

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED

94027541

AFFIDAVIT OF SURVIVORSHIP

APR 12 1994

Comes now PEARL EVERETT, being duly sworn upon her oath *Anna M. Antler* and states as follows:

That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

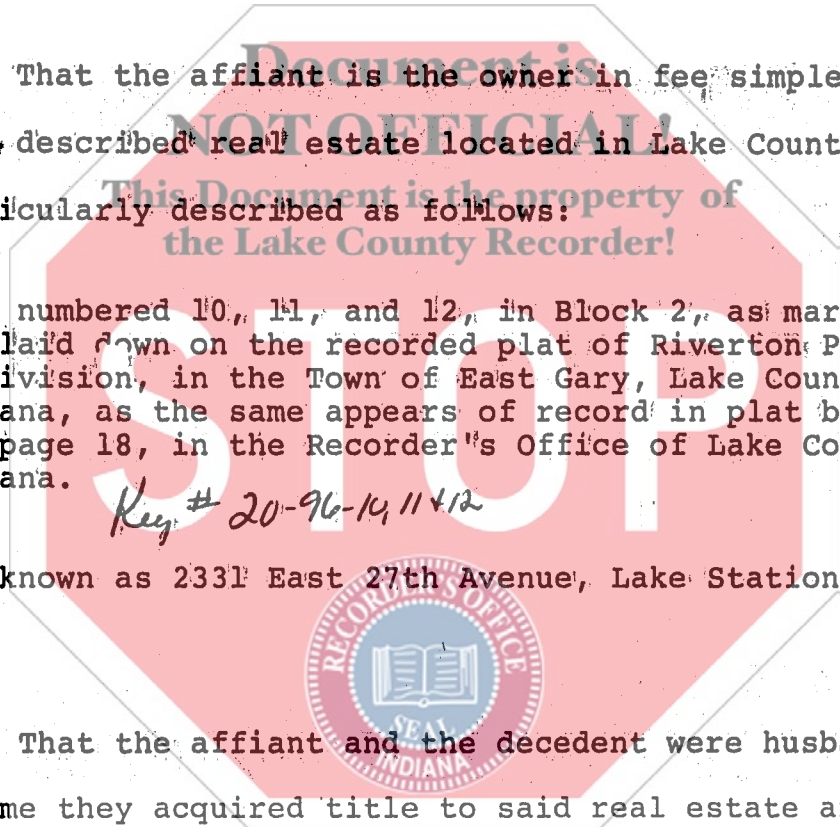
Lots numbered 10, 11, and 12, in Block 2, as marked and laid down on the recorded plat of Riverton Park Subdivision, in the Town of East Gary, Lake County, Indiana, as the same appears of record in plat book 17, page 18, in the Recorder's Office of Lake County, Indiana.

Key # 20-96-14, 11 & 12

Commonly known as 2331 East 27th Avenue, Lake Station, Indiana 46405.

That the affiant and the decedent were husband and wife at the time they acquired title to said real estate and continued to occupy said real estate as tenants by the entireties under deed of conveyance dated the 25th day of September, 1958, and recorded in the Office of the Recorder of Lake County, Indiana, as Document No. 135900 on the 5th day of November, 1958.

That the martial relationship which existed between the affiant and the decedent continued unbroken from the time they



APR 13 10 07 AM
SAINT JOHN
RECORDER

TICOR TITLE INSURANCE
Crown Point, Indiana 46033
FILED FOR RECORD
LAKE COUNTY, INDIANA

11-5-94 203 981

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1000 27

so acquired title to said real estate until the death of BENNETT L. EVERETT on the 30th day of November, 1993, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, BENNETT L. EVERETT, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.

Pearl Everett

Pearl Everett

By *Paul Everett* POA

Sworn and subscribed before the undersigned Notary in and for said County and State, this 28th day of March, 1994, in witness whereof I have hereunto subscribed my name and seal.

Margie L. Eastridge
Margie L. Eastridge,
Notary Public

My Commission expires:

10-28-96

County of Residence:

Porter

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2780-93

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) BENNETT L. EVERETT		2 SEX MALE	3a TIME OF DEATH 5:45 A.M.	3b DATE OF DEATH (Month Day, Yr) NOVEMBER 30, 1993
4 SOCIAL SECURITY NUMBER 311-14-8958	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months: Days	5c UNDER 1 DAY Hours: Minutes	6 DATE OF BIRTH (Mo. Day, Yr) MAY 22, 1910
7 BIRTHPLACE (City and State or Foreign Country) MARION, ILLINOIS	8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) MILLER'S MERRY MANOR		9c CITY TOWN OR LOCATION OF DEATH HOBART	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) PEARL ENGLISH	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CINDER SNAPPER	12b KIND OF BUSINESS/INDUSTRY U. S. STEEL	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY TOWN OR LOCATION LAKE STATION	13d STREET AND NUMBER 2331 EAST 27th AVE.	
13e ZIP CODE 46405	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) WHITE
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 8 College (1-4 or 5+) 	18 FATHER'S NAME (First Middle Last) WILLIAM B. EVERETT		19 MOTHER'S NAME (First Middle, Maiden Surname) ARZILLA COLLINS	
20e INFORMANT'S NAME (Type/Print) PEARL EVERETT		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2331 E. 27th AVE, LAKE STATION, IN 46405		20c Relationship WIFE
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) DECEMBER 3, 1993 CALUMET PARK CEMETERY		21c LOCATION—City or Town, State MERRILLVILLE, INDIANA
22a EMBALMER'S LICENSE NO. FDO 1006463		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24 SIGNATURE OF FUNERAL DIRECTOR <i>David C. Meyer</i>		24b LICENSE NUMBER (of Licensee) FDO 1012048	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH83005613 REES FUNERAL HOME, OLSON CHAPEL 5341 CENTRAL AVE., PORTAGE, IN 46368	
26 PART I: IMMEDIATE CAUSE (Final disease or condition) and conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				
<p>IMMEDIATE CAUSE (Final disease or condition)</p> <p><i>Cerebrovascular accident</i></p> <p>a. DUE TO (OR AS A CONSEQUENCE OF)</p> <p>b. DUE TO (OR AS A CONSEQUENCE OF)</p> <p>c. DUE TO (OR AS A CONSEQUENCE OF)</p> <p>d. DUE TO (OR AS A CONSEQUENCE OF)</p>				
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>Mark D. Carter</i>			29c MEDICAL LICENSE NO. 01036415	29d DATE SIGNED (Month Day, Year) 12/2/93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MARK CARTER M.D., 295 S. WISCONSIN STREET, HOBART, INDIANA 46342				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>				32 DATE FILED (Month Day, Year) December 3, 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"/> 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		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. 00647		

DECEDENT

PARENTS

INFORMANT

DISPOSITION: COMPLETE DEATH OF HEALTH DEPT.

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

