CITIZEN OF WHAT COUNTRY:
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: GLADYCE KNIAZ
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: YES
13. SOCIAL SECURITY NUMBER: 316-24-5430
14a. USUAL OCCUPATION: BOILER MAKER
14b. KIND OF BUSINESS OR INDUSTRY: INLAND STEEL

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

15a. RESIDENCE—STATE: INDIANA
15b. COUNTY: LAKE
15c. CITY, TOWN OR LOCATION: HAMMOND
15d. STREET AND NUMBER: 4919 Magnolia
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☐
15f. INSIDE CITY LIMITS (Specify YES or NO): Yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS:

16. FATHER—NAME: First THOMAS; Last GRANT
17. MOTHER—MAIDEN NAME: First JOSEPHINE; Middle KOLINOWSKI

DISPOSITION:

18a. INFORMANT—NAME: GLADYCE KNIAZ--Wife
18b. MAILING ADDRESS: 4919 Magnolia
18b. CITY OR TOWN, STATE, ZIP: Hammond, Indiana
19a. BURIAL, CREMATION, REMOVAL, OTHER: BURIAL
19b. CEMETERY OR CREMATORY—FUNERAL HOME: ST. JOSEPH
19c. LOCATION—CITY OR TOWN, STATE: HAMMOND, INDIANA
20a. DATE (Month, Day, Year): 3-24-83
20b. FUNERAL HOME—NAME AND ADDRESS: MYSLIWY FUNERAL HOME--EAST CHICAGO, IN 46312

M.D. OR D.O.

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature: James B. Walsh M.D.
21b. DATE SIGNED: 3/22/83
21c. HOUR OF DEATH: 1:30 a.m.
21d. NAME OF ATTENDING PHYSICIAN: JAMES B. WALSH M.D.
21e. MAILING ADDRESS—PHYSICIAN: 5305 Hohman 304 Yale Bldg Hammond, Ind. 46320

22a. HEALTH OFFICER—SIGNATURE: Franklin H. Grimmond M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: MAR 23 1983

FILED

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) RESPIRATORY ARREST — MAY 29 1992 — Interval between onset and death: 0
DUE TO, OR AS A CONSEQUENCE OF
(b) MULTIPLE PULMONARY METASTASES — Interval between onset and death: 2 YRS.
DUE TO OR AS A CONSEQUENCE OF
(c) ADENOCARCINOMA OF RECTUM — Interval between onset and death: 4 YRS.

Anna N. Anton
AUDITOR LAKE COUNTY

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).
① METASTASIS TO LIVER ② POSSIBLE ASPIRATION
24. AUTOPSY (Specify Yes or No): NO

SBH 06-003 State Form 35430
REV.10/77