

Indiana Federal
808 The Park, Indianapolis

SURVIVORSHIP AFFIDAVIT

94028310

STATE OF INDIANA)
COUNTY OF LAKE) SS

On this APRIL 8, 1994 Before me personally appeared _____

PRESTON WILSON

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
(state interest of affiant in the above premises as owner)
- 3. Said premises described as follows: 1705 TYLER GARY, INDIANA 46407

FILED

APR 13 1994

TICOR TITLE INSURANCE
Crown Point, Indiana

Unit 25
45-368-48

Anna M. Anton

Document is
NOT OFFICIAL!

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the Lake County Recorder!

4. Said premises were formerly owned as joint tenants or as tenants by
entireties by PRESTON WILSON and DOROTHY WILSON

5. Said DOROTHY WILSON
(fill in name of co-tenant who dies)
died on JUNE 7, 1985

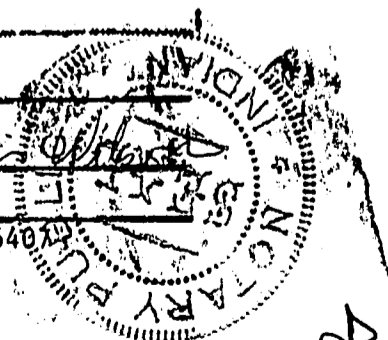
leaving NO will;
(insert "a" or "no" if will left, attach a copy)

6. The total value of the taxable estate of said deceased including joint
tenancies, tenancies by the entireties, individual ownerships of both
real and personal property, and insurance does not exceed the sum of
\$ 40,000 and to the best of affiant's knowledge there
is no 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

Signature: Preston Wilson
Address: 1705 TYLER GARY, IN 46407



Subscribed and sworn to before me by the affiant
this APRIL 8, 1994
(insert date)

John C. Misiora County of Residence - Lake
JOHN C. MISIORA, Notary Public
My Commission Expires 10/30/96

00758

John C. Misiora

This instrument prepared by MIKE CHATWELL

Indiana Federal
For Sale and Dispensing

2 CC,
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 _____
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- 9 _____
- 10 _____
- 11 _____
- 12 _____

LICENSE No. 1625

EMBALMER'S NAME Sherman G. Banks 3rd

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 248

LICENSE No. 1625

SIGNATURE *Sherman G. Banks 3rd*

Local No. 85-0357

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH
MAY
HAVE
BEE
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TICOR TITLE INSURANCE
Crown Point, Indiana

State
No.

DECEASED—NAME Dorothy L. Wilson			SEX female	DATE OF DEATH (MONTH DAY YEAR) June 7, 1985
RACE—(a) White (b) Black American Indian (c) Other (Specify) Amer Blk	AGE—Last Birthday 56	UNDER 1 YEAR MOS DATE	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo Day Yr) 18 Nov. 1928
CITY, TOWN OR LOCATION OF DEATH 7b Gary		HOSPITAL OR OTHER INSTITUTION—Name as on other hosp sheet and number 7c Gary Methodist		IF HOSP OR INST indicate DOA DP (See Bur Inquest) (Specify) 7d I. C. U.
STATE OF BIRTH (If not in U.S.A. indicate Country) 8 Mississippi	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 married	SUPVIVING SPOUSE (Name) 11 Preston Wilson	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 no
SOCIAL SECURITY NUMBER 13 380-26-2479		USUAL OCCUPATION (Give kind of work done during most of working life, given 4 weeks) 14a school Teacher	KIND OF BUSINESS OR INDUSTRY 14b Gary school City	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 16d 1705 Tyler		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f yes		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16 John		MOTHER—MAIDEN NAME 17 Willie N. Anton	OTHER—NAME 17 Willie N. Anton	
INFORMANT—NAME (Type or print) 18a Preston Wilson		RELATIONSHIP 18b Husband	MAILING ADDRESS 18c 1705 Tyler	CITY OR TOWN STATE ZIP 18d Gary, In. 46407
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Evergreen		LOCATION CITY OR TOWN STATE 19c Hobart In.
DATE (MONTH DAY YEAR) 20a June 13, 1985		FUNERAL HOME—NAME AND ADDRESS 20b Smith Bizzell & Warner 2295 Washington Gary, In. 46405		(STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature) <i>Sherman G. Banks 3rd</i>			DATE SIGNED (Mo Day Yr) 21b 6/7/85	HOUR OF DEATH 21c 6/7/85 MS
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. A. Aaggarwall MD.				
MAILING ADDRESS—PHYSICIAN 21e 3290 Grant Gary, In. 46408				
HEALTH OFFICER—SIGNATURE 22a <i>Mark L. ...</i>				
DATE RECEIVED BY LOCAL HEALTH OFFICE 22b JUN 10 1985				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (1) AND (2)) PART (a) Cardiac arrest was Renal failure Cardiology DUE TO OR AS A CONSEQUENCE OF (b) Diabetic mellitus severe anoxic encephalopathy DUE TO OR AS A CONSEQUENCE OF (c) reflex cardiac arrhythmia				
PART (ii) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				

0075324