

Please Return To:

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(219) 769-1300

Nov 15 10 02 AM '93  
SAMUEL OHLICH  
RECORDER

STATE OF INDIANA/S.S.NO.  
LAKE COUNTY  
FILED FOR RECORD

93075876

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

WAYNE F. DEXTER, a/k/a WAYNE DEXTER, being first duly sworn upon his oath, deposes and says:

1. That he was married to ROSETTA DEXTER, who died a resident of Calumet City, Cook County, Illinois, on April 25, 1985, as evidenced by a Certified Death Certificate attached hereto and made a part hereof.

2. That at the time of her death, ROSETTA DEXTER and WAYNE F. DEXTER, a/k/a WAYNE DEXTER, Husband and Wife, held title under a Warranty Deed to the following-described Real Estate, to-wit: part of the Southwest Quarter of the Southwest Quarter of Fractional Section 31, Township 36 North, Range 8 West of the 2nd P.M. described as follows: Beginning at a point on the South right-of-way line of the E. J. & E. Railroad which is 263 feet East of the West line of said Southwest Quarter of the Southwest Quarter; thence South parallel to the West line of said Southwest Quarter of the Southwest Quarter a distance of 132 feet; thence East parallel to the South right-of-way line of said E. J. & E. Railroad a distance of 50 feet; thence North parallel to the West line of the Southwest Quarter of the Southwest Quarter a distance of 132 feet to the South right-of-way line of the E. J. & E. Railroad; thence West along said South right-of-way line a distance of 50 feet to the place of beginning.

Key #39-24-17

3. That the Affiant and the Decedent, ROSETTA DEXTER, were Husband and Wife continuously from the time they acquired title to the above-described Real Estate to the time of her death on April 25, 1985.

4. That the Estate of ROSETTA DEXTER, decedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes.

FURTHER AFFIANT SAYETH NOT.

*Wayne F. Dexter*  
WAYNE F. DEXTER, a/k/a WAYNE DEXTER

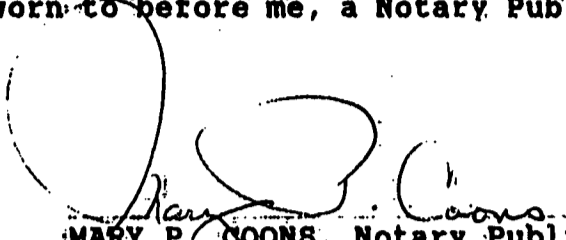
**FILED**

NOV 9 1993

*Anna N. Anton*  
CLERK LAKE COUNTY

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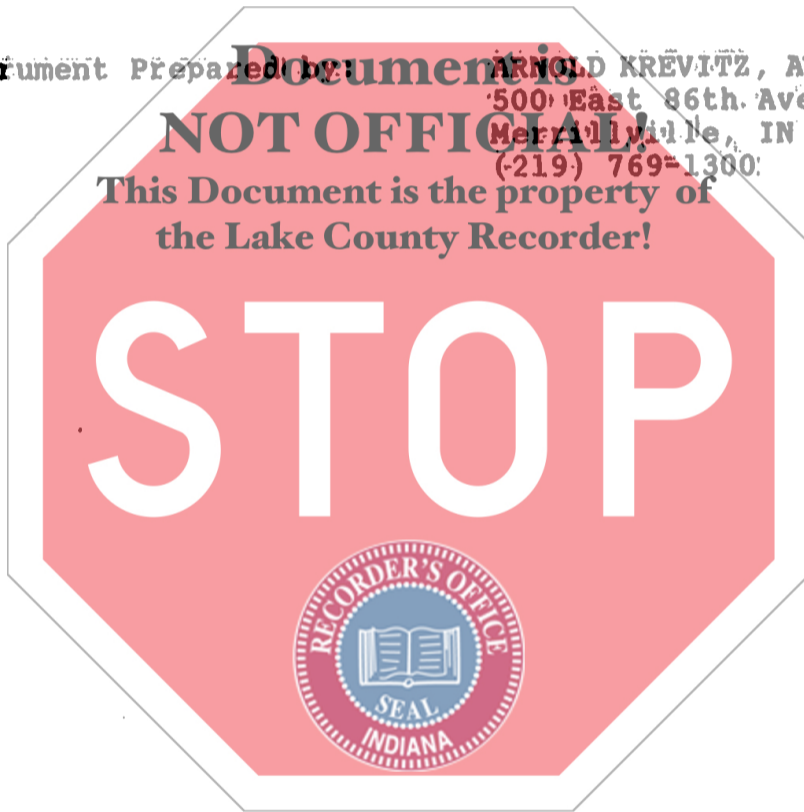
Subscribed and sworn to before me, a Notary Public, this  
25th day of October, 1993.

