

92051187

SURVIVORSHIP AFFIDAVIT

JUL 31 1992

STATE OF COLORADO)

COUNTY OF FREMONT)

SS:

Anna M. Anton
AUDITOR LAKE COUNTY

On this 20th day of July, 1992, before me personally appeared RALPH O. JOHNSTON, who being duly sworn on oath did say that:

1. Affiant currently resides at 600 Raintree #11, Canon City, Colorado;

2. Affiant was married to VIVIAN E. JOHNSTON June 7, 1952 in Hobart, Lake County, Indiana.

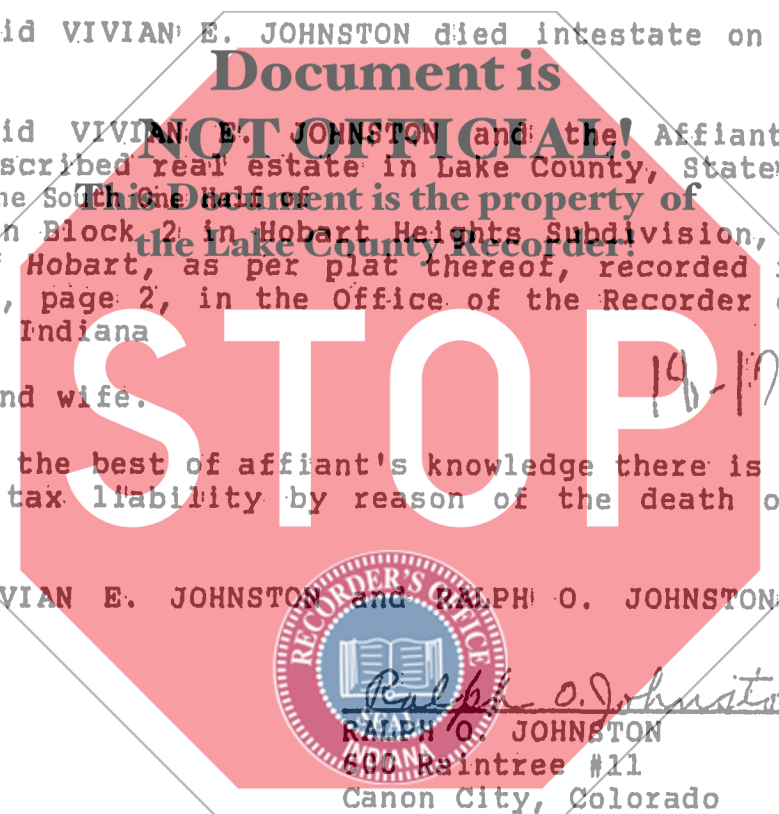
3. Said VIVIAN E. JOHNSTON died intestate on 10th day of April, 1992;

4. Said VIVIAN E. JOHNSTON and the Affiant owned the following described real estate in Lake County, State of Indiana, to-wit: The South One Half of Lot 3 in Block 2 in Hobart Heights Subdivision, in the City of Hobart, as per plat thereof, recorded in Plat Book 21, page 2, in the Office of the Recorder of Lake County, Indiana

as husband and wife.

5. To the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of VIVIAN E. JOHNSTON;

6. VIVIAN E. JOHNSTON and RALPH O. JOHNSTON were never divorced.



STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
JUL 11 9 24 AM '92
RECORDED
RELAND

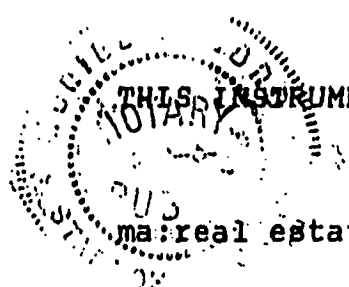


Ralph O. Johnston
RALPH O. JOHNSTON
600 Raintree #11
Canon City, Colorado

Subscribed and sworn to before me by the affiant this 20th day of July, 1992.

