

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED

APR 6 1994

94026046 **AFFIDAVIT OF SURVIVORSHIP**

Comes now SHARON L. BRANDUSH, being duly sworn upon her Oath *Sharon L. Brandush*

and states as follows:

That the Affiant is a surviving daughter of Francis N. Adams and Emma Adams, husband and wife, named as Grantees in that certain Warranty Deed dated the 10th day of August, 1955 and recorded the 12th day of August, 1955 in Book 1005 page 498 as Document No.

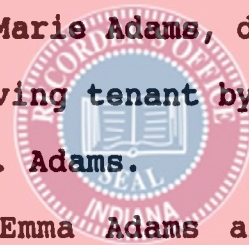
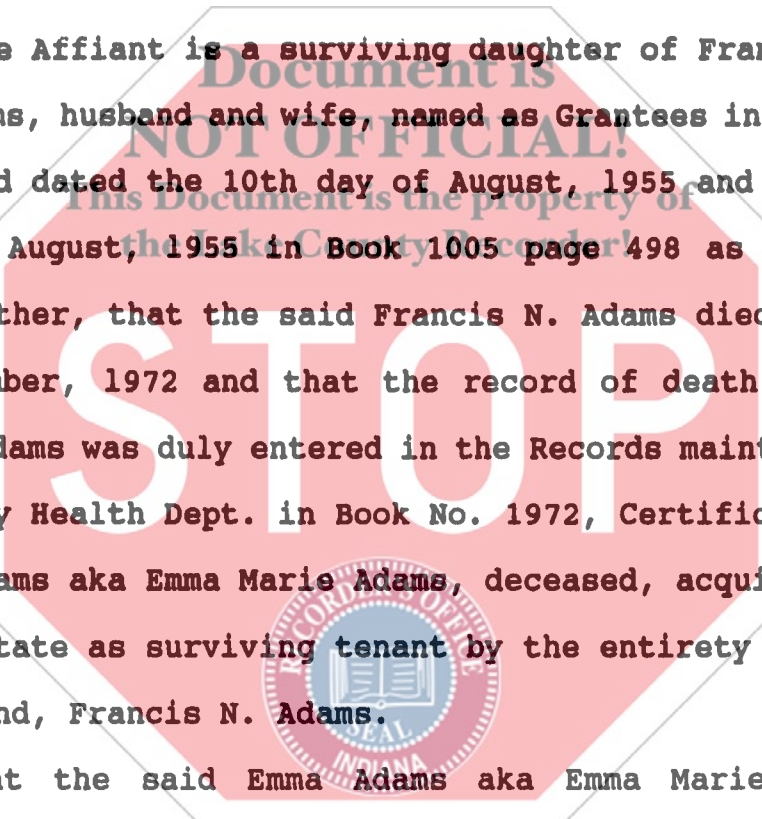
863271. Further, that the said Francis N. Adams died on the 19th day of December, 1972 and that the record of death of the said Francis N. Adams was duly entered in the Records maintained by the Michigan City Health Dept. in Book No. 1972, Certificate No. 642.

That Emma Adams aka Emma Marie Adams, deceased, acquired title to said real estate as surviving tenant by the entirety on the death of her husband, Francis N. Adams.

Further, that the said Emma Adams aka Emma Marie Adams, the surviving wife of Francis N. Adams, deceased, died on the 16th day of September, 1993 and that the Record of Death of the said Emma Adams aka Emma Marie Adams is duly entered as Local Record No. 2218-93 in the record of the Indiana State Dept. of Health.

That the said Francis N. Adams, deceased, was survived by his wife, Emma Adams, above named, and that the said Emma Adams,

5
All that part of the North 80 feet of the South 787.68 feet of the West 1/2 of the Southwest 1/4 of the Northeast 1/4 of Section 29, Township 36 North, Range 7 West of the 2nd Principal Meridian, lying East of the center line of Deep River, in the City of Hobart, Lake County, Indiana. (27) Key # 17-11-66



