



# SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA  
COUNTY OF LAKE

} S. S.

93046322 OF JULY, 1993 before me personally appeared EVELYN M. GROSS  
(Insert date)

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

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is OWNER (state interest of affiant in the above premises as "owner," "son of owner," etc.);
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by JOHN L. GROSS and EVELYN M. GROSS;

4. Said JOHN L. GROSS (fill in name of co-tenant who died)

died on FEBRUARY 24, 1993

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

5. The legal description of the premises in question is: LOT 5, SCHELL ROAD ADDITION, AS SHOWN IN PLAT BOOK 40, PAGE 35, IN LAKE COUNTY, INDIANA. (KEY #11-189-5 & TAX UNIT #9)

6. 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 TRUE

7. 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

8. Affiant's relationship to the deceased was WIFE

Signature: *Jack J. Gross*  
JACK J. GROSS, HER ATTORNEY IN FACT

Address: 5501 WHITEHAVEN  
TROY MI 49098

Subscribed and sworn to before me by the affiant

this 1ST OF JULY, 1993 (Insert date)

*Julie L. Robertson*  
Notary Public

My Commission Expires 9-28-96

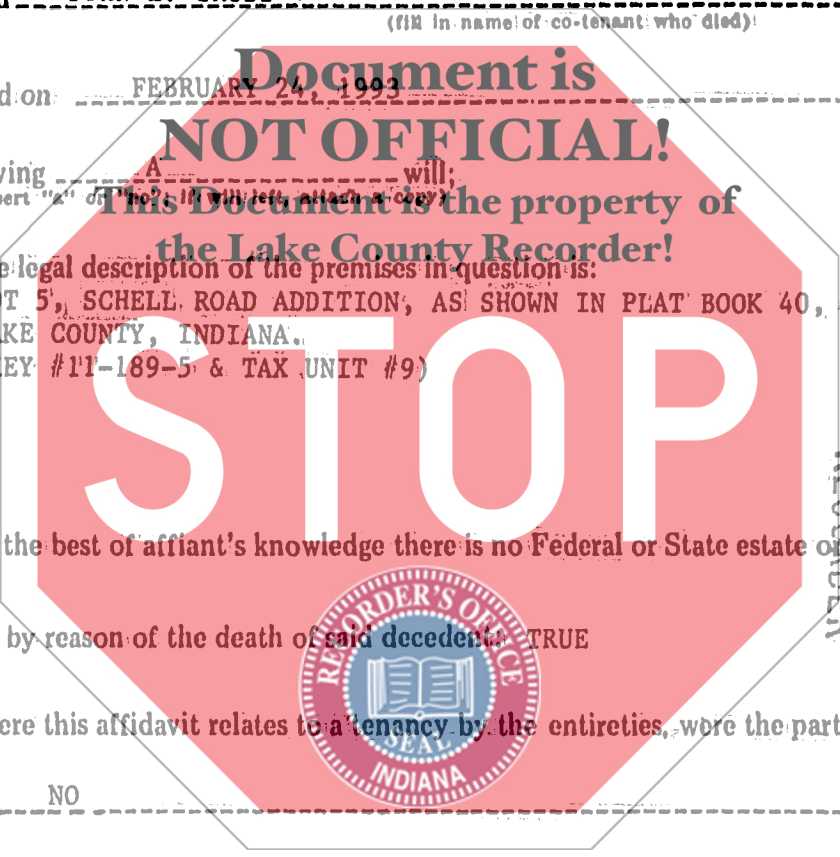
## FILED

JUL 15 1993

*Anna N. Anton*  
AUDITOR LAKE COUNTY

This instrument prepared by GREGORY BRACCO, ASSISTANT VICE PRESIDENT

00343



STATE OF INDIANA  
LAKE COUNTY  
FILED  
JUL 19 10 21 AM '93  
SARAH WELCH  
RECORDER

Chicago Title Insurance Company

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0409-93

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK-INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

