

92037227

1928 Lincoln  
Whiting, Ind.  
46394  
71

Return to Attorney Donald L. Gray, 1244-119th St., Whiting, In.  
46394

FILED

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

JUN 10 1992

AFFIDAVIT OF SURVIVORSHIP

*Anna M. Antos*  
AUDITOR LAKE COUNTY

Anneli M. Meyer, a competent adult, being first duly sworn upon oath, deposes and says:

1. That this affiant and Thomas C. Meyer were husband and wife and during coverture they did acquire fee simple title as tenants by the entireties by a certain Warranty Deed dated March 15, 1971, recorded April 21, 1971, as Document No. 96868, of a certain parcel of real estate located in the County of Lake, State of Indiana, more particularly described as follows:

Lot 16, Block 2, West Park Addition, in the City of Hammond, as shown in Plat Book 12, page 36, in Lake County, Indiana, bearing tax key number 36-306-15 (Unit 26).

2. That this affiant's spouse, Thomas C. Meyer, died on the 17th day of April, 1992 and that by operation of law the title in the above described real estate vested in this affiant solely.

3. That the decedent's estate was not subject to federal estate tax or to Indiana inheritance tax.

4. That this affiant makes this affidavit for the purpose of showing that the title to the above described real estate is now vested in this affiant solely and for the purpose of inducing the Auditor of Lake County to change the land transfer records to show ownership in this affiant solely.

Further affiant sayeth not.

*Anneli M Meyer*

Anneli M. Meyer

Subscribed and sworn to before me this 24th day of May, 1992.

My Commission expires:

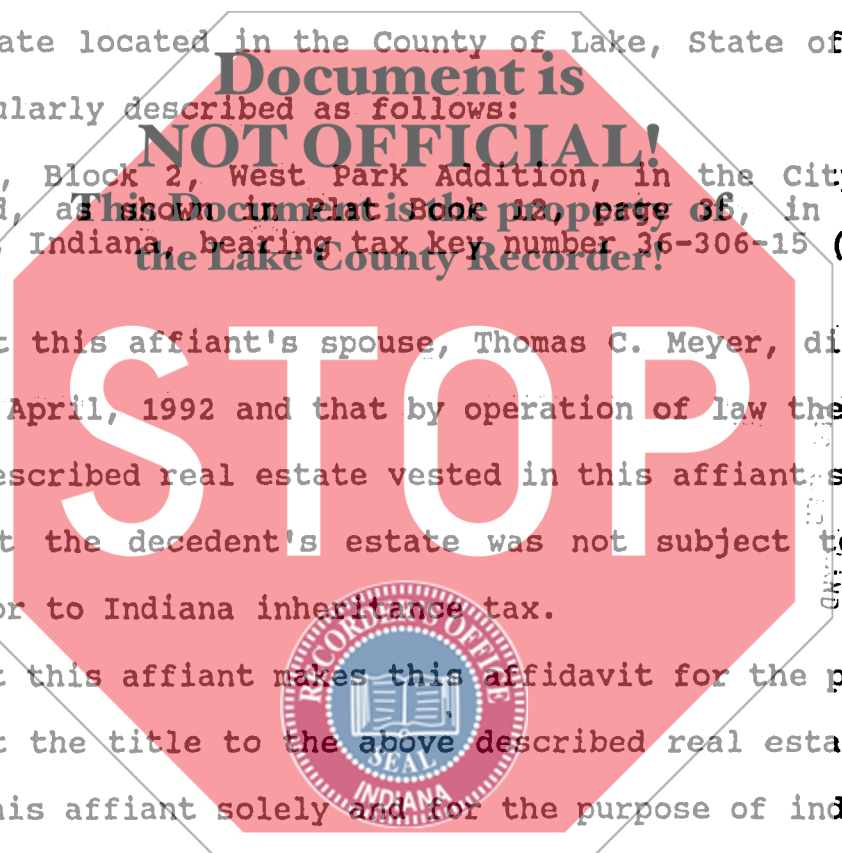
August 21, 1994

*Donald L Gray*

Donald L. Gray, Notary Public  
A Lake County Resident

This instrument prepared by Attorney Donald L. Gray, 1244-119th Street, Whiting, Indiana 46394

586 800



STATE OF INDIANA  
LAKE COUNTY  
FILED 1992 MAY 10  
26, Hammond  
400 N 92



West Park Add K.16 Bl.2 Key #36-306-15; unit #26

INDIANA STATE BOARD OF HEALTH

Local No. 129

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>THOMAS C. MEYER</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>9:06 p.m.</b>	3b DATE OF DEATH (Month, Day, Yr) <b>April 17, 1992</b>	
4 SOCIAL SECURITY NUMBER <b>333-36-0208</b>	5a AGE—Last Birthday (Years) <b>45</b>	5b UNDER 1 YEAR Months: Days	5c UNDER 1 DAY Hours: Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>June 9, 1946</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> FR/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) <b>St Catherine Hospital</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>ANNELI MEYER</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Engineer</b>	12b KIND OF BUSINESS/INDUSTRY <b>AMTRAK RAILROAD</b>		
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>(PO Whiting) Hammond</b>	13d STREET AND NUMBER <b>1928 Lincoln Avenue</b>		
13e ZIP CODE <b>46394</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) <b>CHARLES MEYER</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>MARY CONWAY</b>		20a INFORMANT'S NAME (Type/Print) <b>ANNELI MEYER</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1928 Lincoln Ave., Hammond (PO Whiting) IN 46394</b>		20c Relationship <b>WIFE</b>			
21a 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)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>April 22, 1992</b>		21c LOCATION—City or Town, State <b>HAMMOND, INDIANA</b>		
22a EMBALMER'S NAME <b>THOS. OWENS</b>	22b EMBALMER'S LICENSE NO. <b>FDE 1001049</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thos Owens</i>	24b LICENSE NUMBER (of Licensee) <b>FDE 1001049</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Owens Funeral Home FDH 3007291 816 119th St., Whiting, IN 46394</b>			
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, 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) <b>Internal injuries and multiple fractures</b> DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST				Approximate Interval Between Onset and Death <b>Unknown</b>	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				27. WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no) <b>No</b>	
28a. WERE AN AUTOPSY PERFORMED? <b>Yes</b>				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>	
29a. CERTIFIER (Check only one) <input 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. <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) as stated. <input checked="" type="checkbox"/> CORONER 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 <i>Daniel D. Thomas</i>		29c. MEDICAL LICENSE NO. <b>16120</b>	29d. DATE SIGNED (Month, Day, Year) <b>April 23, 1992</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Lt. J. Ranke</i>				32. DATE FILED (Month, Day, Year) <b>4-24-92</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) <b>Apr 17, 1992</b>	34b. TIME OF INJURY <b>Unknown</b>	34c. INJURY AT WORK? (Yes or no) <b>No</b>	34d. DESCRIBE HOW INJURY OCCURRED <b>Automobile/Train Accident</b>
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>Railroad Crossing</b>			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>112th and U.S. 41 Hammond, Indiana</b>		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>April 17, 1992</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>No</b>			



DECEDENT

PARENTS

INFORMANT tax mailing address

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY