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92039696

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Maurice Dornberg on his oath and deposes and says:

1. That he is the husband of Helen S. Dornberg, and that he knew her for over thirty (30) years.
2. That Maurice Dornberg and Helen S. Dornberg were married on December 2, 1956.
3. That on December 2, 1968, Maurice Dornberg and Helen S. Dornberg acquired, as tenants by the entireties, the following property located in Lake County, Indiana, which is more particularly described as follows:

Lot 16, Block 2, White Oak Manor Third Addition to Munster, as shown in Plat Book 34, page 42, in Lake County, Indiana.

More commonly known as: 1206 Elliott Drive
Munster, Indiana

*Key No. 28-218-16

4. That on March 29, 1987, his wife, Helen S. Dornberg, died leaving Maurice Dornberg as her surviving spouse, never having filed for or having been divorced.

5. That no federal Estate Tax or Indiana State Inheritance Tax was due as a result of the death of said Helen S. Dornberg.

This Affidavit is given for the purpose of bringing the title of the above-described property into the name of Maurice Dornberg and for no other reason.

Dated this 15th day of June, 1992.



Subscribed and sworn to before me, a Notary Public, on the 15th day of June, 1992.

Edward H. Feldman
Edward H. Feldman
Notary Public

FILED

My commission expires: 1-7-93

JUN 19 1992

County of residence: Lake

Anna N. Anton
AUDITOR LAKE COUNTY

This instrument prepared by: Edward H. Feldman
Attorney at Law
2833 Lincoln Street - Suite B
Highland, Indiana 46322
(219) 838-8200

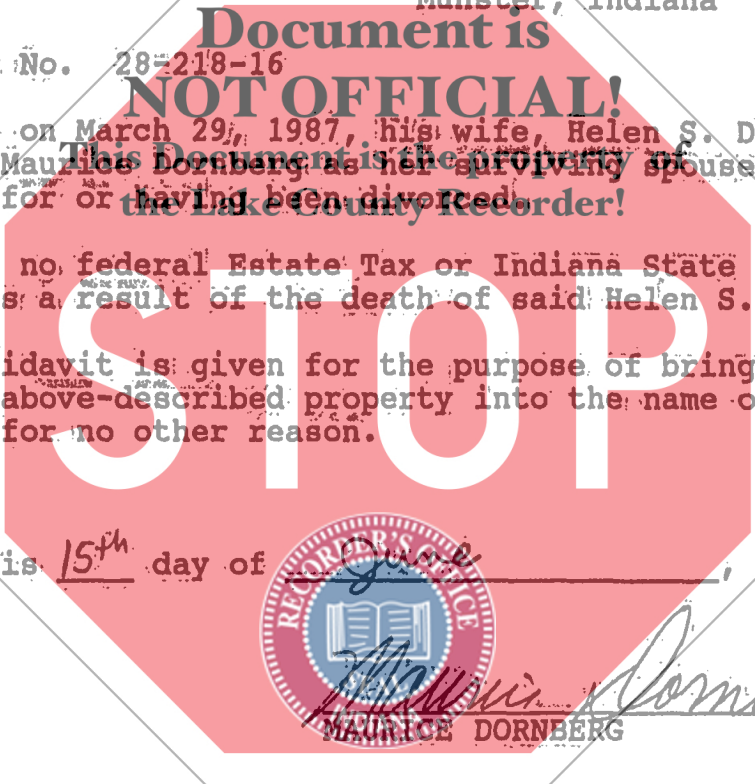
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STATE OF INDIANA/S.S.M.D.
LAKE COUNTY
FILED FOR RECORD

JUN 19 3 53 PM '92

ROBERT REYNOLDS CLERK



White Oak Manor 3rd Add to Munster h. 16. B72
 Key #28-218-16; unit #18

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 625-87

01382

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

Below (or State Office Use)

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

FUNERAL HOME No. 496

EMBALMER'S NAME: DARYL J. KISH
 THIS CERTIFIES THE ABOVE CERTIFICATE IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE COUNTY HEALTH DEPARTMENT LICENSE NO. 4539
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