APR 7 10 28 AM '94
SHARON L. BRANDUSH
RECORDED
OFF

TICOR TITLE INSURANCE
Crown Point, Indiana
182/8
FILE

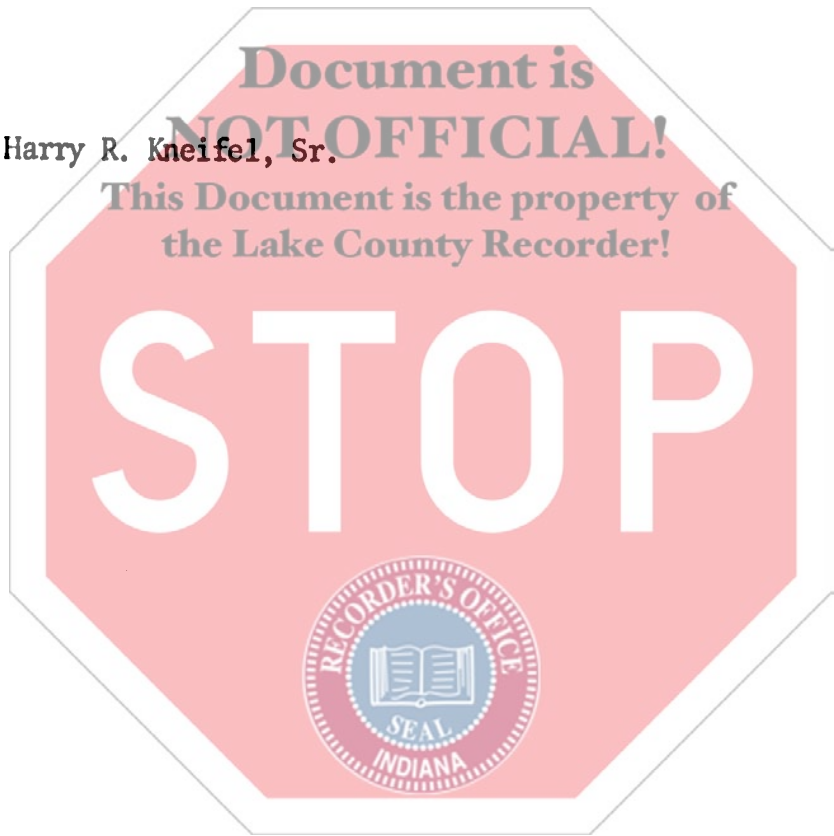
1400
TR

this 7th day of February, 1994.

Margie L. Eastridge
Margie L. Eastridge,
Notary Public

My Commission Expires: 10-28-96
Resident of Porter County

Prepared by Harry R. Kneifel, Sr.



Return to: Harry Kneifel, Atty., P.O. Box 427, Hobart, In. 46342

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 221373

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER I.C. 16-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

