

STATE OF INDIANA )  
LAKE COUNTY ) SS:

ONE PROFESSIONAL CENTER  
SUITE 215  
CROWN POINT, IN 46307

92050154

**AFFIDAVIT OF SURVIVORSHIP**

TONI W. SHROPSHIRE, affiant herein, deposes and states as follows:

1. The affiant is an adult resident of the City of Gary, Lake County, Indiana, and has personal knowledge of all facts stated herein.

2. On July 3, 1970, the affiant was duly married to Jackie L. Shropshire in Louisville, Kentucky. From and after that date, the affiant and said Jackie L. Shropshire lived together as husband and wife until the death of Jackie L. Shropshire, while a resident of the City of Gary, Lake County, Indiana, on April 22, 1992. A true, accurate and complete certified copy of the Certificate of Death for Jackie L. Shropshire is attached hereto and made a part hereof as Exhibit A.

3. At the time of the death of Jackie L. Shropshire, the affiant and Jackie L. Shropshire, as tenants by the entireties, were the owners of a certain improved parcel of real estate located in Lake County, Indiana, and more particularly described as follows:

Lot 77, in Morningside Addition to Gary, as shown in Plat Book *page 8*, *Anton*  
36, and the east ten (10) feet of that part of vacated alley 4 West *AUDITOR LAKE COUNTY*  
adjoining said lot on the West, in Lake County, Indiana. Said real estate  
is commonly described as 4676 Jefferson Place, Gary, Indiana, 46408 *POST*  
(Tax unit No. 25, key number 46-51-32)

4. This Affidavit is given for the purpose of evidencing the vesting of title to the above-described real estate solely in the affiant by operation of law.

FURTHER AFFIANT SAYETH NOT.

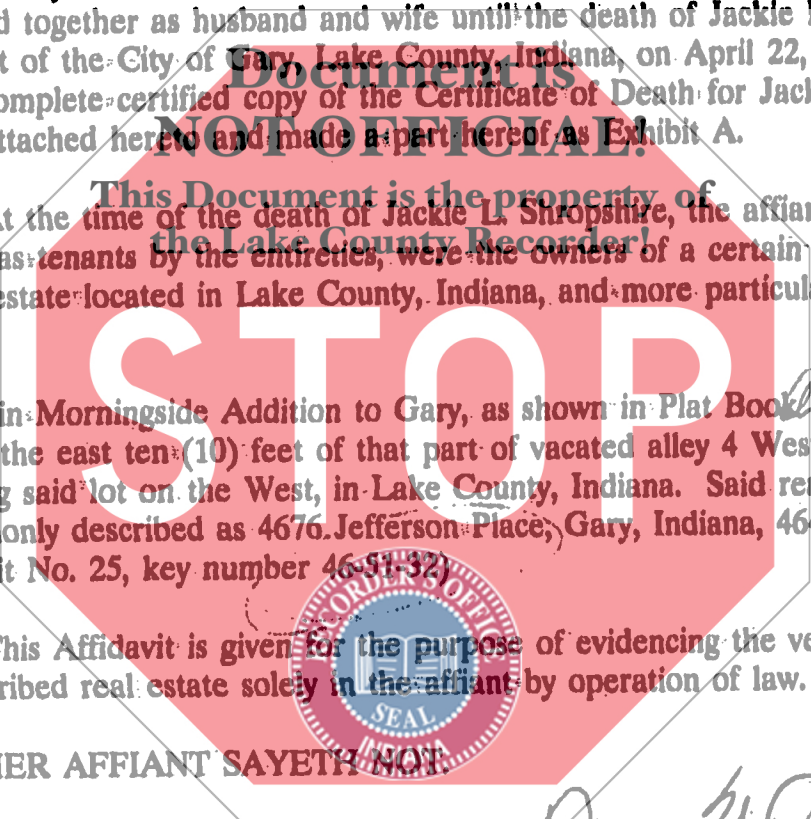
*Toni W. Shropshire*  
TONI W. SHROPSHIRE

SUBSCRIBED AND SWORN to before me, a Notary Public, this 13th day of July, 1992.

My Commission Expires: February 17, 1993  
County of Residence: Lake

*Anthony DeBonis, Jr.*  
ANTHONY DeBONIS, JR. Notary Public

This instrument prepared by Anthony DeBonis, Jr., Esq., Smith & DeBonis attorneys at law, 4320 Fir Street, Suite 411, East Chicago, Indiana, 46312.