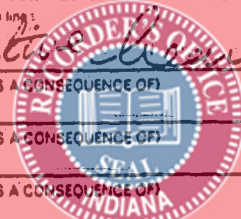
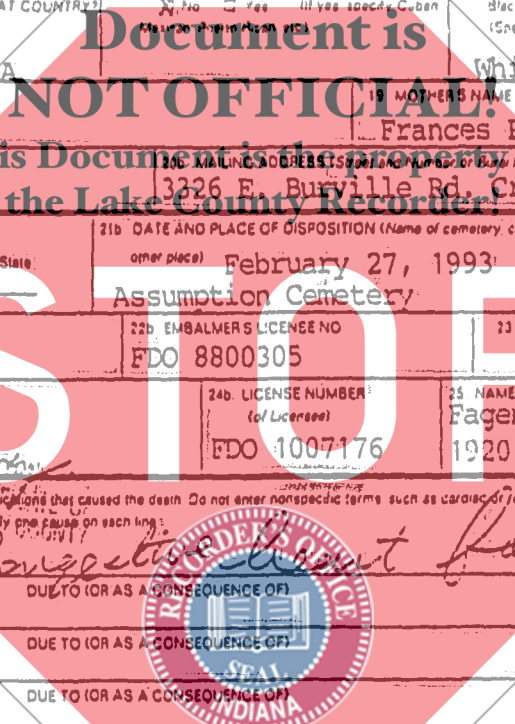
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) John Louis Gross		2 SEX Male	3a TIME OF DEATH 6:48 P.M.	3b DATE OF DEATH (Month, Day, Year) February 24, 1993	
4 SOCIAL SECURITY NUMBER 325-10-2573	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) Dec. 17, 1912	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9a FACILITY NAME (If not institution, give street and number) 9211 Moraine St.	9b CITY, TOWN OR LOCATION OF DEATH Dyer	9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Evelyn M. McGaw	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver	12b KIND OF BUSINESS/INDUSTRY Transportation		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Dyer	13d STREET AND NUMBER 9211 Moraine St.		
13e ZIP CODE 46311	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify: Cuban, Puerto Rican, Mexican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <input type="checkbox"/> College (16 or more) <input type="checkbox"/>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) 11			
18 FATHER'S NAME (First, Middle, Last) Phillip Louis Gross		19 MOTHER'S NAME (First, Middle, Maiden Surname) Frances Pape			
20a INFORMANT'S NAME (Type/Print) John J. Gross	20b MAILING ADDRESS (Street, P.O. Box, Apt. Number, City or Town, State, Zip Code) 3226 E. Buryville Rd., Crete, Illinois 60417	20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) February 27, 1993 Assumption Cemetery	21c LOCATION—City or Town, State Glenwood, Illinois			
22a EMBALMER'S NAME Leonard Gregorczyk	22b EMBALMER'S LICENSE NO. FDO 8800305	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b LICENSE NUMBER (of Licensee) FDO 1007176	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens Inc 1920 Hart St., Dyer, Indiana 46311 FH83001504			
26 PARTIAL CAUSE OF DEATH (If the disease, injury, or condition 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.) IMMEDIATE CAUSE (Final disease or condition resulting in death) MAR 7 5 1993 DUE TO IOR AS A CONSEQUENCE OF CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST DUE TO IOR AS A CONSEQUENCE OF PART 1: Other significant conditions: Conditions contributing to death but not previously stated in Part 1 Hypertension, Aortic stenosis				Approximate Interval Between Onset and Death	
27 WAS DECEDENT PREGNANT OR 30 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/>		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>		29c MEDICAL LICENSE NO. 30956	29d DATE SIGNED (Month, Day, Year) February 25, 1993	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Bl. D. Schmid 7905 Calumet Ave. Munster, IN 46321					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32 DATE FILED (Month, Day, Year) February 26, 1993			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year) JUL 15 1993	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) Munster, Lake County, etc.		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) <i>[Signature]</i>			
34g DATE PROHUNGED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) <input type="checkbox"/>		00344		



Schell Road Add  
 lot 5  
 Key #11-159-5  
 Unit #09

**FILED**

00344