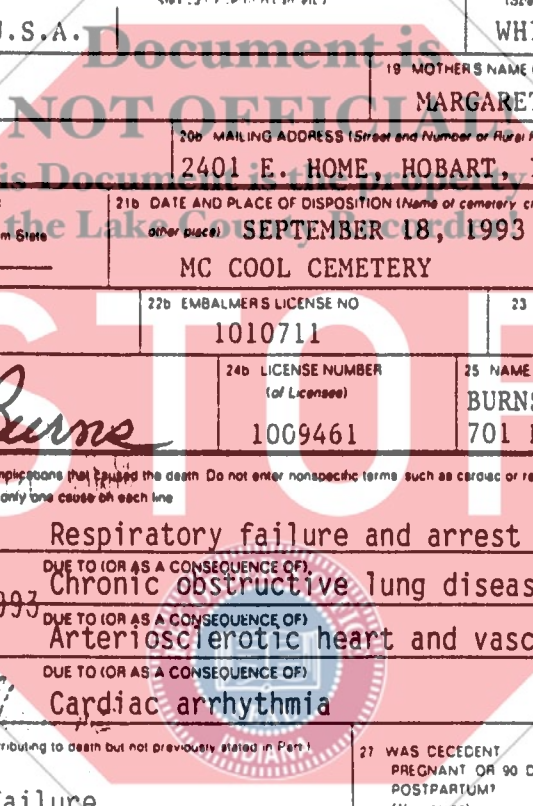
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) EMMA MARIE ADAMS		2 SEX FEMALE		3a TIME OF DEATH 8:30 A.M.		3b DATE OF DEATH (Month Day Year) SEPTEMBER 16, 1993	
4 SOCIAL SECURITY NUMBER 314-66-9624		5a AGE—Last Birthday (Year) 86		5b DATE OF BIRTH (Month Day Year) JUNE 2, 1907		6 BIRTHPLACE (City and State or Foreign Country) WHEELER, INDIANA	
8a WAS DECEDENT A US VETERAN? NO		8b YEAR LAST SERVED IN US ARMED FORCES? NONE		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> 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) WIDOWED		11 SURVIVING SPOUSE (If wife give maiden name) NONE		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b KIND OF BUSINESS/INDUSTRY AT HOME	
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY TOWN OR LOCATION HOBART		13d STREET AND NUMBER 504 KELLY STREET	
13e ZIP CODE 46342		13f ON A PAYMENT <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		13g U.S.A. U.S.A.		13h RACE—American Indian, Black, White, etc. (Specify) WHITE	
13i WANTED LISTED OR HOSPITAL INQUIRY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13j WHAT IS THE PATHOLOGY? (Specify, e.g., pneumonia, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>	
18 FATHER'S NAME (First Middle Last) LOUIS JENTZEN				19 MOTHER'S NAME (First Middle Maiden Surname) MARGARET LAHAYNE			
20a INFORMANT'S NAME (Type-Print) SHARON L BRANDUSH				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2401 E. HOME, HOBART, INDIANA 46342		20c Relationship DAUGHTER	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) SEPTEMBER 18, 1993 MC COOL CEMETERY		21c LOCATION—City or Town, State PORTAGE, INDIANA			
22a EMBALMER'S NAME GORDON L. JONES		22b EMBALMER'S LICENSE NO. 1010711		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>James E. Burns</i>		24b LICENSE NUMBER (of License) 1009461		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FDH#83002380 701 E. 7TH STREET, HOBART, IN. 46342			
26 PART I: Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cerebral or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory failure and arrest 3 hours DUE TO (OR AS A CONSEQUENCE OF) Chronic obstructive lung disease 10 years DUE TO (OR AS A CONSEQUENCE OF) Arteriosclerotic heart and vascular disease 10 years DUE TO (OR AS A CONSEQUENCE OF) Cardiac arrhythmia 2 years PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I. Congestive cardiac failure							
27 WAS DECEDENT PREGNANT OR 90 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) 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. 01031797		29d DATE SIGNED (Month Day Year) 9-16-93	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type-Print) SHASHIKANT R. RANE, M. D., 10 N. MICHIGAN AVENUE, HOBART, INDIANA 46342 (942-1131)							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>						32 DATE FILED (Month Day Year) September 17, 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)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street, Rural Route Number, City or Town, State)					
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) <i>Anna M. Anton</i> 10293					



FILED

APR 6 1994

LAPORTE COUNTY HEALTH DEPARTMENT

LA PORTE, INDIANA

Certificate of Death Registration

According to the records of the LaPorte County Health Department

Document is NOT OFFICIAL!
This Document is the property of the LaPorte County Recorder

Name FRANCIS N. ADAMS died St. Anthony Hospital, Michigan City
(Month) (Day) (Year) at (Hour of Death) (Street, Hospital or Rural)

Age at death 64 Sex M Color W Married Married
(Years) (Specify)

Primary cause of death given was Pneumonitis, acute arteriosclerotic heart disease with myocardial insufficiency

Signed by J.A. Valantichius M.D. Harbert, Michigan
(Physician or Coroner) (Address)

Place of burial or removal McCool Portage, IN
(Name of Cemetery) (Address)

Date of Burial 12-22-72 Jones & Frum Hobart, IN
(Funeral Director) (Address)

Signed K. Aggarwal MD Health Officer

LaPorte County Complex, LaPorte, IN March 28, 1994
(Address) (Date)

SEAL

Recorded locally in Book No. MC1972 Cert No. 642

THIS IS A TRUE COPY OF THE RECORD OF REGISTRATION ON FILE WITH THE LAPORTE COUNTY HEALTH DEPARTMENT.