

94026318

FILED

APR 7 1994

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

SURVIVORSHIP AFFIDAVIT

AKA DANIEL EDWARD TRAVES

*Anna M. Antone*  
AUDITOR LAKE COUNTY

DANIEL E. TRAVES, being first duly sworn, upon his oath states:

1. He is the son of Charles Robert Traves and Betty M. Traves, A/K/A Betty Meyer Traves A/K/A Betty Traves.

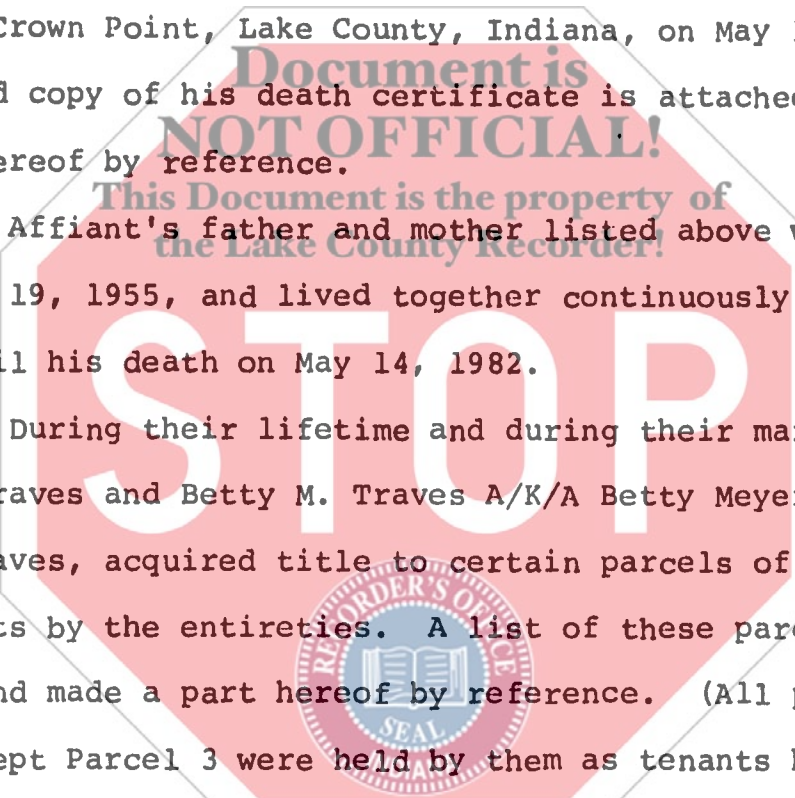
2. Charles Robert Traves died intestate a resident of the City of Crown Point, Lake County, Indiana, on May 14, 1982. A certified copy of his death certificate is attached hereto and made a part hereof by reference.

3. Affiant's father and mother listed above were married on November 19, 1955, and lived together continuously as husband and wife until his death on May 14, 1982.

4. During their lifetime and during their marriage, Charles Robert Traves and Betty M. Traves A/K/A Betty Meyer Traves A/K/A Betty Traves, acquired title to certain parcels of real estate as tenants by the entireties. A list of these parcels is attached hereto and made a part hereof by reference. (All parcels on said list except Parcel 3 were held by them as tenants by the entireties.) When Charles Robert Traves died on May 14, 1982, Betty M. Traves became the sole owner of said Parcels. She died on March 12, 1994, a resident of Lake County, Indiana, and her last will and testament was admitted to probate in Estate NO. 45C01-9403-EU-087 in the Lake Circuit Court, Crown Point, Indiana. A copy of her death certificate is attached hereto and made a part hereof by reference.

5. There was no federal estate tax nor Indiana Inheritance Tax due or payable in connection with the demise of Charles Robert Traves.

6. Upon the death of Betty M. Traves, title to Parcel 3 on



APR 11 3 42 PM '94

16  
420-A

the attached Exhibit consisting of 25 acres in Center Township, Lake County, Indiana, went to her surviving joint tenant, her son, this affiant Daniel E. Traves, by operation of law. Charles Robert Traves never held any interest in this 25 acre parcel.  
7. Further affiant sayeth not. He makes this affidavit for the purpose of clearing title to said real estate, with reference to his deceased father.

Daniel E. Traves  
DANIEL E. TRAVES

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 7th day of April, 1994.

James R. Bielefeld  
JAMES R. BIELEFELD, NOTARY PUBLIC

My Commission Expires:

4-15-95

Resident: Lake County, Indiana

This instrument prepared by:

James R. Bielefeld, Attorney at Law  
P.O. Box 717 - 100 S. Main St.  
Crown Point, IN 46307

↑

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

EMBALMER'S NAME: Bernard E. Little M.D. OR D.O. 1982 LICENSE No. 4419

FUNERAL HOME: Little FUNERAL DIRECTOR'S SIGNATURE: Bernard E. Little FUNERAL DIRECTOR'S LICENSE No. 319

FUNERAL HOME No. 126

LAKE COUNTY HEALTH COMMISSIONER'S SIGNATURE: \_\_\_\_\_

DECEASED USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN RESIDENCE BEFORE ADMISSION