  
MARY P. COONS, Notary Public  
Resident of Porter County

Commission Expires:  
January 6, 1995

This Instrument Prepared by: **ARNOLD KREVITZ, Attorney At Law**  
500 East 86th Avenue  
Merrillville, IN 46410  
(219) 769-1300

**NOT OFFICIAL!**  
This Document is the property of  
the Lake County Recorder!



TYPE OR PRINT  
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THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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LICENSE No. 1361

EMBALMER'S NAME  
C. Mm. McCoy

FUNERAL HOME  
No. 287

FUNERAL DIRECTOR'S  
LICENSE No. 131

FUNERAL DIRECTOR'S  
SIGNATURE  
*J. Wm. McCoy*

Local No. **340**

TYPE &  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED - IF DEATH  
OCCURRED IN  
INSTITUTION OR  
RESIDENCE BEFORE  
ADMISSION

(PARENTS)

DISPOSITION

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OR  
D.O.

CONDITION  
OF BODY  
AT TIME OF  
DEATH  
AS TO  
CAUSE OF  
DEATH  
STATED  
ON THIS  
CERTIFICATE

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

DECEASED—NAME FIRST MIDDLE LAST Hazel Rosetta Dexter		SEX Female	DATE OF DEATH (MONTH DAY YEAR) 4-25-85
RACE—(Ind. or other than American) White	AGE—(Last birthday) 61	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOUR MIN.
CITY, TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION St. Margaret Hospital	IF HOSP. OR INST. (Indicate Dept. or Unit for location of death) Inpatient
STATE OF DEATH Illinois	COUNTRY OF BIRTH U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (if only give maiden name) Wayne F. Dexter
SOCIAL SECURITY NUMBER 355-22-8670	USUAL OCCUPATION (Give kind of work done during most of working life prior to death) Housewife	KIND OF BUSINESS OR INDUSTRY Own Home	
RESIDENCE—STATE Illinois	COUNTY Cook	CITY, TOWN OR LOCATION Calumet City	IS RESIDENCE ON A FARM? 19a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND BLOCK 225-154th Place	IS DECEASED OF SPANISH DESCENT? (If YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.) 19b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify YES or NO) 19c YES
FATHER—NAME FIRST MIDDLE LAST Frank Schultz	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Maud White		
INFORMANT—NAME (First or next of kin) Wayne F. Dexter (Husband)	RELATIONSHIP (Husband)	MAILING ADDRESS (Street or P.O. No., City or Town, State, Zip) 225-154th Place, Calumet City, Illinois 60409	
BURIAL, CREMATION, REMOVAL, OTHER Burial	CEMETERY OR CREMATORY—FUNERAL HOME St. John Cemetery	LOCATION (City or town, State) Dongola, Illinois	
DATE (Month Day Year) April 25, 1985	FUNERAL HOME (Name and address) McCoy Funeral Chapel, 5713 Hobman, Hammond, Indiana	FOR—(Name and address) Nowak Funeral Home, Calumet City, Illinois	DATE SIGNED (Month Day Year) 4/25/85
NAME OF ATTENDING PHYSICIAN M. Brand, M.D.	MAILING ADDRESS—(Physician) 656 Wentworth Avenue, Calumet City, Illinois 60409		HOUR OF DEATH 1:40 a.m.
OFFICER'S (Name and address) <i>Dr. Brand</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER APR 25 1985	
PART I CAUSE OF DEATH (State only on cause before death) Aortic myo cardial infarct		PART II OTHER SIGNS AND SYMPTOMS (State only on cause before death)	