

94004200 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

S: S.

On this JANUARY 5TH, 1994 before me personally appeared
(insert date)

DALE E. JACKMAN

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

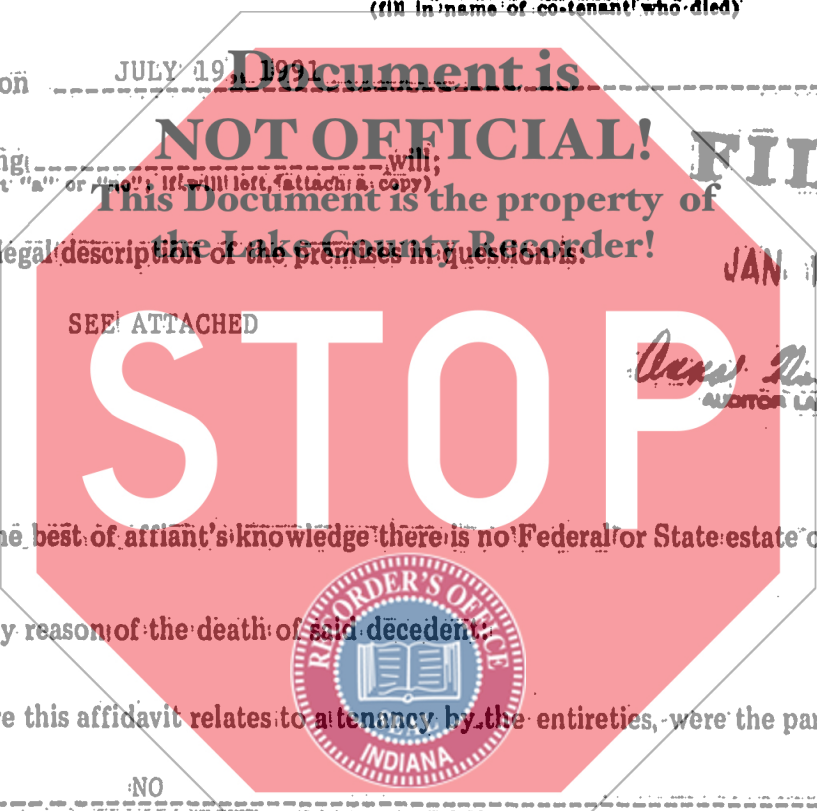
- 1. Affiant resides at the address given below affiant's signature;
2. Affiant is OWNER (estate/interest of affiant in the above premises as "owner," "son," "owner," etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by DALE E. JACKMAN and ELIZABETH M. JACKMAN

4. Said ELIZABETH M. JACKMAN (fill in name of co-tenant who died)

died on JULY 19, 1991

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

5. The legal description of the premises in question is:



RECORDED JAN 14 1 58 PM '94 STATE OF INDIANA FILED

JAN 13 1994

Clara M. Antone AUDITOR LAKE COUNTY

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.

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:)

8. Affiant's relationship to the deceased was HUSBAND (SPOUSE)

Signature: Dale E. Jackman

Address: 1314 CAMELLIA DRIVE MUNSTER, IN 46321

Subscribed and sworn to before me by the affiant this JANUARY 5, 1994 (insert date)

LISA A. GARCIA Notary Public

My Commission Expires DECEMBER 12, 1997 A RESIDENT OF LAKE COUNTY, INDIANA

This instrument prepared by WILLIAM L. HEDGES

0075j

10.00 ct

Document is  
NOT VALID

A PORTION OF FAIRMEADOW 27TH ADDITION, BLOCK 17, TO THE TOWN OF MUNSTER, AS RECORDED IN PLAT BOOK 46, PAGE 17, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: THE APARTMENT DESIGNATED AS 1314 CAMELLIA DRIVE, MUNSTER, INDIANA AS LOCATED IN BUILDING NUMBER 2, OF VILLA SOUTHWOOD TOWNHOMES, A CONDOMINIUM ACCORDING TO THE DECLARATION OF HORIZONTAL PROPERTY INTEREST DATED THE FIRST DAY OF JANUARY, 1976, AND RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AS DOCUMENT NO. 354718 AND AS AMENDED BY AMENDMENT THERETO, RECORDED SEPTEMBER 9, 1976, AS DOCUMENT NO. 368925.

