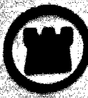

Chicago Title Insurance Company

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Bank One Financial Services
2028 W. 81st ave
Merr 46410

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF LAKE } S. S.

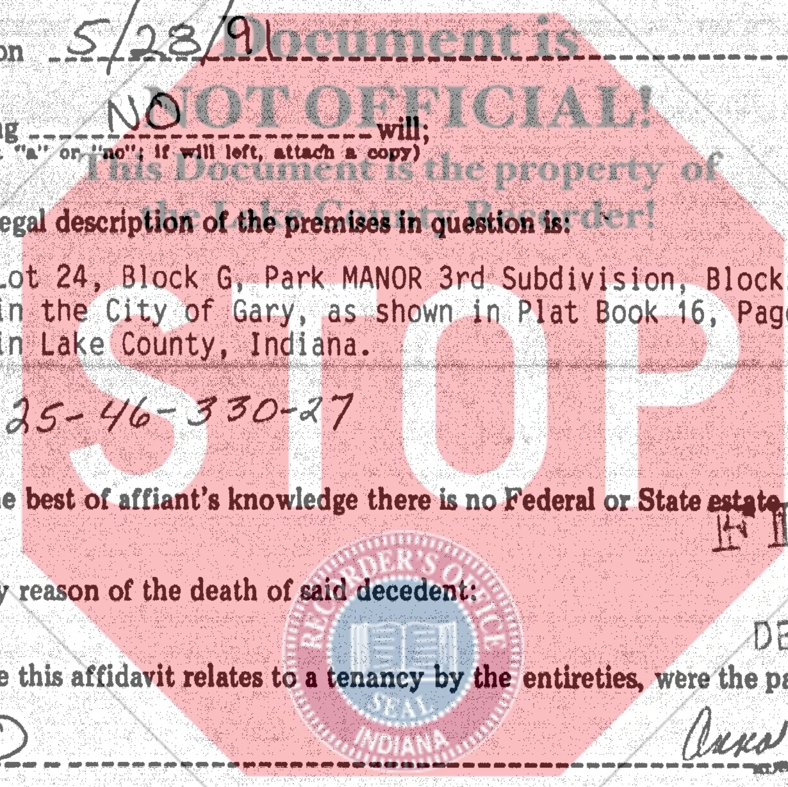
On this 12/2/94 (insert date) before me personally appeared Daisy M. Hutcherson

94082566

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," "son of owner," etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Joe H. Hutcherson Jr. and Daisy M. Hutcherson
4. Said Joe H. Hutcherson Jr. AKA Joseph Hutcherson Jr. (fill in name of co-tenant who died) died on 5/28/91 leaving NO will; (insert "a" or "no"; if will left, attach a copy)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DEC 7 PM 1:17
SAMUEL ORLICH
RECORDER


Document is NOT OFFICIAL!
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STOP
RECORDER'S OFFICE SEAL INDIANA

5. The legal description of the premises in question is:

   Lot 24, Block G, Park MANOR 3rd Subdivision, Blocks H and G, in the City of Gary, as shown in Plat Book 16, Page 21, in Lake County, Indiana.

   25-46-330-27

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

FILED
DEC 6 1994
Anna N. Anton
AUDITOR LAKE COUNTY

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 SPOUSE

Signature: Daisy M. Hutcherson
DAISY M. HUTCHERSON
Address: 3636 Jackson ST
GARY, IN 46408

Subscribed and sworn to before me by the affiant this 2ND Day of December, 1994 (insert date)

