



Credit Union 774 Ave.
2426 W. Lincoln Hwy.
Mare.

92041700

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

COUNTY OF Lake

} S. S.

On this 3-5-92 before me personally appeared
(insert date)

Jimmie L. Shell

76. 44 40 E
JUN 30
3 04 PM '92

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Perry R. Shell and Jimmie L. Shell;
- 4. Said Perry R. Shell
(fill in name of co-tenant who died)

died on

11-27-89
Document is NOT OFFICIAL!

leaving
(insert "a" or "will")

no will;
This document is the property of the Lake County Recorder!

5. The legal description of the premises in question is:
The North 1/2 of the North 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 30, Township 32 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana.

- 6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
no

(If answer is "Yes," identify the divorce proceedings:

Linda N. Anton
AUDITOR LAKE COUNTY

8. Affiant's relationship to the deceased was wife

Signature: Jimmie L. Shell

Address: 23140 Whitcomb
Lowell, IN 46356

Subscribed and sworn to before me by the affiant

this 3/5/92
(insert date)

David R. Thiele
Notary Public

David R. Thiele
My Commission Expires 4/1/96

This instrument prepared by V. Cantrell

TICOR TITLE INSURANCE
Crown Point, Indiana

518871

800
to

Local No. 4660-89

CERTIFICATE OF DEATH

State No. 2476 W. Union St. Ind. Ill. Credit Union Mt. Vernon

TYPE/PRINT IN PERMANENT BLACK INK

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 1 DECEASED—NAME (From Moon Book) Perry R. Shell | | 2 SEX Male | | 3a TIME OF DEATH 3:35 am | | 3b DATE OF DEATH (Month Day Year) November 21, 1989 | |
| 4 SOCIAL SECURITY NUMBER 414-58-7487 | | 5a AGE—Last Birthday (Years) 52 | | 5b UNDER 1 YEAR Months Days Hours Minutes | | 6 DATE OF BIRTH (Month Day Year) June 16, 1937 | |
| 7 BIRTHPLACE (City and State or Foreign Country) Shell Creek, TN | | 8a WAS DECEDENT A US VETERAN? Yes | | 8b YEAR LAST SERVED IN US ARMED FORCES? 1966 | | 9a PLACE OF DEATH (Check only one and See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Residence | |
| 10 FACILITY NAME (If not institution, give street and number) St. Anthony's Medical Center | | | | 11 CITY, TOWN OR LOCATION OF DEATH Crown Point | | 12 COUNTY OF DEATH Lake | |
| 10a MARITAL STATUS (Specify) Married | | 11a SURVIVING SPOUSE (If wife, give maiden name) Jimmie L. Williams | | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright | | 12b KIND OF BUSINESS/INDUSTRY Steel Mill | |
| 13a RESIDENCE—STATE IN | | 13b COUNTY Lake | | 13c CITY, TOWN OR LOCATION Lowell | | 13d STREET AND NUMBER 23140 Whitcomb | |
| 13e ZIP CODE 46356 | | 13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 14 CITIZEN OF WHAT COUNTRY? USA | | 15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) | |
| 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 16 RACE—American Indian, Black, White, etc. (Specify) White | | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (11-4 or 5 +) <input type="checkbox"/> | | | |
| 18 FATHER'S NAME (First Middle Last) Marshall Shell | | | | 19 MOTHER'S NAME (First Middle Maiden Surname) Viola Perry | | | |
| 20a INFORMANT'S NAME (Type/Print) Jimmie L. Shell | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 23140 Whitcomb Lowell, IN 46356 | | 20c Relationship Wife | | | |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) November 25, 1989 Roselawn Cemetery | | 21c LOCATION—City or Town, State Roselawn, IN | | | |
| 22a EMBALMER'S NAME William A. Sheets | | 22b EMBALMER'S LICENSE NO. FDO1053460 | | 23 WAS DEATH REPORTED TO COCORNER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | 24b LICENSE NUMBER (of Licenses) FDO1053460 | | 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home 604 Commercial Lowell, IN FDO3004277 | | | |
| 26 PART I: Enter the diseases, 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. Multiple myeloma DUE TO (OR AS A CONSEQUENCE OF) | | | | | | | |
| 26 PART II: Other significant conditions. Conditions contributing to death but not primarily listed in Part I. NOV 28 1989 | | | | | | | |
| 27a CERTIFIER (Check only one) <i>[Signature]</i> | | 27b MEDICAL LICENSE NO. 01031667 | | 27c DATE SIGNED (Month, Day, Year) 11/27/89 | | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Pimpa J. Tara M.D. 8127 Merrillville Rd. Merrillville, IN 46410 | | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | | | 32 DATE FILED (Month, Day, Year) Nov. 28, 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 PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) | | 34e LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. | | | | | |

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



TICOR TITLE INSURANCE CO. Crown Point, Indiana