APR 2 1987

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED - NAME 1 <u>HELEN S. DOUBLEMAN</u>		SEX 2 <u>FEMALE</u>		DATE OF DEATH (MONTH DAY YEAR) 3 <u>MARCH 29, 1987</u>	
RACE (e.g. White, Black, American Indian or Alaskan) 4 <u>WHITE</u>		AGE (Year, Month, Day) 5a <u>58</u>		DATE OF BIRTH (Month Day Year) 6 <u>JUNE 25, 1928</u>	
CITY, TOWN OR LOCATION OF DEATH 7a <u>MUNSTER</u>		HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number) 7b <u>1206 ELLIOTT DRIVE</u>		COUNTY OF DEATH 8 <u>LAKE</u>	
STATE OF BIRTH (If not in U.S.A. name of country) 9 <u>INDIANA</u>		CITIZEN OF WHAT COUNTRY 10 <u>USA</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify date) 11 <u>MARRIED</u>	
SOCIAL SECURITY NUMBER 12 <u>316-24-9701</u>		USUAL OCCUPATION (Specify kind of work done during most of life and time of year) 13a <u>HOPE MAKER</u>		KIND OF BUSINESS OR INDUSTRY 14b <u>OWN HOME</u>	
RESIDENCE - STATE 15a <u>INDIANA</u>		COUNTY 16a <u>LAKE</u>		CITY, TOWN OR LOCATION 17c <u>MUNSTER</u>	
STREET AND NUMBER 18 <u>1206 ELLIOTT DRIVE</u>		IS RESIDENCE ON A FARM? 19a <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSIDE CITY LIMITS (Specify Yes or No) 19b <u>YES</u>	
DECEASED OF SPANISH DESCENT - IF YES SPECIFY AMERICAN, CUBAN, PUERTO RICAN, ETC.					
FATHER - NAME (FIRST, MIDDLE, LAST) 20a <u>MORRIS KOLMEN</u>		MOTHER - MAIDEN NAME (FIRST, MIDDLE, LAST) 20b <u>BERNIDA BURM</u>		MARRIAGE LICENSE NUMBER 21 <u>317</u>	
INFORMANT - NAME (Type or print) 22a <u>AURICE DORIBERG (WIFE)</u>		RELATIONSHIP 22b <u>WIFE</u>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) 23 <u>1206 ELLIOTT DRIVE, MUNSTER, INDIANA 46321</u>	
MANNER OF DEATH (Type or print) 24 <u>NATURAL</u>		CEMETERY OR CREMATORY - FUNERAL HOME 25 <u>BETH EL CEMETERY</u>		LOCATION (City or Town, State, ZIP) 26 <u>PORTAGE INDIANA</u>	
DATE (Month, Day, Year) 27 <u>MARCH 31, 1987</u>		FUNERAL HOME - NAME AND ADDRESS 28 <u>BURNS-KESH FUNERAL HOMES, INC. MUNSTER, INDIANA</u>		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 29 <u>MUNSTER, INDIANA</u>	
21a (Signature of Physician) <u>[Signature]</u>		DATE SIGNED (Month, Day, Year) 21b _____		HOUR OF DEATH 21c <u>8:00A</u>	
21d (Name of Attending Physician) <u>S. D. GATHAM, MD.</u>		MAILING ADDRESS - PHYSICIAN 21e <u>9116 COLUMBIA AVENUE, MUNSTER, INDIANA 46321</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <u>4-2-87</u>	
22a (Signature of Health Officer) <u>[Signature]</u>		HEALTH OFFICER - SIGNATURE 22c _____		DATE RECEIVED BY LOCAL HEALTH OFFICER 22d _____	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) OR (b) OR (c)) (Interval between onset and death)					
(a) _____		(b) _____		(c) _____	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)					
<u>Metastatic Cancer of the Colon</u>					
JUN 19 1987					
SIGNATURE: <u>[Signature]</u> AUDITOR LAKE COUNTY					