[signature]
Notary Public ANTHONY L. SNOW, Porter County Resident

My Commission Expires 1/21/97

This instrument prepared by TONY SNOW

8.00 ck

000253

5T2 Free VA

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1140-91 .... State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Joseph Hutcherson Jr. (Joe)
2. SEX	Male
3a. TIME OF DEATH	4:00 A M
3b. DATE OF DEATH (Month, Day, Yr.)	May 28, 1991
4. SOCIAL SECURITY NUMBER	306-44-4010
5a. AGE—Last Birthday (Years)	45
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo. Day, Yr.)	Oct. 27, 1945
7. BIRTHPLACE (City and State or Foreign Country)	Tuskegee, Alabama
8a. WAS DECEDENT A U.S. VETERAN?	Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1968
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: XX Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number)	Munster Med Inn
9c. CITY, TOWN, OR LOCATION OF DEATH	Munster
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Daisy Marie Hicks
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Steelworker
12b. KIND OF BUSINESS/INDUSTRY	Republic Steel Co.
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Gary
13d. STREET AND NUMBER	3636 Jackson Street
13e. ZIP CODE	46408
13f. INSIDE CITY LIMITS	☐ No XX Yes
13g. ON A FARM?	XX No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	XX No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	Afro Amer.
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	

PARENTS

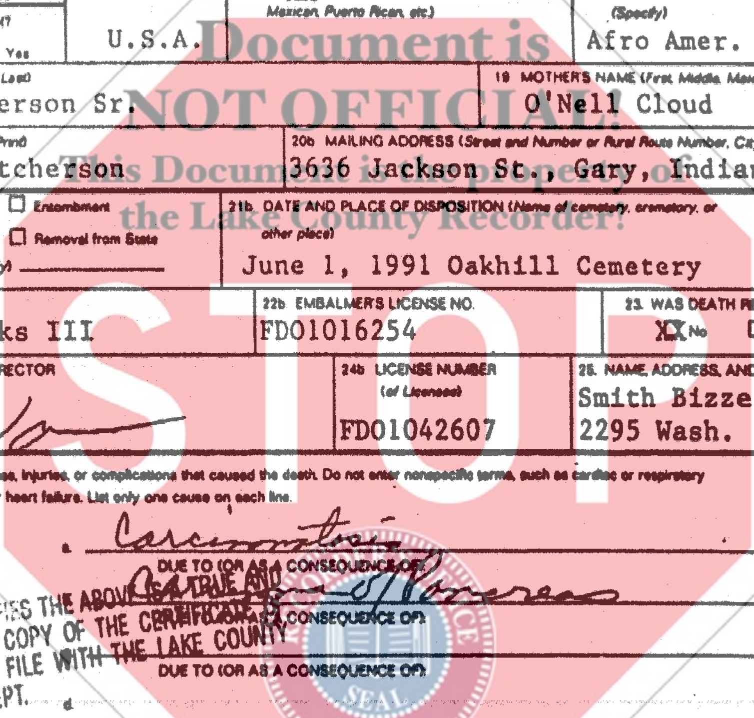
Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Joseph Hutcherson Sr.
19. MOTHER'S NAME (First, Middle, Maiden Surname)	O'Nell Cloud

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Daisy Marie Hutcherson
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3636 Jackson St., Gary, Indiana 46408
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	XX Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	June 1, 1991 Oakhill Cemetery
21c. LOCATION—City or Town, State	Gary, Indiana
22a. EMBALMER'S NAME	Sherman G. Banks III
22b. EMBALMER'S LICENSE NO.	FD01016254
23. WAS DEATH REPORTED TO CORONER?	XX No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD01042607
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Smith Bizzell & Warner, Inc. FDH30024 2295 Wash. St., Gary, Indiana 46407



CAUSE OF DEATH

26. PART I. Enter the diseases, 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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Carcinomatosis
DUE TO (OR AS A CONSEQUENCE OF):
b. [handwritten, illegible] Pancreas
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

REGISTRAR'S OFFICE SEAL INDIANA

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

JUN 13 1991

Field	Entry
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

CERTIFIER

29a. CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ MEDICAL 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.
☐ 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.

LAKE COUNTY HEALTH COMMISSIONER

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature] MD
29c. MEDICAL LICENSE NO.	IN 20278
29d. DATE SIGNED (Month, Day, Year)	6/28/91
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	W V Heheman, [illegible] Calumet Ave Munster, IN 46321

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Alexander S. Williams, M.D.
32. DATE FILED (Month, Day, Year)	May 30, 1991

CORONER USE ONLY

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.	

Copy

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