My Commission Expires:
My Commission Expires July 18, 1994

Muriel L. Lord
Muriel L. Lord
Printed Signature, A Notary Public
A resident of Fremont County, CO



THIS INSTRUMENT PREPARED BY: Terry K. Hiestand, Attorney at Law
117 Broadway, Chesterton, IN 46304
(219) 926-2188

ma:real estate #9/johnston.aff

02007
ti
800

169762 FLAHERTY

TICOR TITLE INSURANCE
Merrillville, Indiana
NUMBER

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. **48.0**
REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

Type or Print in: PERMANENT INK See Funeral Directors Handbook for INSTRUCTIONS

DECEASED-NAME: **Vivian E. Johnston** SEX: **Female** DATE OF DEATH: **April 10, 1992**

COUNTY OF DEATH: **Knox** AGE-LAST BIRTHDAY: **5a. 71** UNDER YEAR: **5b. 71** UNDER DAY: **5c. 71** DATE OF BIRTH: **February 13, 1921**

CITY TOWN TWP OR ROAD DISTRICT NUMBER: **5a. Galesburg** HOSPITAL OR OTHER INSTITUTION: **6b. Cottage Hospital** IF HOSP OR INST INDICATE DO A OP EMER AM INPATIENT (SPECIFY): **6c. Inpatient**

BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY: **7. Hobart, IN.** MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY): **8a. Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): **8b. Ralph O. Johnston** WAS DECEASED EVER IN US ARMED FORCES? (YES/NO): **9. No**

SOCIAL SECURITY NUMBER: **10. 309 22 9163** USUAL OCCUPATION: **11a. Homemaker** KIND OF BUSINESS OR INDUSTRY: **11b. Own Home** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 8**

RESIDENCE (STREET AND NUMBER): **13a. 524 Brandt St.** CITY TOWN TWP OR ROAD DISTRICT NO: **13b. Hobart** INSIDE CITY (YES/NO): **13c. YES** COUNTY: **13d. Lake**

STATE: **13e. Indiana** ZIP CODE: **13f. 46342** RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER): **14a. White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **14b. NO**

DECEASED

FATHER-NAME: **15. Emil Cassow** MOTHER-NAME: **16. Lillie Kimerly**

PARENTS

INFORMANT'S NAME (TYPE OR PRINT): **17a. Rev. Walter Johnston** RELATIONSHIP: **17b. Son** MAILING ADDRESS (STREET AND NO OR P.O. CITY/TOWN STATE, ZIP): **17c. 604 W. Jackson St. Abingdon, IL. 61410**

18. PART I. Enter the disease or conditions 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.

Immediate Cause (Final disease or condition resulting in death): **(a) Hypertensive Heart Disease**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: **(b) Arteriosclerotic Malformations - multiple**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **(c) Chronic Renal failure**

APPROXIMATE INTERVAL IN MONTHS BETWEEN DEATH AND INTERVIEW: **2 days**

CAUSE

DATE OF OPERATION, IF ANY: **20a.** MAJOR FINDINGS OF OPERATION: **20b.** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES NO**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21b. NO** HOUR OF DEATH: **21c. 6:00 A.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED: **22b. 4-10-92**

22a. SIGNATURE: **Paul Fortier M.D.** ILLINOIS LICENSE NUMBER: **22d. 036-082014**

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Paul Fortier M.D.** NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. Burial** CEMETERY OR CREMATORY NAME: **24b. Chapel Lawn Memorial Gardens** LOCATION: **24c. Schererville, IN.** DATE: **24d. 4-14-92**

FUNERAL HOME: **25a. Burns Funeral Home 701 E. 7th St. Hobart, IN. 46342**

FUNERAL DIRECTOR'S SIGNATURE: **Dennis E. Landry** FUND: **25c. 034-012024**

LOCAL REGISTRAR'S SIGNATURE: **Therese Salt** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. APR 10 1992**

VR200 (Rev. 5-89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

27-18-17-4
LOT 3
HOBART

DISPOSITION

JUL 31 1992

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

APR 10 1992

SIGNED: **Therese Salt**

02007

Galesburg, Illinois

WARNING: Not valid unless the seal of the Registrar is affixed.