

FA-11792

2 - -

RETURN TO:
FIRST AMERICAN TITLE INS. CO.
5265 COMMERCE DR. SUITE 1
CROWN POINT, IN 46307

TAX KEY NO: 39-506-35

94029527

ADDRESS OF REAL ESTATE:
6030 W. 45th Avenue
Gary, Indiana 46408-3433

FILED

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

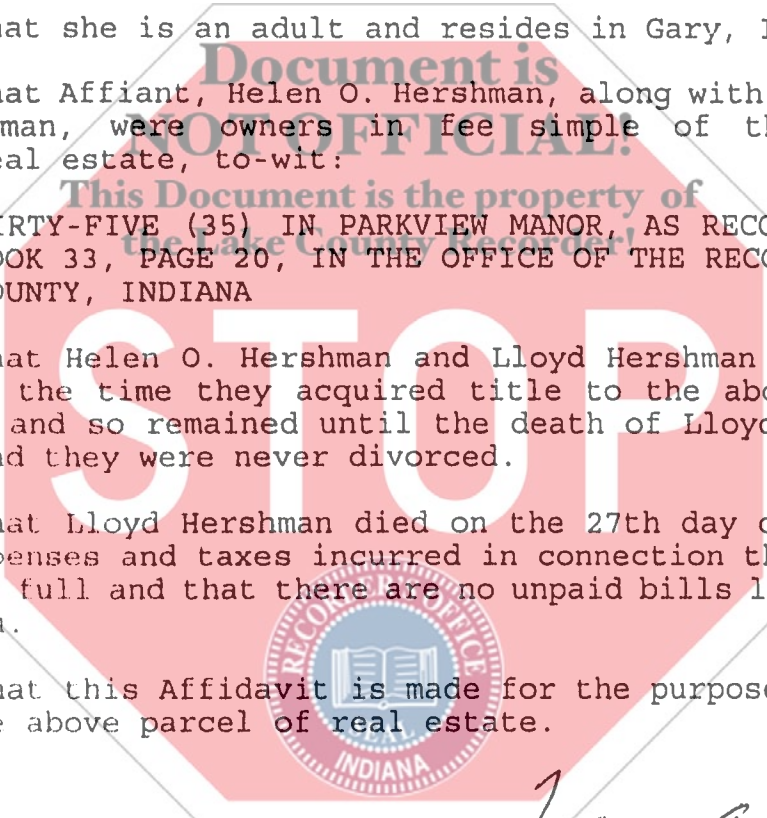
APR 19 1994

AFFIDAVIT OF SURVIVORSHIP

Anna M. Anton

Helen O. Hershman, being first duly sworn upon ~~Lake County~~ ^{Lake County} states as follows:

1. That she is an adult and resides in Gary, Indiana.
2. That Affiant, Helen O. Hershman, along with her Husband, Lloyd Hershman, were owners in fee simple of the following described real estate, to-wit:
LOT THIRTY-FIVE (35) IN PARKVIEW MANOR, AS RECORDED IN PLAT BOOK 33, PAGE 20, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA
3. That Helen O. Hershman and Lloyd Hershman were Husband and Wife at the time they acquired title to the above-described real estate and so remained until the death of Lloyd Hershman on 05/27/75, and they were never divorced.
4. That Lloyd Hershman died on the 27th day of May, 1975; that all expenses and taxes incurred in connection therewith have been paid in full and that there are no unpaid bills left by reason of his death.
5. That this Affidavit is made for the purpose of clearing title to the above parcel of real estate.



STATE OF INDIANA
FILED
APR 19 9 11 AM '94
LAKE COUNTY RECORDER

Helen O. Hershman
HELEN O. HERSHMAN

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 26 day of January, 1994.

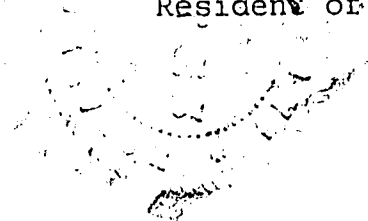
My Commission Expires:

9-11-97

Betty Jo Walker

Notary Public
Resident of Lake County, IN

Betty Jo Walker



01120
gao ja

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

FA-11792

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

RETURN TO:
FIRST AMERICAN TITLE INS. CO.
5265 COMMERCE DR. SUITE 1
CROWN POINT, IN 46307
State No.

Local No. 476

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Lloyd Hershman Male 3. 5-27-75

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. WHITE 5a. 54 5b. 5c. 6. 1-14-21 7a. LAKE

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. HAMMOND 7c. YES 7d. ST. MARGARET HOSP.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. IND 9. U.S.A. 10. HELEN OPAL WILSON

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. 313-18-0114 13a. COALMINE MACHINIST 13b. YOUNGSTOWN SHEET + TUBE

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. IND 14b. LAKE 14c. GARY 14d. NO 14e.

STREET AND NUMBER 14f. 6030 W 45TH GARY 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 14h. IS RESIDENCE ON A FARM? YES NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. ELWOOD HERSHMAN 16. JULIA GRENZ

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. HELEN WILSON 17b. WIFE 17c. 6030 W 45TH GARY IND.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) Coronary Occlusion

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) Acute Myocardial Infarction

(c) Atherosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. 19b. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR
20. 5-27-75 1:35 AM M. 21a. 5-28-75

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.
22a. DR. B.M.F. PALMER 22b. [Signature] MD

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO CITY OR TOWN STATE ZIP
23. 6134 Columbia Ave., Hammond, Ind.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE
24a. BURIAL 24b. CHAMBERLAIN 24c. SCHERERVILLE IND.

DATE (MONTH, DAY, YEAR) FUNERAL HOME (NAME AND ADDRESS) (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 5-30-75 25a. FREDERICK WILSON GRIFFITH IND.

25b. [Signature] DATE RECEIVED BY LOCAL HEALTH OFFICER
26b. MAY 29 1975

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. MAY 29 1975

[Handwritten Signature]

HAMMOND HEALTH COMMISSIONER

Date Issued

FUNERAL HOME No. 275
FUNERAL DIRECTOR'S LICENSE No. 13022
FUNERAL DIRECTOR'S SIGNATURE *[Handwritten Signature]*

Disposition Permit Issued 1/1
Provisional Certificate Yes No

ENBALMER'S NAME ROBERT J.