JUL 31 1992

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I HEREBY CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE Horry, COUNTY HEALTH DEPARTMENT,

MAY 15 1992

George A. Bush  
COUNTY REGISTRAR

LAWYERS TITLE INS. CORP.  
ONE PROFESSIONAL CENTER  
SUITE 215  
CROWN POINT, IN 46307

EXHIBIT A

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK

STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CERTIFICATE OF DEATH

STATE BIRTH NUMBER

STATE FILE NUMBER

1. DECEDENT'S NAME First: JACKIE L. SHROPSHIRE Last: SHROPSHIRE		SEX: 2. MALE	DATE OF DEATH (Month, Day, Year): 3. APRIL 22, 1992
SOCIAL SECURITY NUMBER: 4. 429 34 4109		AGE - Last Birthday (Years): 5a. 64	DATE OF BIRTH (Mo, Day, Year): 6. SEPT. 14, 1927
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 8. NO		9a. PLACE OF DEATH (Check only one, see instructions on other side)	
FACILITY NAME (If not institution, give street and number) 9b. GRAND STRAND GENERAL HOSPITAL		CITY, TOWN, OR LOCATION OF DEATH: 9c. MARLE BEACH	
MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify) 10. MARRIED		KIND OF BUSINESS/INDUSTRY 12b. LAW	
RESIDENCE - STATE: 13a. IN. COUNTY: 13b. LAKE		CITY, TOWN, OR LOCATION: 13c. GARY	
ZIP CODE: 13d. 46408		STREET AND NUMBER: 13d. 4676 JEFFERSON PLACE	
FATHER'S NAME First: 17. WILLIAM B. SHROPSHIRE Middle: Last: MOTHER'S NAME First: 18. IRENE Middle: Maiden Surname: BAILEY		DECEDENT'S EDUCATION (Specify only highest grade completed) 18. 8 COLLEGE	
INFORMANT'S NAME (Type/Print) 19a. TONI W. SHROPSHIRE		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 4676 JEFFERSON PLACE GARY, IN 46408	
METHOD OF DISPOSITION 20a. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b. EVERGREEN CEMETERY	
FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature) 21a. <i>Robert L. Edger Jr.</i>		FACILITY NAME AND ADDRESS OF FACILITY 21b. 1295 MCMEILAN-SMALL FUNERAL HOME PO BOX 7506, DUNES STATION MYRTLE BEACH, SC. 29577	
EMBALMER (Signature) 21c. <i>Thomas E. Lewis</i>		EMBALMER LICENSE NO. 21d. 150	
Pronouncing Physician Only: 23a. Signature and Title: <i>Robert L. Edger Jr.</i>		LICENSE NUMBER: 23b. 405	
TIME OF DEATH: 24. 22:10 M		DATE PRONOUNCED DEAD (Month, Day, Year): 25. April 22, 1992	
PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) 26. YES	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF):		APPROXIMATE INTERVAL BETWEEN CAUSE AND DEATH: JUL 31, 1992	
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Yes or No) 27a. NO	
29. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		DATE OF INJURY (Month, Day, Year) 30a. TIME OF INJURY 30b. M INJURY AT WORK? (Yes or No) 30c. DESCRIBE HOW INJURY OCCURRED 30d.	
CERTIFIER (Check only one) 31. <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: 32.	
SIGNATURE AND TITLE OF CERTIFIER To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 33a. <i>Robert L. Edger Jr.</i>		LICENSE NUMBER: 33b. DATE SIGNED (Month, Day, Year) 33c. April 27, 1992	
NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print) 34. Robert L. Edger, Jr. - P.O. Box 1492, Conway, SC 29526		REGISTRAR'S SIGNATURE: 35. <i>George A. Bush</i>	
DATE FILED (Month, Day, Year) 36. April 28, 1992			

9a. 9b. 9c. 9d.

Name of Decedent For Use By Physician Or Institution See Definition On Other Side

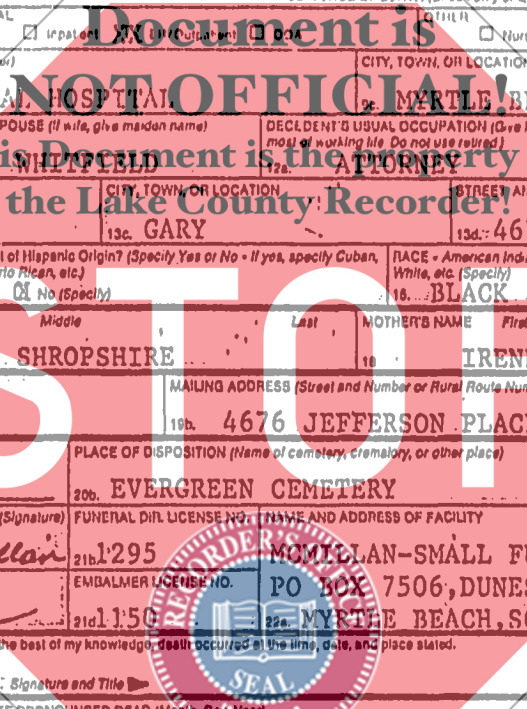
12a. 12b.

13a.

13b.

13c.

30a. DHEC 670



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