

FA-6573

Return to:  
The American Life Insurance Company  
1200 Cass Street  
Hammond, Indiana 46320

92054637

TAX KEY NO:  
36-127-7 Unit 26

ADDRESS OF REAL ESTATE  
1143-47 150th Street  
Hammond, Indiana

ROBERT  
RECORDER  
INDIANA

AUG 27 11 29 AM '92

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                          ) SS  
COUNTY OF LAKE )

AFFIDAVIT OF SURVIVORSHIP

Fred L. Stewart, being first duly sworn upon his oath, states as follows:

1. That he is an adult and resides in Hammond, Indiana.
2. That Affiant, Fred L. Stewart, along with his wife, Mildred P. Stewart, were owners in fee simple of the following described real estate, to-wit: **This Document is the property of the Lake County Recorder!**  
Lots 54, 55 and 56 in Stafford and Trankle's 8th Addition to Hammond, as per Plat thereof, recorded in Plat Book 9 Page 8, in the Office of the Recorder of Lake County, Indiana. #36-127-7
3. That Fred L. Stewart and Mildred P. Stewart were Husband and Wife at the time they acquired title to the above-described real estate and so remained until the death of Mildred P. Stewart on March 27, 1991, and they were never divorced.
4. That Mildred P. Stewart died on the 27th day of March, 1991; that all expenses and taxes incurred in connection therewith have been paid in full and that there are no unpaid bills left by reason of her death.
5. That this Affidavit is made for the purpose of clearing title to the above parcels of real estate.

*Fred L. Stewart*  
Fred L. Stewart

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 10 day of AUGUST, 1992.

My Commission Expires:

*Gloria J. Deno*  
GLORIA J. DENO, Notary Public  
Resident of Lake County, Indiana

11-28-93

**FILED**

AUG 24 1992

*Anna N. Antone*  
AUDITOR LAKE COUNTY

00850

800  
for

FA-6573

INDIANA STATE BOARD OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 238

CERTIFICATE OF DEATH

APR 02 1991 Date Issued Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (MILDRED P. STEWART), SEX (FEMALE), TIME OF DEATH (6:50A M), DATE OF DEATH (MARCH 27, 1991), SOCIAL SECURITY NUMBER (309-09-2607), AGE (73), DATE OF BIRTH (July 2, 1917), BIRTHPLACE (Orava, Czechoslovakia), FACILITY NAME (1141-150th Street), CITY/TOWN OR LOCATION OF DEATH (Hammond), COUNTY OF DEATH (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Fred L. Stewart), DECEASED'S USUAL OCCUPATION (Owner & Operator), KIND OF BUSINESS/INDUSTRY (House of Stewart Restaurant), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (Hammond), STREET AND NUMBER (1141-150th Street), ZIP CODE (46320), CITIZEN OF WHAT COUNTRY (U.S.A.), RACE (White), DECEASED'S EDUCATION (2 1/2), FATHER'S NAME (Unknown), MOTHER'S NAME (Anelia Jurak), INFORMANT'S NAME (Mr. Fred L. Stewart), MAILING ADDRESS (1141-150th, Hammond, IN 46320), RELATIONSHIP (Husband), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (March 30, 1991, Concordia Cemetery), LOCATION (Hammond, Indiana), EMBALMER'S NAME (Martin A. Dybol), EMBALMER'S LICENSE NO (FDE01019456), DEATH REPORTED TO CORONER? (Yes), SIGNATURE OF FUNERAL DIRECTOR (Martin A. Dybol), LICENSE NUMBER (FDE01019456), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Baran & Son, Inc., FDN83007267, 1235-119th, Whiting, IN 46394), PART I (Acute pulmonary edema, Myocardial insufficiency, Atrial fibrillation), PART II (Respirator), CERTIFIER (Lowell H. Steen), MEDICAL LICENSE NO, DATE SIGNED (March 29, 1991), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Lowell H. Steen, M.D., 3641 Ridge Road, Highland, Indiana 46322), HEALTH OFFICER'S SIGNATURE (Franklin D. Remuda, M.D.), DATE FILED (MAR 28 1991), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED (FILED), PLACE OF INJURY (AUG 24 1992), LOCATION (AUG 24 1992), DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No), SIGNATURE (Doris N. Atton), COUNTY (ALBERTA USE COUNTY).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

# 36-127-7 Stafford & Shankles. 8th Add. Rts 54, 55, 56

