

93014234

HOLD FOR:
THE TITLE SEARCH CO.

FILED

SURVIVORSHIP AFFIDAVIT

MAR 4 1993

STATE OF Indiana)
) SS.
COUNTY OF Lake)

Carol M. Antone
AUDITOR LAKE COUNTY

On this 24th day of February, 1993, Before me personally appeared BEATRICE B. LARK, to me personally known, who being duly sworn on oath did say that:

1. That she and her now deceased husband, RUFUS LARK, JR., acquired title, as husband and wife, to certain real estate described as follows:
 PARCEL I: The South 23.7 feet of Lot 29 in Block 52 in Gary Land Company's First Subdivision in the City of Gary, as per plat thereof, recorded in Plat Book 6, page 15, in the Office of the Recorder of Lake County, Indiana.
 PARCEL II: The North 6.3 feet of Lot 29 and the South 14.9 feet of the Lot 30 in Block 52 in Gary Land Company's First Subdivision in the City of Gary, as per plat thereof, recorded in Plat Book 6, page 15, in the Office of the Recorder of Lake County, Indiana.
2. That the relationship which existed between said affiant and Rufus Lark, Jr., deceased, continued unbroken from the time they acquired title to said real estate until the death of her said husband on June 19, 1992 at which time this affiant acquired title to said real estate.
3. That all of the assets of said decedent which would be includable for Federal estate tax purposes, including joint bank accounts and life insurance on decedent's life, were not sufficient to necessitate payment of Federal estate tax.



RECORDED
11:46 AM '93

STATE OF INDIANA, I.S. NO. LAKE COUNTY FILED FOR RECORD

Beatrice B. Lark
BEATRICE B. LARK

Subscribed and sworn before me by the affiant this 24th day of February, 1993.

Notary Public *Ronda Van Tichelt*

Resident of *St. Joseph* County.
My Commission Expires:

RONDA VAN TICHELT
NOTARY PUBLIC, STATE OF INDIANA
ST. JOSEPH COUNTY
MY COMMISSION EXP. DEC. 7, 1996

00250 *800*

Doc No. 92-1429

CERTIFICATE OF DEATH

PAGE 2 OF AFFIDAVIT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED'S NAME (Last, first, middle initial) Rufus Lark Jr.		2. SEX Male		3. TIME OF DEATH 3:52 A.M.		4. DATE OF DEATH June 11, 1992	
5. HOME ADDRESS 487-24-3361		6. AGE (in years, months, days) 70		7. PLACE OF BIRTH (City, State, Country) May 11, 1922 Gary, IN		8. MARITAL STATUS (at time of death) Married	
9. FACILITY NAME (If not known, give street and number) St. Mary Medical Center		10. CITY, TOWN OR LOCATION OF DEATH GARY		11. COUNTY OF DEATH LAKE		12. COUNTY OF BIRTH LAKE	
13. MARRIAGE STATUS (If married, give name) Married		14. DECEASED'S USUAL OCCUPATION (Give kind of work) Crane Operator		15. DECEASED'S USUAL RESIDENCE (Give street and number) 444 Van Buren		16. STATE AND COUNTY OF USUAL RESIDENCE Indiana Lake	
17. DECEASED'S STATE Indiana		18. COUNTY Lake		19. CITY, TOWN OR LOCATION GARY		20. STREET AND NUMBER 444 Van Buren	
21. ZIP CODE 46402		22. HOME CITY STATE (If not in U.S.) USA		23. WAS DECEASED IN HISPANIC ORIGIN? No		24. RACE - American Indian, Black, White, Other (Specify) Black	
25. FATHER'S NAME (Last, first, middle initial) Rufus Lark Sr.		26. MOTHER'S NAME (Last, first, middle initial) Priscilla Price		27. DECEASED'S SOCIAL SECURITY NUMBER 01051696		28. DECEASED'S MARITAL STATUS (at time of death) Wife	
29. INFORMANT'S NAME (Last, first, middle initial) Beatrice Lark		30. DECEASED'S USUAL OCCUPATION (Give kind of work) Crane Operator		31. DECEASED'S USUAL RESIDENCE (Give street and number) 444 Van Buren		32. STATE AND COUNTY OF USUAL RESIDENCE Indiana Lake	
33. MANNER OF DEATH (If natural, specify cause) <input checked="" type="checkbox"/> Natural		34. DATE AND PLACE OF DEATH (City, State, Country) June 11, 1992 Gary, Indiana		35. TIME OF DEATH (Specify) 3:52 A.M.		36. DECEASED'S USUAL RESIDENCE (Give street and number) 444 Van Buren	
37. EMBALMER'S NAME Roosevelt Allen Sr.		38. EMBALMER'S ADDRESS (City, State, Zip) 01051696		39. SIGNATURE OF FUNERAL DIRECTOR Guy & Allen Funeral Directors		40. FUNERAL HOME ADDRESS (City, State, Zip) 2959 W. 11th Ave. Gary, IN 46404	
41. PART I: Cause of Death (Specify cause of death) Coronary Occlusion		42. PART II: Conditions contributing to death (Specify conditions) Due to ICH as a consequence of		43. WAS DECEASED HOSPITAL OR IN DAY SURGERY? NO		44. WAS AN AUTOPSY PERFORMED? NO	
45. CENTER (Name only) St. Mary Medical Center		46. SIGNATURE AND TITLE OF CERTIFIER David Ross M.D.		47. MEDICAL LICENSE NO. 01010989		48. DATE OF SIGNATURE July 7, 1992	
49. NAME AND ADDRESS OF PERSON WHO COMPLETED LABEL OF DEATH (Item B11) Dr. David Ross 1619 W. 5th Ave. Gary, IN 46402		50. HEALTH OFFICER'S SIGNATURE David Ross M.D.		51. DATE OF SIGNATURE JUL 8 1992		52. MANNER OF DEATH (Specify cause) Natural	
53. MANNER OF DEATH (Specify cause) Natural		54. DATE OF INJURY (Month, Day, Year) June 11, 1992		55. TIME OF INJURY (Specify) 3:52 A.M.		56. DESCRIBE HOW INJURY OCCURRED Crane Operator	
57. PLACE OF INJURY (Give street and number) 444 Van Buren		58. LOCATION (Town and Number of House, Street, City, State, Zip) Gary, IN 46402		59. DATE PRONOUNCED DEAD (Month, Day, Year) June 11, 1992		60. MOTORVEHICLE ACCIDENT (Yes or No) No	



DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CONDENSED USE ONLY