

Weir 12801 Fleeting meadow Dr.

AFFIDAVIT AS TO TENANCY BY ENTIRETIES

*St Louis MO
63131*

93015985

State of Indiana

County of Lake

} ss.

On this *29th* day of January 19 93 before me personally appeared

LOIS M. SHERBY

to me personally known, who being by me duly sworn on oath did say that Affiant is the owner of the following property in the County of Lake and State of Indiana

Lot No. Five (5), in Block No. Two (2), as marked and laid down on the recorded plat of University Gardens in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 29, page 42, in the Recorder's Office of Lake County, Indiana.

And that said property was formerly owned as tenants by the entirety

by Robert J. Sherby

and Lois M. Sherby

That said Robert J. Sherby

died on the 9th



That said parties were never divorced.

That the estate of deceased was less than \$

and hence was not subject to Federal

Inheritance Tax.

STATE OF INDIANA, S.S. NO. LAKE COUNTY FILED FOR RECORD
MAR 2 8 43 AM '93
SAUEL ORLICH
RECORDER

FILED

MAR 11 1993

Anna N. Anton
AUDITOR LAKE COUNTY

Lois M. Sherby
Lois M. Sherby
Signature.

Subscribed and sworn to before me the day and year above written.

Linda S. Evans
Linda S. Evans
Notary Public.

My term expires 2-8-95

00573

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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS DEATH CERTIFICATE IS A TRUE & CORRECT COPY OF DEATH ON FILE WITH THE MAINTAINING OFFICE.

Dec 10, 1992

SI Date Issued

1043

ICBI No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER 6.16-1-133

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANTS

FORMANT

DISPOSITION

USE OF PATH

ATIFIER

ALTHICER

OUNSEL

1 DECEASED - NAME (First Middle Last) Robert J. Sherby

2 SEX Male

3a TIME OF DEATH 5:30 AM

3b DATE OF DEATH (Month Day Year) December 9, 1992

4 SOCIAL SECURITY NUMBER 494-03-1044-A

5a AGE - Last Birthday (Years) 79

5b YEARS LAST SERVED IN US ARMED FORCES? NONE

6 DATE OF BIRTH (Month Day Year) Aug. 10, 1913

7 BIRTHPLACE (City and State or Foreign Country) Hammond, Ind.

8a WAS DECEDENT A US VETERAN? No

8b YEAR LAST SERVED IN US ARMED FORCES? NONE

9a FACILITY NAME (If not institution, give street and number) 6916 Ridgeland

9b CITY, TOWN OR LOCATION OF DEATH Hammond

9c COUNTY OF DEATH Lake

10 MARITAL STATUS Married

11 SURVIVING SPOUSE (If wife give maiden name) Lois Wilson

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use formal title) Insurance Agent

12b KIND OF BUSINESS/INDUSTRY Insurance

13a RESIDENCE - STATE Ind.

13b COUNTY Lake

13c CITY, TOWN OR LOCATION Hammond

13d STREET AND NUMBER 6916 Ridgeland

14a ZIP CODE 46324

14b INSIDE CITY LIMITS? Yes

14c CITIZEN OF WHAT COUNTRY? U.S.A.

15a WAS DECEDENT OF HISPANIC ORIGIN? No

15b RACE - American Indian, Black, White, etc. (Specify) White

16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12)

17 FATHER'S NAME (First Middle Last) Alfred A. Sherby

18 MOTHER'S NAME (First Middle Last) Hazel C. Kingwill

19a INFORMANT'S NAME (Type/Print) Lois Sherby

19b MARITAL ADDRESS (Street and number in this State; if none, give last address) 6916 Ridgeland Hammond, Ind. 46324

19c OCCUPATION Wi-Fi

20a METHOD OF DISPOSITION (Specify) Burial

20b DATE AND PLACE OF BURIAL (Specify) Dec. 11, 1992 Park Cemetery

20c LOCAL HEALTH OFFICER'S NAME (City or Town State) Park Forest, Ill.

21a EMBALMERS NAME None

21b LICENSING LICENSE NO. 1013612

21c HAS US LICENSE BEEN REPORTED TO STATE? No

22a SIGNATURE OF FUNERAL DIRECTOR (Signature)

22b LICENSE NUMBER 1013612

22c MAILING ADDRESS (Street and number of funeral home) McCoy Funeral Chapel 5713 Hohman Ave. Hammond, Ind 46320

23a PART I: Enter the disease or condition that caused the death. List each organ and system affected. (Specify) metastatic carcinoma of the process

23b IMMEDIATE CAUSE OF DEATH (Disease or condition resulting in death) DUE TO IOR AS A CONSEQUENCE OF

23c Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

24a PART II: Other significant conditions: Conditions contributing to death but not physically caused by it.

24b WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No

24c WAS AN AUTOPSY PERFORMED? No

24d WERE AUTOPSY FINDINGS AVAILABLE FROM THE ESTABLISHMENT BY CAUSE OF DEATH (Yes or No)? No

25a CERTIFIER (Signature) J. Gleaton

25b HEALTH OFFICER'S SIGNATURE (Signature) J. Gleaton

25c SIGNATURE AND TITLE OF PERSON WHO COMPLETED BASIS OF DEATH (Signature) J. Gleaton

25d MEDICAL LICENSE NO. 010516257

25e MAILING ADDRESS (Street and number) 7905 CALUMNET AVE, MUNSTER, IN 46321

26 HEALTH OFFICER'S SIGNATURE (Signature) J. Gleaton

26b DATE FILED (Month Day Year) December 10, 1992

27 MANNER OF DEATH

28 DATE OF INQUIRY

29 DATE OF REGISTRY

30 HEALTH OFFICER'S SIGNATURE (Signature) J. Gleaton

31 DATE OF REGISTRY (Month Day Year) MAR 11 1993



36-4925 B 2 University Gardens in Hammond

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