STOP



600

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1489-91

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

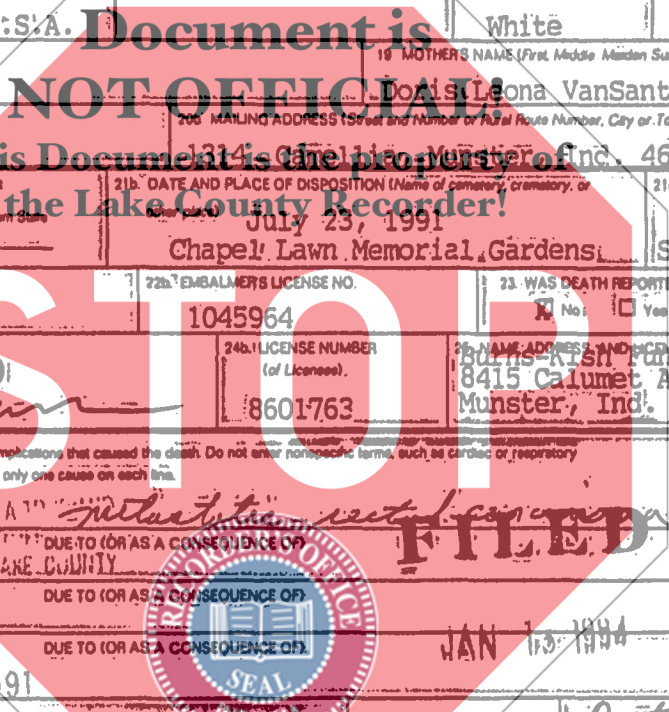
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>Elizabeth Mae Sapp Jackman</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>7:30 p.m.</b>	3b DATE OF DEATH (Month Day Year) <b>July 19, 1991</b>	
4 SOCIAL SECURITY NUMBER <b>309-52-2981</b>	5a AGE—Last Birthday (Years) <b>43</b>	5b UNDER 1 YEAR Months: Days	5c UNDER 1 DAY Hours: Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>May 27, 1948</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Jasper County, Ind.</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b YEAR LAST SERVED IN U.S. ARMED FORCES?		8c PLACE OF DEATH (Check only one See instructions)			
9a FACILITY NAME (If not institution, give street and number) <b>Meridian Nursing Home</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Dyer</b>		9c COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>Dale E. Jackman</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Professional Legal Secretary Law Firm</b>		12b KIND OF BUSINESS/INDUSTRY	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Dyer</b>		13d STREET AND NUMBER <b>1314 Camellia</b>	
13e ZIP CODE <b>46321</b>	13f INSIDE CITY LIMITS? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16 FATHER'S NAME (First Middle Last) <b>W. Virgil Sapp</b>		16 MOTHER'S NAME (First Middle Maiden Surname) <b>Doris Leona VanSant</b>			
17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12 Yrs</b>		18 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>			
18 INFORMANT'S NAME (Type/Print) <b>Dale E. Jackman</b>		19 MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1314 Camellia, Munster, Ind. 46321</b>		20c Relationship <b>Husband</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>July 23, 1991 Chapel Lawn Memorial Gardens</b>		21c LOCATION—City or Town State <b>Schererville, Ind.</b>	
22a EMBALMER'S NAME <b>James Porras</b>		22b EMBALMER'S LICENSE NO. <b>1045964</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) <b>8601763</b>		24c NAME, ADDRESS AND PHONE NUMBER OF FUNERAL HOME <b>Burns-Krish Funeral Home, #3004968 8415 Calumet Ave Munster, Ind. 46321</b>	
26 PART I: Enter the disease, 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. <b>Intestinal rectal carcinoma</b> <b>COMPLETE COPY OF THE CERTIFICATE DUE TO (OR AS A CONSEQUENCE OF) DEATH ON FILE WITH THE LAKE COUNTY HEALTH OFFICE</b> <b>CONDITIONS WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST:</b> <b>HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, MD</b> <b>DATE: JUL 22 1991</b> <b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years</b>					
26 PART II: Other significant conditions - Conditions contributing to death but not proximate cause (e.g., Diabetes Mellitus, Hypertension, etc.) <b>Diabetes Mellitus, Hypertension</b>					
27 WAS DECEDENT PREGNANT OR BREAST FEEDING AT TIME OF DEATH? <b>NO</b>					
28 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)					
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. <b>IL 3047581</b>		29d DATE SIGNED (Month Day, Year) <b>7-22-91</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Mark Kozloff, 156th &amp; Wood, Harvey, Illinois</b>					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day, Year) <b>July 22, 1991</b>	
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)	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.			



a portion of Fairmountdown 27th Apts. 61  
 1314  
 Camellia  
 Dyer  
 Munster  
 N.H. 38-399-24