



Chicago Title Insurance Company

#6000

Louis E. Siciliano, Ltd  
20180 Governors Hwy  
Olympia Fields, IL 60461

146/882 LD

(1)

92077799

SURVIVORSHIP AFFIDAVIT

2

STATE OF ILLINOIS  
COUNTY OF COOK

} S. S.

On this September 23, 1992 before me personally appeared Floyd Fields  
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is record owner of the subject property  
(state interest of affiant in the above premises as "owner," "son of owner," etc.);
- Said premises were formerly owned as joint tenants or as tenants by the entireties by  
Floyd Fields and Elsie Fields
- Said Elsie Fields  
(fill in name of co-tenant who died)

REC'D  
FILED  
OCT 8 2 16 PM '92  
LAKE COUNTY  
INDIANA  
RECORDED  
ROBERT E. EHLAND

died on November 1, 1971

leaving no will;  
(insert "a" or "no" if will left, attach a copy)

- The legal description of the premises in question is:  
  
Lot 2 in Block 1 in Richland Meadows, in the City of Hammond, as shown in Plat Book 15, Page 23 in Lake County, Indiana.

- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

N/A

- Affiant's relationship to the deceased was: Husband

" OFFICIAL SEAL "  
LOUIS E. SICILIANO  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11/13/93

Signature: Floyd J. Fields

Address: 1110 Cherry Street  
Hammond, Indiana 56320

Subscribed and sworn to before me by the affiant

this September 23, 1992  
(insert date)

Louis E. Siciliano  
Notary Public

My Commission Expires November 23, 1993.

FILED

NOV 30 1992

Anna N. Anton  
AUDITOR LAKE COUNTY

This instrument prepared by Louis E. Siciliano, Ltd.  
20180 Governors Highway  
Olympia Fields, Illinois 60457

Chicago Title Insurance Company  
LAKE COUNTY  
INDIANA  
FILED FOR RECORD

200  
at

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
NOV 3 1971  
Date Issued

HAMMOND HEALTH COMMISSIONER

Mary Solan

FUNERAL HOME

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 409

FUNERAL DIRECTOR'S

LICENSE No. 849

FUNERAL HOME

No. 289

Richland Meadows L.2 B1.1  
INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 9770

Key # 35-269-2  
unit # 26

State No. 1558

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECLARED - NAME: FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Elsie E. Fields		Female	November 1, 1971
RACE	AGE (YEARS)	UNDER 1 YEAR	DATE OF BIRTH
White	60	MONTHS DAYS	September 8, 1911
CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	COUNTY OF DEATH
Hammond	Yes	1110 Cherry Street	Lake
STATE OF BIRTH (IF NOT IN U.S.A., GIVE NAME AND COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED (X) NEVER MARRIED ( )	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Indiana	USA	WIDOWED ( ) DIVORCED ( )	Floyd Fields
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. Indiana	13. Homemaker	13b. Homemaker	
RESIDENCE - STATE (COUNTY)	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP
14a. Indiana (Lake)	14b. Hammond	14c. Yes	14d. North
STREET AND NUMBER	14e. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	14f. IS RESIDENCE ON A FARM? (Yes, no)	
14g. 1110 Cherry Street	14e. no	14f. no	
FATHER - NAME (FIRST MIDDLE LAST)		MOTHER - MAIDEN NAME (FIRST MIDDLE LAST)	
15. Frank Honbeck		16. Anna Doump	
INFORMANT - NAME		RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Floyd Jr. Fields		17b. Husband	17c. 1110 Cherry St. Hammond, Ind. 46324
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE (a) Coronary Artery Thrombosis		6-8 hours	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (b) Generalized Arteriosclerosis		Days	
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS (GIVEN IN PART I (A))		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE	AUTOPSY YES (X) NO ( )
			IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES ( ) NO (X)
DATE & TIME OF DEATH		DATE SIGNED	
November 1, 1971 8:00 a.m.		November 3, 1971	
SIGNATURE OF PHYSICIAN		SIGNATURE OF DEATH REGISTRAR	
20. [Signature]		21. [Signature]	
MAILING ADDRESS (PHYSICIAN)		CITY OR TOWN	
22a. [Address]		22b. Hammond, Ind.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME	
23. Burial		24b. Crown Point, Hammond, Indiana	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24a. Nov. 4, 1971		25a. Solon Funeral Home, 210 Calumet Ave Hammond, Ind. 46324	
SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	
25b. [Signature]		26b. November 3, 1971	



NOV 30 1971

Disposition Permit Issued  Provisional Certificate  Yes  No

Chicago Title Insurance Company

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