

92040862

STATE OF INDIANA }
 }SS:
COUNTY OF LAKE }

ROB

JUN 25 8 58 AM '92

SINCE

AFFIDAVIT OF SURVIVORSHIP

Comes now RAYMOND McFARLAND, as Executor of the Estate of EVA K. McFARLAND, being duly sworn upon his oath, and states as follows:

That the Estate of EVA K. McFARLAND is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

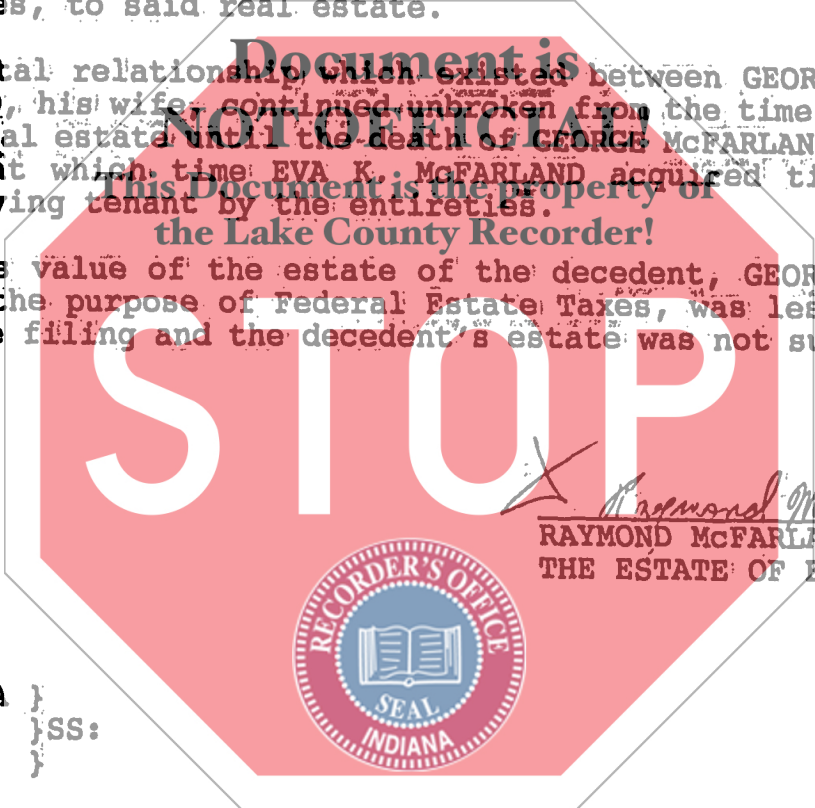
Lot 1 in McFarland's Acres Addition to Lake County, Indiana, as per plat thereof, recorded in Plat Book 39, Page 105, in the Office of the Recorder of Lake County, Indiana.

KEY NUMBER 13-245-1

That EVA K. McFARLAND and the decedent, GEORGE McFARLAND, were legally married on August 21, 1925. That the decedent, GEORGE McFARLAND, and EVA K. McFARLAND were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate.

That the marital relationship which existed between GEORGE McFARLAND and EVA K. McFARLAND, his wife, continued unbroken from the time they so acquired title to said real estate until the death of GEORGE McFARLAND on the 24th day of May, 1978, at which time EVA K. McFARLAND acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, GEORGE McFARLAND, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.



Raymond McFarland
RAYMOND McFARLAND, EXECUTOR OF THE ESTATE OF EVA K. McFARLAND

STATE OF INDIANA }
 }SS:
COUNTY OF LAKE }

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared, RAYMOND McFARLAND, as Executor of the Estate of EVA K. McFARLAND, and he being duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 25th day of June, 1992.

John B. Laszlo
JOHN B. LASZLO, Notary Public

My Commission Expires: 10-21-95



FILED

JUN 25 1992

PREPARED BY: JOHN B. LASZLO, ATTORNEY AT LAW
55 EAST 86TH AVENUE, MERRILLVILLE, IN 46410
Anna N. Anton
AUCTIONEER, LAKE COUNTY



01710

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TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
MAY 25 1978
#13-245-1

Disposition Permit:
Issued / /
Provisional Certificate
 Yes No

HAMMOND HEALTH COMMISSIONER
LICENSE NO. 1000

EMBALMER'S NAME: James J. Sircanin

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE NO. 94

FUNERAL HOME NO. 750

Local No. 412

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECLASED—NAME George W. McFarland		SEX male	DATE OF DEATH (MONTH DAY YEAR) 5-24-78
RACE—10g White, Black, American Indian or Alaskan	AGE—Last Birthday (10g) 66 76	UNDIE 1 YEAR MOS DAYS	UNDIE 1 DAY HOURS MINS
DATE OF BIRTH (Mo. Day Year) 2-12-1902	COUNTY OF DEATH Lake	IF HOSP OR INST. Indicate UP, Lower Rm. Inpatient (Specify)	
CITY, TOWN OR LOCATION OF DEATH Hammond	HOSPITAL OR OTHER INSTITUTION—Name if not in that city street address St. Margaret Hospital	7d Inpatient	
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (if living, give name) Eva Robertson
SOCIAL SECURITY NUMBER 305-09-9643	USUAL OCCUPATION (the kind of work done during most of working life, except retired)	KIND OF BUSINESS OR INDUSTRY Lumber Co.	
RESIDENCE—STATE Indiana	CITY, TOWN OR LOCATION Crown Point	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
RESIDENCE—CITY, TOWN OR LOCATION Lake	STREET AND NUMBER 8223 Burr Street	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15i. No	
15. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
16. FATHER—NAME William McFarland			
17. MOTHER—MAIDEN NAME Florence			
INFORMANT—NAME (type or print) Mrs. Eva McFarland		MAILING ADDRESS 8223 Burr Street Crown Point, Indiana	
DISPOSITION Burial		19c. Location Merrillville, Indiana	
DATE (MONTH, DAY, YEAR) May 26, 1978		FUNERAL HOME—NAME AND ADDRESS Kemper Funeral Home 9039 Kleinman Rd., Highland, IN 46322	
21a. (Signature) D.L. Streeter		DATE SIGNED (Mo. Day Year) May 24, 1978	
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) D.L. Streeter, D.O.		21c. HOUR OF DEATH May 24, 2:00 AM	
21e. MAILING ADDRESS—PHYSICIAN 1212 Broad St., Griffith, Ind. 46319		DATE RECEIVED BY LOCAL HEALTH OFFICE MAY 24 1978	
22b. HEALTH OFFICER—SIGNATURE James J. Sircanin			
22c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))			
PART I (a) CARDIO-Respiratory ARREST		Interval between onset and death minutes	
(b) Renal failure		Interval between onset and death Hours	
(c) Prostatic Carcinoma - metastatic		Interval between onset and death Weeks	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			

KEY # 13-245-1

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