

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:  
92049578

Aug 4 9 00 AM '92  
ROBERT REUCKER  
FILED

AFFIDAVIT OF SURVIVORSHIP

Comes now BERNICE M. MARCROM, formerly Bernice M. Gilbert, being duly sworn upon her oath and says:

1. That Bernice M. Marcrom, formerly Bernice M. Gilbert, is the owner in fee simple of the following described real estate located in the City of Hobart, County of Lake and State of Indiana, more particularly described as follows:

All that part of the Northeast Quarter of the Northeast Quarter of the Southeast Quarter of Section 32, Township 36 North, Range 7 West of the 2nd Principal Meridian, in Lake County, Indiana, Property Address: South of 6th Street and East of Linda Street, Hobart, In. 46342

2. That the affiant and the decedent were married on the 1st day of June, 1926. That the decedent, Elmer G. Gilbert, and the affiant were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ and recorded in the Office of the Lake County Recorder.

3. That the marital relationship which existed between the affiant and the said Elmer G. Gilbert, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Elmer G. Gilbert, her husband, on the 23th day of May, 1958, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

4. That the gross value of the estate of the decedent, Elmer G. Gilbert, 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.

5. That the decedent's estate was not subject to Indiana Inheritance Taxes.

Bernice M. Marcrom  
Bernice M. Marcrom,  
formerly Bernice M. Gilbert

16 8500-92-13

TICOR TITLE INSURANCE  
Crown Point, Indiana

1000/4

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

Sworn and subscribed before the undersigned Notary in and for  
said County and State this 31st day of March, 1992.

In witness whereof, I have hereunto subscribed my name and  
affixed my notarial seal this 31st day of March, 1992.

*Margie L. Eastridge*  
Margie L. Eastridge,  
Notary Public

My Comm. Expires: 10-28-92  
Resident of Porter County

Document is  
**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

Prepared by: Harry R. Kneifel, Sr., Attorney at Law.

**STOP**



TYPE OF DEATH  
PLACED WITH  
ONWARDS THE  
THIS IS A  
PERMANENT  
RECORD

6 Congress

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Local No. 278-622

State No.

1. PLACE OF BIRTH: Lake COUNTY: Lake STATE: Ind.

2. CITY, TOWN, OR LOCATION: Flora Length of Stay in N.Y.: 3 days

3. CITY, TOWN, OR LOCATION: Flora

4. NAME OF HOSPITAL OR INSTITUTION: Meth. Hosp. 5. STREET ADDRESS: 1005 C. 6th St.

6. PLACE OF DEATH (WITHIN CITY LIMITS): Flora, Ind. 7. RESIDENCE (WITHIN CITY LIMITS): Flora, Ind. 8. RESIDENCE (OUTSIDE CITY LIMITS): Flora, Ind.

9. NAME OF DECEASED: Elizabeth Gilbert SEX: F AGE: 36 YEARS: 5 MONTHS: 25 DAYS: 5

10. CAUSE OF DEATH: Heart Disease

11. I certify that I investigated cause of death of deceased and find the death occurred on 5-25-1918 (C.A.T.) from causes stated and as shown hereon.

12. SIGNATURE OF DECEASED: Richardson

13. SIGNATURE OF DECEASED'S NEAREST RELATIVE: Elizabeth Gilbert

14. SIGNATURE OF DECEASED'S NEAREST RELATIVE: Elizabeth Gilbert

15. I certify that I investigated cause of death of deceased and find the death occurred on 5-25-1918 (C.A.T.) from causes stated and as shown hereon.

16. SIGNATURE OF DECEASED'S NEAREST RELATIVE: Elizabeth Gilbert

17. SIGNATURE OF DECEASED'S NEAREST RELATIVE: Elizabeth Gilbert

18. I certify that I investigated cause of death of deceased and find the death occurred on 5-25-1918 (C.A.T.) from causes stated and as shown hereon.

19. SIGNATURE OF DECEASED'S NEAREST RELATIVE: Elizabeth Gilbert

20. SIGNATURE OF DECEASED'S NEAREST RELATIVE: Elizabeth Gilbert

21. SIGNATURE OF PHYSICIAN: Wm. H. ... DATE: 5/27/18

22. SIGNATURE OF HEALTH OFFICER: ... DATE: 5/25/18

23. SIGNATURE OF HEALTH OFFICER: ... DATE: 5/25/18

24. SIGNATURE OF HEALTH OFFICER: ... DATE: 5/25/18

General Director's License No. 1916  
 278-622  
 5-25-18



Document is  
**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

**STOP**



*James T.*

*Walter R. [unclear]*  
CERTIFIED COPY  
HEALTH COMMISSIONER  
OF HEALTH, LLC.  
DATE: *5/25/1983*