CASE NO. 55090

2

1401 Central Ave.
Lk. St. In 46405

SURVIVORSHIP AFFIDAVIT

93040159

Hobart, Indiana

STATE OF INDIANA, COUNTY OF Lake, SS:

J. Mildred Tarrant, being first duly sworn, on oath states that she is of lawful age and resides in the County of Lake, State of Indiana. That she is the surviving spouse of Samuel Joseph Tarrant who died on the 22nd day of December, 1990, and that as such surviving spouse is the owner of the following real estate situated in Lake County, Indiana:

Lots 1, 2 and 3, , Block 22 in Second Subdivision to East Gary, as shown in Plat Book 7, page 25, Lake County, Indiana

SEE ATTACHED COPY OF DEATH CERTIFICATE

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.

STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
JUN 22 12 36 PM 93
SAMUEL J. ROBICH
RECORDER

J. Mildred Tarrant
J. Mildred Tarrant

Sworn to before me and subscribed in my presence this 24th day of May, 1993.

Jacalyn L. Smith
Notary Public Jacalyn L. Smith

Resident of Lake County.

My Commission Expires: 12/08/95

PREPARED BY: J. Mildred Tarrant

Note: Document to be recorded in the Office of the Recorder

FILED
JUN 21 1993
Auditor Lake County

01142

8 95

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2618-90 .... State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): SAMUEL JOSEPH TARRANT
2 SEX: MALE
3a TIME OF DEATH: 6:15 PM
3b DATE OF DEATH (Month, Day, Yr): December 22, 1990
4 SOCIAL SECURITY NUMBER: 312-05-6887
5a AGE—Last Birthday (Years): 76
5b UNDER 1 YEAR (Months / Days):
5c UNDER 1 DAY (Hours / Minutes):
6 DATE OF BIRTH (Mo, Day, Yr): March 2, 1914
7 BIRTHPLACE (City and State or Foreign Country): GARY IN.
8a WAS DECEDENT A US VETERAN? YES
8b YEAR LAST SERVED IN US ARMED FORCES? 1945
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution, give street and number): St. MARY MEDICAL CENTER
9c CITY, TOWN OR LOCATION OF DEATH: HOBART
9d COUNTY OF DEATH: LAKE
10 MARITAL STATUS (Specify): MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name): JOSEPHINE M (ROBBINS) TARRANT
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): MACHINIST
12b KIND OF BUSINESS/INDUSTRY: BADALL CO.
13a RESIDENCE—STATE: IN
13b COUNTY: LAKE
13c CITY, TOWN OR LOCATION: LAKE STATION
13d STREET AND NUMBER: 1401 CENTRAL AVE. LAKE STATION
13e ZIP CODE: 46405
13f INSIDE CITY LIMITS ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY? USA
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): WHITE AMERICAN
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10th grade; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): GEORGE TARRANT
19 MOTHER'S NAME (First, Middle, Maiden Surname): SYLVIA BEERS

INFORMANT

20a INFORMANT'S NAME (Type/Print): JOSEPHINE MILDRED TARRANT
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1401 CENTRAL LAKE STATION IN 46405
20c Relationship: WIFE

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): DECEMBER 27 1990 CALVARY
21c LOCATION—City or Town, State: PORTAGE IN 46368
22a EMBALMER'S NAME: ROGER A YOUNG
22b EMBALMER'S LICENSE NO: FDO 8601323
23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Roger A Young
24b LICENSE NUMBER (of Licensee): FDO 8601323
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: YOUNG FUNERAL HOME FH8 300164, 1307 CENTRAL LAKE STATION IN 46405

CAUSE OF DEATH

26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF)
b. Pulmonary Fibrosis
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

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

PART II Other significant conditions - Conditions contributing to death but not previously related in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)
28a WAS AUTOPSY PERFORMED? NO
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

DEC 2 8 1990

LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29b SIGNATURE AND TITLE OF CERTIFIER: Donald G. Cvitkovich MD
29c MEDICAL LICENSE NO: 01032084
29d DATE SIGNED (Month, Day, Year): 12/26/90
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. DONALD G. CVITKOVICH 1400 S. LAKE PARK AVE. HOBART, IN 46342

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Robert Guthrie DO
32 DATE FILED (Month, Day, Year): DEC 28, 90

CORONER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month, Day, Year)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g DATE PRONOUNCED DEAD (Month, Day, Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PO 1