

92036382

FILED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MAY 29 1992

SURVIVOR'S AFFIDAVIT

Anna N. Anton
AUDITOR LAKE COUNTY

Hazel Manthey f/k/a Hazel Nichols of the County of Lake, State of Indiana, being duly sworn upon her oath, alleges and says that Rufus Walter Nichols died intestate, a resident of Lake County, Indiana, on the 28th day of November, 1967; 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:

41-165-14
Lot No. Thirteen (13), in Block No. Fourteen (14), as marked and laid down on the recorded plat of Broadway Gardens, in the City of Gary, as the same appears of record in Plat Book 19, page 14, in the Recorder's Office of Lake County, Indiana.

Further affiant sayeth not.



Hazel Manthey
Hazel Manthey f/k/a Hazel Nichols

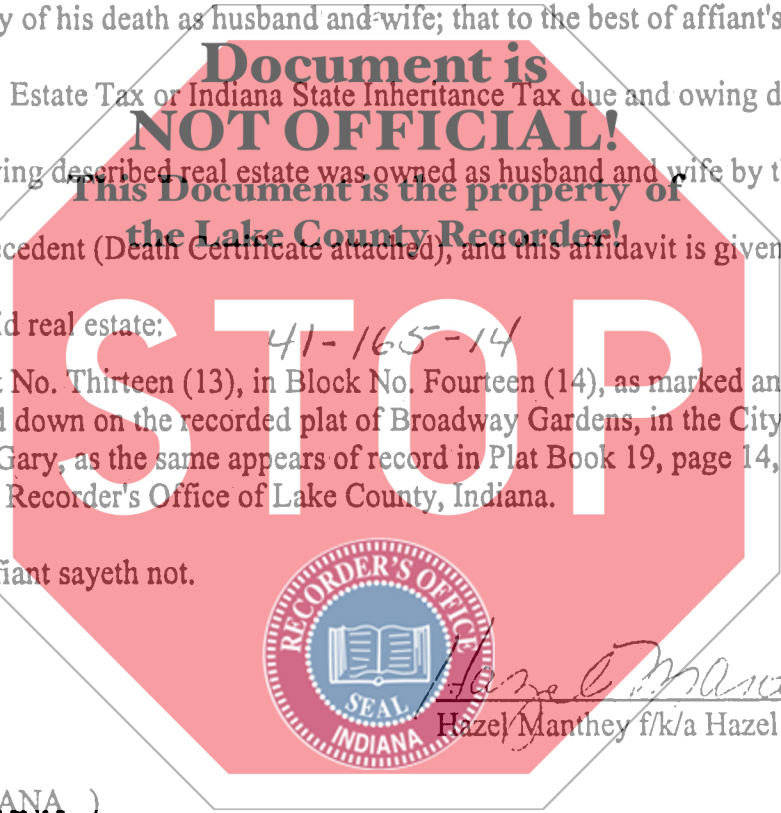
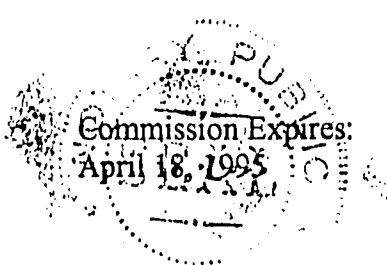
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

30th day of April, 1992.

Karen L. Pence
Karen L. Pence, Notary Public

Resident of Lake County



ROBERT EGAN
REC'D

JUN 5 12 54 PM '92

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

01929

*Pro
OK*

**INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH**

State No.

Local No. **67-1618**

1. PLACE OF DEATH & COUNTY Lake		1. USUAL RESIDENCE (When deceased lived in another State or Territory) & STATE Indiana	
2. CITY, TOWN, OR LOCATION Gary		2. CITY, TOWN, OR LOCATION Gary	
3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5141 Connecticut		3. STREET ADDRESS 5141 Connecticut	
4. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
1. NAME OF DECEASED (Type or print) Rufus Walter Nichols		1. DAYS OF DEATH November 28, 1967	
2. SEX Male	3. COLOR OR RACE White	4. DATE OF BIRTH August 3, 1906	5. AGE (Last day) 61
6. US CIVIL STATUS (Give kind of union) Clerk Retired		7. PLACE OF BIRTH (State or foreign country) Indiana	
8. FATHER'S NAME Frank Nichols		9. MOTHER'S MAIDEN NAME Lena Rogeland	
10. WAS DECEASED MARRIED TO A US-BORED PERSON? (Yes, no, or unknown) (If yes, give date of death of survivor) no		10. DECEASED'S SOCIAL SECURITY NO. 013-07-8587	
11. INFORMANT'S NAME Mrs. Hazel Nichols		11. INFORMANT'S NAME Mrs. Hazel Nichols	
12. THIS DOCUMENT IS THE PROPERTY OF The Lake County Registrar		12. THIS DOCUMENT IS THE PROPERTY OF White Co. Indiana	
13. THIS DOCUMENT IS THE PROPERTY OF USA		13. THIS DOCUMENT IS THE PROPERTY OF USA	
14. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c)) PART I: IMMEDIATE CAUSE (a) ...		14. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c)) PART II: OTHER RELEVANT OCCURRING CONDITIONS ...	
15. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		16. DISSECTION FOR INQUIRY OCCURRED <input type="checkbox"/>	
17. TIME OF INJURY Hour: 9:30 AM		18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on or in bridge, etc.)	
19. CITY, TOWN, OR LOCATION Gary		19. CITY, TOWN, OR LOCATION Gary	
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from 10:00 AM to 11:30 AM and last saw him on 11/24/67. Death occurred at Gary, Ind. on the date stated above; and to the best of my knowledge, from the causes stated.		22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at Gary, Ind. on the date stated and on above date.	
23. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER D. J. ...		23. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER D. J. ...	
24. ADDRESS 5490 Broadway Gary, Ind		24. ADDRESS 5490 Broadway Gary, Ind	
25. DATE SIGNED 11/30/67		25. DATE SIGNED 11/30/67	
26. BURIAL CREMATION: Burial		26. BURIAL CREMATION: Burial	
27. DATE 12/1/67		27. DATE 12/1/67	
28. NAME OF CEMETERY OR CREMATORY Calumet Park Cemetery		28. NAME OF CEMETERY OR CREMATORY Calumet Park Cemetery	
29. LOCATION Crown Point, Indiana		29. LOCATION Crown Point, Indiana	
30. DATE RECEIVED BY LOCAL HEALTH OFFICER 11/20/67		30. DATE RECEIVED BY LOCAL HEALTH OFFICER 11/20/67	
31. NAME OF HEALTH OFFICER W. J. ...		31. NAME OF HEALTH OFFICER W. J. ...	
32. FURNERAL DIRECTOR Geisen Funeral Home Inc., Gary, Ind.		32. FURNERAL DIRECTOR Geisen Funeral Home Inc., Gary, Ind.	



MAY 29 1992

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

Disposition Form
Issued 1/1
Provisional
Certificate
 Yes No

6/3/42, 24
41-165-14 Broadway, Crown Point, Ind. 46038
F. 41-165-14 Broadway, Crown Point, Ind. 46038
1388.14
1388.14
1388.14

FUNERAL DIRECTOR'S LICENSE NO. 1856





CERTIFIED BY:

William E. Foster

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE

APR. 1 8 1982