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

Local No. 765-82

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

480-A

DECEASED - NAME <b>Charles Robert Traves</b>				SEX <b>Male</b>	DATE OF DEATH MONTH DAY YEAR <b>5/14/82</b>
RACE <b>White</b>	AGE <b>61</b>	UNDER 1 YEAR <b>5b</b>	UNDER 1 DAY <b>5c</b>	DATE OF BIRTH MONTH DAY YEAR <b>7/31/20</b>	COUNTY OF DEATH <b>Lake</b>
CITY TOWN OR LOCATION OF DEATH <b>Merrillville</b>		HOSPITAL OR OTHER INSTITUTION <b>Broadway Methodist Hospital</b>		IF HOSP OR INST <b>Inpatient</b>	
STATE OF BIRTH <b>Penn.</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED <b>Married</b>	SURVIVING SPOUSE <b>Betty Meyer</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>Yes</b>
SOCIAL SECURITY NUMBER <b>HC-1-304-22-7875</b>		USUAL OCCUPATION <b>Electrician</b>	KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		
RESIDENCE - STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY TOWN OR LOCATION <b>Crown Point</b>			
STREET AND NUMBER <b>321 S. East St.</b>			IS RESIDENCE ON A FARM? <b>NO</b>	INSIDE CITY LIMITS <b>Yes</b>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC <b>NO</b>					
FATHER - NAME <b>Charels E. Traves</b>			MOTHER - MAIDEN NAME <b>Hazel Ross</b>		
MARRIAGE - NAME <b>Betty Traves</b>		RELATIONSHIP	MAILING ADDRESS <b>321 S. East St. Crown Point, IN 46307</b>		
METHAL CREMATION REMOVAL OTHER <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>Maplewood Cemetery</b>		LOCATION <b>Crown Point, IN</b>	
DATE <b>5/18/82</b>		FUNERAL HOME - NAME AND ADDRESS <b>Little Funeral Home 811 E. Franciscan Dr. Crown Point, IN 46307</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>5-17-82</b>	
NAME OF ATTENDING PHYSICIAN <b>RICHARD BUYER M.D.</b>			DATE SKINED <b>May 17, 1982</b>	HOUR OF DEATH <b>5:45 A.M.</b>	
MAILING ADDRESS - PHYSICIAN <b>7896 BROADWAY, MERRILLVILLE, IND.</b>			HEALTH OFFICER - SIGNATURE <i>[Signature]</i>		
IMMEDIATE CAUSE <b>Myocardial Infarction</b>			DATE RECEIVED BY LOCAL HEALTH OFFICER <b>5-17-82</b>		
PART I DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS			Interval between onset and death		
CAUSE			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS			AUTOPSY - Specify Yes or No <b>Yes</b>		

**\*ATTENTION ESTATE:** Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0617-94

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) <b>BETTY M. TRAVES</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>11:59P.</b>	3b DATE OF DEATH (Month Day Year) <b>March 12, 1994</b>	
4 SOCIAL SECURITY NUMBER <b>317-20-8843</b>	5a AGE—Last Birthday (Years) <b>67</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>March 12, 1927</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a WAS DECEASED A US VETERAN? <b>no</b>				
8b YEAR LAST SERVED IN US ARMED FORCES? <b>--</b>		9a PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> FR Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution give street and number) <b>321 South East Street</b>		9c CITY TOWN OR LOCATION OF DEATH <b>Crown Point</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Widowed</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>none</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Registered Nurse</b>		12b KIND OF BUSINESS/INDUSTRY <b>General Nursing</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY TOWN OR LOCATION <b>Crown Point</b>		13d STREET AND NUMBER <b>321 South East Street</b>	
13e ZIP CODE <b>46307</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify) <b>White</b>	
17 DECEASED'S EDUCATION (Specify any highest grade completed) Elementary/Secondary (0-12) <b>3</b> College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) <b>GEORGE W. MEYER</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>PEARL TYLER</b>		20a INFORMANT'S NAME (Type/Print) <b>Daniel E. Traves</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>776 E. South Street, Crown Point, IN 46307</b>		20c Relationship <b>Son</b>			
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) <b>March 16, 1994 Maplewood Memorial Cemetery</b>		21c LOCATION—City or Town State <b>Crown Point, Indiana</b>	
22a EMBALMER'S NAME <b>Charles W. Wells</b>		22b EMBALMER'S LICENSE NO <b>1042372</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas Deegan</i>		24b LICENSE NUMBER (of License) <b>1009893</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>PRUZIN &amp; LITTLE FUNERAL SERVICE #83001261 811 E. Franciscan Dr., Crown Point, IN 46307</b>		
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) <b>acute myocardial infarction</b> <i>medical</i>					
DUETO (OR AS A CONSEQUENCE OF) <b>Coronary atherosclerosis</b> <i>aged 2-3</i>					
DUETO (OR AS A CONSEQUENCE OF)					
DUETO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>hypertension Atherosclerosis</i>					
27 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>---</b>		
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>Ernest Mirich MD</i>		29c MEDICAL LICENSE NO <b>15811</b>	29d DATE SIGNED (Month Day Year) <b>3/14/94</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Ernest C. Mirich M.D., 9001 Parkway, Merrillville, Indiana 46410</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>			32 DATE FILED (Month Day Year) <b>March 15, 1994</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"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34b 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			

