

STATE OF INDIANA }
COUNTY OF LAKE }

92036855

AFFIDAVIT OF SURVIVORSHIP

I, LENORA GOLDSMITH, upon penalty of perjury, swear or affirm that:

1. I am the widow of William Goldsmith who died on February 13, 1989, in Lake County, Indiana.

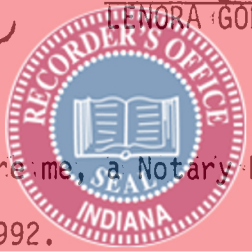
2. At the time of his death, he and I owned as tenants by the entireties the following-described property in Gary, Lake County, Indiana:

KEY 15-20-21-22
Lots 25 and 26, Block 1, Germania #2, if Gary, Indiana, as shown in Plat Book 2, Page 32, in the office of the Recorder of Lake County.

Further the affiant saith naught.



Anna N. Anton
AUDITOR LAKE COUNTY



Lenora Goldsmith
LENORA GOLDSMITH, Affiant

ROBERT J. IRELAND
RECORDER

JUN 9 9 28 AM '92
FILED ENG RECORDS

STATE OF INDIANA / S.S. No.
LAKE COUNTY
FILED ENG RECORDS

SUBSCRIBED and SWORN to before me, a Notary Public, this 28th day of April, 1992.

My Commission expires
October 27, 1994

Alta R. Gonzales
Notary Public - Alta R. Gonzales
County of Residence: Lake

This Instrument prepared by Noah L. Holcomb, Jr., Attorney At Law, 1919 E. Columbus Drive, East Chicago, IN 46312.

71

196
Em

2
20vets
400
Local No.

348-89

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-28 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF
DEATH

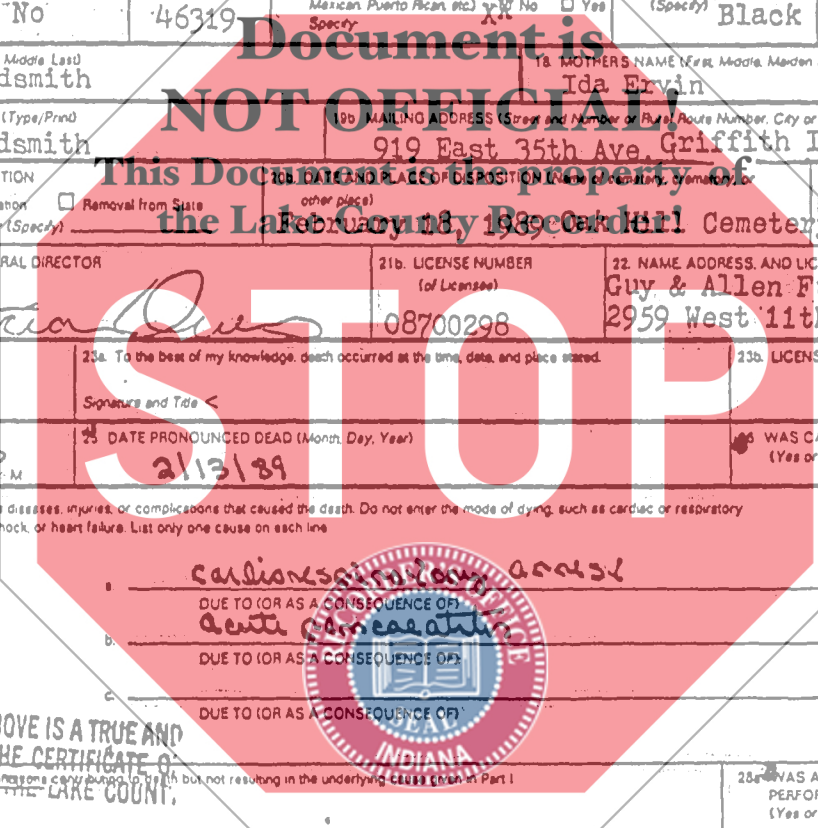
SEE INSTRUCTIONS

CERTIFIER

HEALTH
OFFICER

CORONER OR
MEDICAL
EXAMINER USE
ONLY

1. DECEASED—NAME FIRST: William MIDDLE: Goldsmith LAST: Goldsmith			2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) February 13, 1989	
4. SOCIAL SECURITY NUMBER 303-24-5795	5a. AGE—Last Birthday (Years) 65	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Month, Day, Year) 7/18/1923	7. BIRTHPLACE (City and State or Foreign Country) Rankin, Pa.
8. YEAR LAST SERVED IN U.S. ARMED FORCES? Yes		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ERI/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Munster Community Hospital			9c. CITY, TOWN OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Lenora Williams		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner	12b. KIND OF BUSINESS/INDUSTRY Goldsmith Rent-A-Car Rydar Truck Agency
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Griffith		13d. STREET AND NUMBER 919 East 35th Ave.	
13e. INSIDE CITY LIMITS? (Yes or no) Yes	13f. FARM No	13g. ZIP CODE 46319	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	15. RACE—American Indian, Black, White, etc. (Specify) Black	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Not Available
17. FATHER'S NAME (First, Middle, Last) Sabry Goldsmith			18. MOTHER'S NAME (First, Middle, Maiden Surname) Ida Ervin		
19a. INFORMANT'S NAME (Type/Print) Lenora Goldsmith			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 919 East 35th Ave, Griffith IN, 46319	19c. Relationship Wife	
20a. 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)			20b. LOCATION—City or Town, State Cemetery Gary, IN.		20c. LOCATION—City or Town, State
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Peterina Davis</i>		21b. LICENSE NUMBER (of Licensee) 08700298	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors Inc. 2959 West 11th Ave. Gary, IN. 46404 #83007704		
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <		23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)		
24. TIME OF DEATH 2:47 P.M.		25. DATE PRONOUNCED DEAD (Month, Day, Year) 2/13/89	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) NO.		
27. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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) cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF) acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)					Approximate Interval Between Onset and Death immed days
28. WAS AN AUTOPSY PERFORMED? (Yes or no) NO.					28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. LAKE COUNTY HEALTH COMMISSIONER EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					29b. SIGNATURE AND TITLE OF CERTIFIER Garnette M. Mendenhall, MD
29c. LICENSE NUMBER 01023250					29d. DATE SIGNED (Month, Day, Year) 2/12/89
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Burton H. Greenberg, M.D., 9112 Columbia Avenue, Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Charles Johnson</i>					31. DATE FILED (Month, Day, Year) Feb. 24, 1989
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. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED (COPY)
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)		



KEY 43-24-25
COPY

43-26425
6/5/92
Yernama #102
102681