

94029627

Yvonne Wyllie
7701 Wall St., Merrillville
46410
FILED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

APR 19 1994

AFFIDAVIT OF SURVIVORSHIP

Anna N. Anton
AUDITOR LAKE COUNTY

Comes now **HARMON A. WILDING**, being duly sworn upon his oath, 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:

Lot 26, Lincoln Terrace, as shown in Plat Book 36, Page 17 in Lake County, Indiana. Commonly known as 7710 Wallace, Merrillville, IN 46410.

15-374-26

That the affiant and the decedent, **MILDRED L. WILDING**, were married on the 28th day of October, 1939. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 19th day of December, 1967, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of **MILDRED WILDING** on the 24th day of June, 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, **MILDRED WILDING**, 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.

That this Affidavit is made to show that affiant, by reason of his wife's death, is now the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, **MILDRED L. WILDING**, from said real estate and to reflect the present name of affiant, **HARMON A. WILDING**, as the sole owner thereof.

Harmon A. Wilding
by Yvonne M. Wyllie P.O.A.
HARMON A. WILDING, Affiant by
YVONNE M. WYLLIE, Power of Attorney

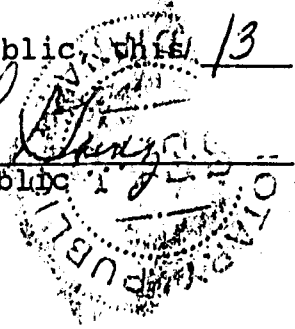
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STATE OF INDIANA
FILED
APR 19 1994
LAKE COUNTY

1002

Subscribed and sworn to before me, a Notary Public, this 13
day of April, 1994.

Tracy J. [Signature]
Notary Public



My Commission Expires:
3/4/97



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1619-93

Local No State No

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

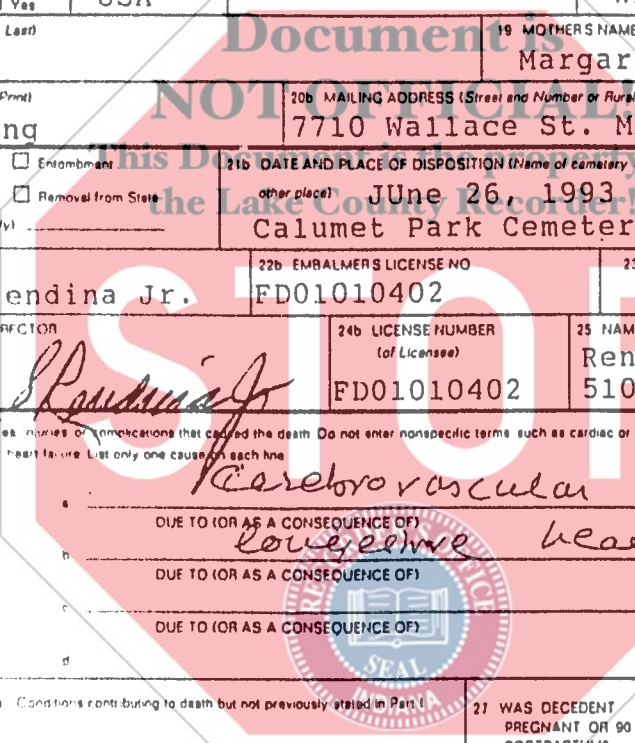
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) Mildred L. Wilding		2 SEX Female	3a TIME OF DEATH 8:20a.m.	3b DATE OF DEATH (Month Day Yr) June 24, 1993
4 SOCIAL SECURITY NUMBER 304-14-8267D	5a AGE—Last Birthday (Years) 72	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day, Yr) Feb. 11, 1921
7 BIRTHPLACE (City and State or Foreign Country) Lyford, Ind.	8a WAS DECEDENT A US VETERAN? No			
8b YEAR LAST SERVED IN US ARMED FORCES?		9a PLACE OF DEATH (Check only one See instructions)		
9b FACILITY NAME (If not institution, give street and number) Methodist Southlake Campus		9c CITY TOWN OR LOCATION OF DEATH Merrillville		9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Harmon Wilding	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Housewife		12b KIND OF BUSINESS/INDUSTRY
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 7710 Wallace St.	
13a ZIP CODE 46410	13i 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 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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		17 College (1-4 or 5 +)		
18 FATHER'S NAME (First Middle Last) Grover Gadd		19 MOTHER'S NAME (First Middle Maiden Surname) Margaret Faulds		
20a INFORMANT'S NAME (Type/Print) Harmon Wilding		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7710 Wallace St. Merrillville, IN		20c Relationship Husband
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) June 26, 1993 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Ind.
22a EMBALMERS NAME Anthony S. Rendina Jr.		22b EMBALMERS LICENSE NO. FD01010402	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) FD01010402	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, IN 46408	
26 PART I: Enter the essential 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 for each line. Approximate Interval Between Injuries and Death				
a. <u>Cerebrovascular accident</u> THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.				
b. <u>low oxygen heart</u>				
c. <u>low oxygen heart</u>				
d. <u>low oxygen heart</u>				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)				
28a WAS AN AUTOPSY PERFORMED? (Yes or no)				
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>Amend...</i>			29c MEDICAL LICENSE NO. 01032180	29d DATE SIGNED (Month Day, Year) 06-24-93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Surendra J. Shah, M.D. 5825 Broadway *A Merrillville IN 46410				
31 HEALTH OFFICER'S SIGNATURE <i>Abraham Phillips MD</i>				32 DATE FILED (Month Day, Year) June 25, 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, etc		

EE 15-374-20



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