4420-B

EXHIBIT - LEGAL DESCRIPTIONS, KEY NUMBERS, AND ADDRESSES,  
OF REAL ESTATE OF BETTY M. TRAVES, DECEASED

PARCEL 1:

The South 36 feet of the East 1/2 of Lot 43 and the North 30 feet of the East 1/2 of Lot 44 in the Town, now City of Crown Point, as per plat thereof, recorded in Deed Record "B" page 121 and in Plat Book 1, page 46, in the Office of the Recorder of Lake County, Indiana.

KEY NO.: 9-19-7, Tax Unit No. 23.

STREET ADDRESS: 321 S. East St., Crown Point, IN 46307

PARCEL 2:

Lot 9 in Pratt and Ruschli's Subdivision to Crown Point, as per plat thereof, recorded in Plat Book 1 page 8 in the Office of the Recorder of Lake County, Indiana; except therefrom all that part of said Lot lying northerly of the Centerline of the Peter Horst Ditch as established on December 7, 1889.

KEY NO.: 9-45-16; Tax Unit No. 23

STREET ADDRESS: WEST SIDE OF RUSCHLI STREET EXTENDED, NORTH OF GOLDSBOROUGH ST, CROWN POINT, INDIANA 46307.

PARCEL 3: (JOINTLY OWNED REAL ESTATE, FOR REFERENCE.) (NOT PART OF DEED)

A tract of land being twenty-five (25) acres off of the North side of the Northwest Quarter of the Northeast Quarter of Section 13, Township 34 North, Range 9 West of the 2nd P.M., in Lake County, Indiana.

KEY NO.: 7-32-8; Tax Unit No. 3

Street Address: PROPERTY FRONTS ON BURR ST. AT ITS INTERSECTION WITH 117th Avenue, (Southeast quadrant), Center Township, Lake County, Indiana, and is vacant land without assigned address.

Approximately: 11731 Burr Street, Crown Point, IN 46307.

(N.B. This parcel 3 was owned by decedent and her son DANIEL EDWARD TRAVES as joint tenants WROS and went to him automatically at her death by operation of law; is not being deeded to him)

PARCEL 4: Lot #47 of an unrecorded plat of Shady Shore Addition to Shelby, Indiana, more particularly described as follows: Commencing at the N.E. corner of the Northwest 1/4 of Section 33, Township 32 North, Range 8 West of the 2nd P.M., Lake County, Indiana, and running thence South 1190 feet, thence West 362.95 feet, thence South 28 degrees 02 minutes East 112 feet, thence South 60 degrees 38 minutes West 190.20 feet, thence North 41 degrees 27 minutes West 96.70 feet, thence South 63 degrees 08 minutes West 115.90 feet, thence North 74 degrees 50 minutes West 254 feet, thence South 22 degrees 54 minutes West 272.50 feet, thence North 82 degrees 01 minutes West 400 feet (this point being the beginning of this description), thence South 07 degrees 59 minutes West 78 feet to the Northerly bank of Shady Shore Channel, thence Westerly along said bank 50 feet, thence North 07 degrees 59 minutes East 73 feet, thence South 82 degrees 01 minutes East 50 feet to the place of beginning, the Northerly 15 feet being reserved for road purposes.

KEY NO.: 3-200-39; Tax Unit No. 2

STREET ADDRESS: 1113 Appr. Westwood Dr., Shelby, IN 46377

PARCEL 5:

Lot #80 of an unrecorded plat of Shady Shore Addition to Shelby, Indiana, more particularly described as follows: Commencing at the Northeast corner of the Northwest Quarter of Section 33, Township 32 North, Range 8 West of the 2nd PM, and running thence South 1190 feet, thence West 362.95 feet, thence South 28 degrees 02 minutes East 112 feet, thence South 60 degrees 38 minutes West 190.20 feet, thence North 41 degrees 27 minutes West 96.70 feet, thence South 63 degrees 08 minutes West 115.90 feet, thence North 74 degrees 50 minutes West 254 feet, thence South 22 degrees 54 minutes West 272.50 feet, thence North 82 degrees 01 minutes West 450 feet (this point being the beginning of this description), thence South 07 degrees 59 minutes West a distance of 73 feet, to the Northerly bank of Shady Shore Channel, thence Westerly along said bank 50 feet, thence North 07 degrees 52 minutes 30 seconds East a distance of 93.20 feet, thence South 72 degrees 53 minutes 30 seconds East a distance of 50 feet to the place of beginning, the Northerly 15 feet being reserved for road purposes.

KEY NO. 3-200-35; Tax Unit No. 2

ADDRESS: 1113 Appr. Westwood Drive, Shelby, IN 46377

The Document is the property of  
the Lake County Recorder!

STOP

