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STATE OF INDIANA)
COUNTY OF LAKE)

SAMUEL ORLICH
RECORDER

AFFIDAVIT OF SURVIVORSHIP FOR REAL ESTATE

Comes now George R. Baumgart III, and after being duly sworn on his oath deposes and says as follows:

1. I am an adult person competent to testify as to the matters set forth herein;

2. This Affidavit is given for the purpose of clearing title to the following described real estate:

Lot No. Eleven (11), (except the North 25 feet thereof), and the North 27 1/2 feet of Lot No. Twelve (12), in Block No. Two (2), Roxana Park 3rd Addition to East Chicago, as per plat thereof, recorded in Plat Book 22, page 3, in the Office of the Recorder of Lake County, Indiana. Commonly known as 5523 Homerlee Avenue, East Chicago, Indiana 46312.

Key No. 30-548-12

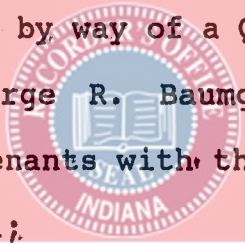
3. George R. Baumgart, Jr., and I acquired the aforementioned real estate by way of a Quit Claim Deed from George R. Baumgart, Jr. to George R. Baumgart, Jr., and George R. Baumgart, III, as Joint Tenants with the Right of Survivorship on the 11th day of July, 1991;

4. Said Quit Claim Deed was recorded in the office of the Lake County, Indiana, Recorder on the 15th day of July, 1991 as document number 911035012;

5. George R. Baumgart, Jr., died on the 22nd day of March, 1994, a copy of said death certificate is attached hereto and incorporated herein by reference at this time this affiant acquired title to the real estate, pursuant to property law, as the

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APR 28 1994



Anna N. Anton
Recorder

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Tom Felix
1524 W. 96th Ave C.P. 46307

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surviving joint tenant;

6. I am the sole issue of George R. Baumgart, Jr.,

7. The gross value of the estate of the decedent, George R. Baumgart, Jr., as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax return;

8. The decedent's estate is subject to Indiana Inheritance Tax and the Inheritance Tax assessed will be paid to the Treasurer of Lake County by the affiant.

FURTHER YOUR AFFIANT SAYETH NOT.

George R. Baumgart, III
GEORGE R. BAUMGART, III

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder.

STATE OF INDIANA)

SS:

COUNTY OF LAKE)

Subscribed and sworn to before me, a notary public, in and for said County and State this 27th day of April, 1994.

My Commission Expires:

09-04-97

Vivian W. Hall
Notary Public

County of Residence:



VIVIAN W. HALL

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0693-94

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

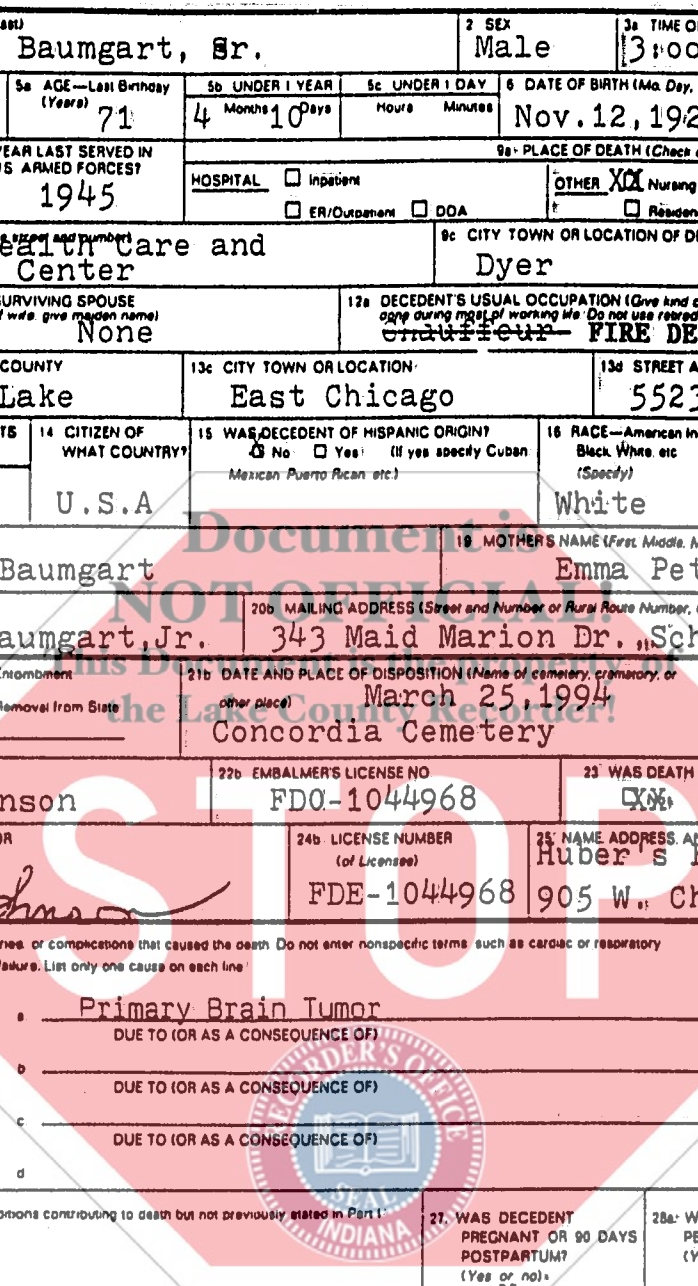
DISPOSITION

CAUSE OF DEATH

HEALTH OFFICER

CORONER USE ONLY

| | | | | | |
|---|---|---|---|---|-----------------------------------|
| 1 DECEASED—NAME (First Middle Last) George R. Baumgart, Sr. | | 2 SEX Male | 3a TIME OF DEATH 3:00P | 3b DATE OF DEATH (Month Day Yr) March 22, 1994 | |
| 4 SOCIAL SECURITY NUMBER 329-16-6494-A | 5a AGE—Last Birthday (Years) 71 | 5b UNDER 1 YEAR 4 Months 10 Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo. Day, Yr) Nov. 12, 1922 | |
| 7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois | 8a WAS DECEDENT A US VETERAN? Yes | 8b YEAR LAST SERVED IN US ARMED FORCES? 1945 | 8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | |
| 9a FACILITY NAME (Name, street, city and state) Regency Place Health Care and Rehabilitation Center | | 9b CITY TOWN OR LOCATION OF DEATH Dyer | 9c COUNTY OF DEATH Lake | | |
| 10 MARITAL STATUS (Specify) Widowed | 11 SURVIVING SPOUSE (If wife give maiden name) None | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired!) Fire Dept | | 12b KIND OF BUSINESS/INDUSTRY City of East Chgo | |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY TOWN OR LOCATION East Chicago | 13d STREET AND NUMBER 5523 Homerlee Ave. | | |
| 13e ZIP CODE 46312 | 13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 14 CITIZEN OF WHAT COUNTRY? U.S.A | 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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade | | 18 FATHER'S NAME (First Middle Last) George R. Baumgart | | | |
| 19 MOTHER'S NAME (First Middle Maiden Surname) Emma Peters | | | 20a INFORMANT'S NAME (Type/Print) Mr. George R. Baumgart, Jr. | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 343 Maid Marion Dr., Schererville, Ind. | | 20c Relationship Son | | | |
| 21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) March 25, 1994 Concordia Cemetery | | 21c LOCATION—City or Town, State Hammond, Indiana | |
| 22a EMBALMER'S NAME E. Eugene Johnson | | 22b EMBALMER'S LICENSE NO FDC-1044968 | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>E. Eugene Johnson</i> | | 24b LICENSE NUMBER (of License) FDE-1044968 | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Huber's Funeral Home-FHD-3001538 905 W. Chicago Ave., East Chgo. In | | |
| 26 PART I Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a Primary Brain Tumor DUE TO (OR AS A CONSEQUENCE OF) b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d | | | | Approximate Interval Between Onset and Death | |
| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I | | | | 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) and manner 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) and manner 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>Alexander S. Williams</i> | | | 29c MEDICAL LICENSE NO 00000000 | 29d DATE SIGNED (Month, Day, Year) APR 21 1994 3-23-94 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) 840 Richard Rd. Dyer, In. 46311 | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams</i> M.D. LAKE COUNTY March 23 1994 | | | | | |
| 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. | | | |



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