D. FA-6573

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92054637

/TAX KEY NO: 36-127-7 Unit 26

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

LAKE COUL FILED FOR HE

STATE OF INDIANA

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COUNTY OF LAKE

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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 comments 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.

- 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 Cied 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 Anade for the purpose of clearing title to the above parcels of real estate.

Fred I. Stewart

Subscribed and sworn to before me, a Notary Public in and for said County and State, this $\frac{10}{10}$ day of $\frac{A \cup q \cup s \cap q}{10}$, 1992.

My Commission Expires:

11-28-93

FILED

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

AUG 24 1992

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THIS CERTIFIES THE FOLLOWING IS A TRUE AND INDIANA STATE BOARD OF HEALTH HAMMOND HEALTH DEPARTMENT. A-6573 APR 0 2 1991 CERTIFICATE OF DEATH Local No. Hammond Health Commissioner Date Issued TYPE/PRINT | DECEASED-NAME (First Middle Lest) 38 TIME OF DEATH | 36 DATE OF DEATH IMPART Day 111 2 SEX MARCH 27,1991 MILDRED P. STEWART 6:50A PEHALE IN 1 BIRTHPLACE (City and State or Foreign Country) 5e AGE-Lest Buthday 5b UNDER 1 YEAR (Years) Months Days SC UNDER 1 DAY & DATE OF BIRTH (Mo Day, YI) 4 SOCIAL SECURITY NUMBER PERMANENT Days Minutes Months Hours July 2,1917 Orava, Czechoslovakie **BLACK INK** 309**-0**9-2607 9a PLACE OF DEATH (Check only one See instructions) YEAR LAST SERVED IN US ARMED FORCES? & WAS DECEDENT A U.S. VETERAN? ☐ Inpatient HOSPITAL OTHER | Nursing Home | Other (Specify) No ER/Outpetient DOA Residence ---9b FACILITY NAME (If not institution, give street and number) 9c CITY, TOWN OF LOCATION OF DEATH DO COUNTY OF DEATH DECEDENT 1141-150th Street Lake Hammond 12b KIND OF BUSINESS/INDUSTRY
MONES OF STEWART
ROBERTARE 12s DECEDENT S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retried) 10 MARITAL STATUS 11 SURVIVING SPOUSE
(If wife give maiden name) Owner & Operator Married Stewart Fred L. 13c CITY, TOWN OR LOCATION 13d STREET AND NUMBER 134 RESIDENCE-STATE 13b COUNTY Indiana Lake Hammond 1141-150th Street 130 ZIP CODE 131 INSIDE CITY LIMITS 15 WAS DECEDENT OF HISPANIC ORIGIN? 17 DECEDENT S EDUCATION 14 CITIZEN OF 16 RACE-American Indian No D Yes Specify only highest grade completed WHAT COUNTRY (If yes specify Cuban Black, White, etc. 46320 exicen. Puerto Ricen. etc.) (Specdy) Elementary/Secondary (0-12) College (1-4 or 5 +) 13g ON A FARM? U.S.A, White 21 CNo [] Yes C11 19 MCHERS NAME (First Middle Maiden Surname) 18 FATHERS NAME (First Middle Last) **PARENTS** Unknown **Nuolia** Jurak Appress (Street and Number or Parel Route Number, City or Yown, State, Zip Code) 20a INFORMANTS NAME (Type/Print) **INFORMANT** Mr. Fred L. Stewax Hamisond <u> 46320</u> Musband Enternament IS DO (216 DATE OND PLACE OF DISPOSITION TRANSPORTED FOR OUT OF THE PROPERTY OF TH 210 METHOD OF DISPOSITION 21c LOCATION-City or Town, State Removal from Steffne I ake County Re30-1981!
Concordia Cometery Donation Dother (Specify) DISPOSITION Mammond, Indiana 23 WAS DEATH REPORTED TO CORONER? 226 EMBALMERS LICENSE NO 22ª EMBALMERS NAME No 1 You FDE01019456 Martin A. 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 246 LICENSE NUMBER 24 SIGNATURE OF FUNERAL DIRECTOR Baran & Son, Inc., FDR83007267 1235-119th, Whiting, IN 46394 (of Licensee) MD#01019456 Approximate interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) CAUSE OF DEATH Conditions if any which gave rise to the immediate cause stating the underlying DUE TO IOR AS A CONSEQUENCE OF cause lest decons - Conditions contributing to death but not previously stoled in Part 28e WAS AN AUTOPSY 286 WERE AUTOPSY FINDINGS PART, II Gifter tageth WAS DECEDENT AVAILABLE PRIOR TO PREGNANT OR 90 DAYS PERFORMED? COMPLETION OF CAUSE POSTPARTURIT (Yes or no) OF DEATH? (Yes or no) (Yas or no) CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date, and place, and due to the cause(s) as stated 290 CERTIFIER (Check onl) nation and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated HEALTH OF GER On the best of in my opinion, death occurred at the time, date, a<u>nd</u> place, and due to the cause(s) and manner as stated ☐ CORON 29d DATE SIGNED (Month, Day, Year) 29¢ MEDICAL LICENSE NO 296 SIGNATURE AND TITLE OF CERTIFIER CERTIFIER 3 March 29,1991 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ILTEM 28) (1) 10/4 mil 46322 Indiana Ridge Hoad, Highland, Steen. 36**L**1 Lowell H. MAR 28 1991 31 HEALTH OFFICER'S SIGNATURE analm. 9:0 HEALTH dam D remu **OFFICER** 34d DESCRIBE HOW INJURY OCCURRED 34c INJURY AT WORK? 346 DATE OF INJURY 348 TIME OF 33 MANNER OF DEATH **YRULNI** (Month Day, Year) ☐ Natural ☐ Pending 24 1992 Investigation Accident 34e PLACE OF INJURY—At home farm street factory, office building etc (Specify) CORONER Suicide Could not be AUG **USE ONLY** 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passanger, padastrian, sic 34g DATE PRONOUNCED DEAD (Month Day, Year) 00891