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SURVIVORSHIP AFFIDAVIT

JANE S. GILLASPIE, being first duly sworn upon her oath, states as follows:

1. She is the wife of decedent William L. Gillaspie, who died on November 23, 1994.

2. William L. Gillaspie was also commonly known as William Gillaspie and Bill Gillaspie, and these persons were one in the same.

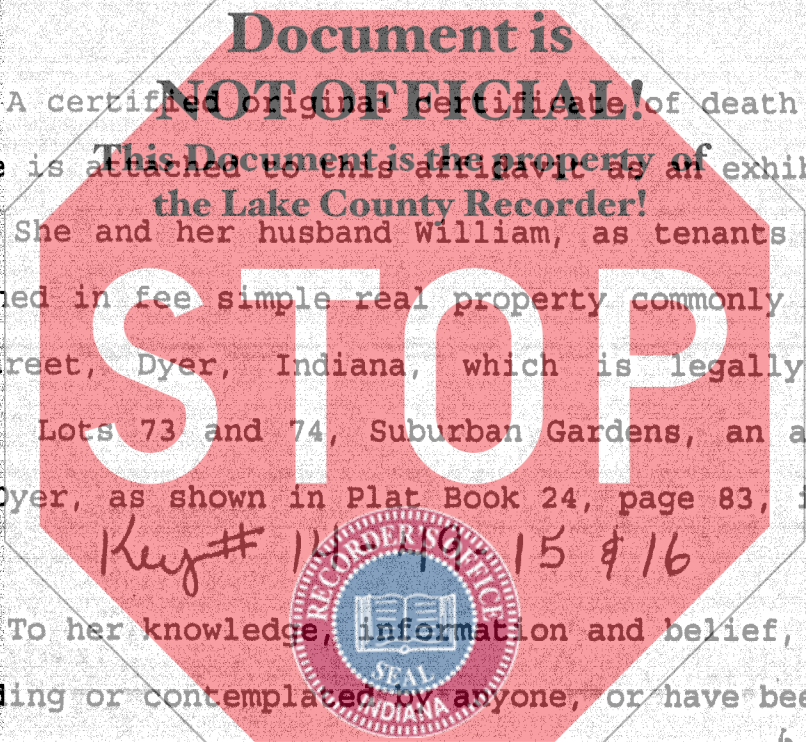
3. A certified original certificate of death for William L. Gillaspie is attached to this affidavit as an exhibit.

4. She and her husband William, as tenants by the entireties, owned in fee simple real property commonly known as 538 213th Street, Dyer, Indiana, which is legally described follows: Lots 73 and 74, Suburban Gardens, an addition to Town of Dyer, as shown in Plat Book 24, page 83, in Lake County, Indiana.

5. To her knowledge, information and belief, no proceedings are pending or contemplated by anyone, or have been initiated or completed, to establish or probate any alleged will or Testament of William L. Gillaspie.

6. To her knowledge, information and belief, no federal or state estate or inheritance tax liability is due or unpaid upon the aforesaid real property by reason of William L. Gillaspie's death.

7. This affidavit is tendered for the sole purpose of removing William L. Gillaspie's name from the record of title for



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Amrsta Colby
Acting Recorder

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DEC 20 1994

Carol M. Anton
Auditor Lake County

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the aforesaid real property, and the tax mailing address for this property shall remain the same.

8. She is familiar with the affairs and assets of William L. Gillaspie, and there is to her knowledge no one better informed regarding such matters.

9. She has personal knowledge of the facts and matters alleged herein.

Document is James S. Gillaspie
James S. Gillaspie

NOT OFFICIAL!

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the Lake County Recorder!**

STATE OF INDIANA

) SS:

COUNTY OF LAKE)

SUBSCRIBED AND SWORN TO before me, a Notary Public for
County of Lake, State of Indiana, this 22nd day of December,
1994.

Leah M. Holte
Notary Public

My Commission Expires:

2/19/95

My County of Residence: LAKE



This instrument prepared by Stephen A. Tyler, Attorney at
Law, Blackmun, Bomberger & Moran, 9006 Indianapolis Boulevard,
Highland, Indiana 46322. Telephone: (219) 972-2200. ↗

SAT:pjs\survivor.aff

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 3028-94

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

1 DECEASED—NAME (First Middle Last) William L. Gillaspie		2 SEX Male	3a TIME OF DEATH 12:22 P.	3b DATE OF DEATH (Month Day Year) November 23, 1994	
A *SOCIAL SECURITY NUMBER 304-12-1781		5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	
6a WAS DECEDENT A U.S. VETERAN? No		6b YEAR LAST SERVED IN U.S. ARMED FORCES?		6c PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a FACILITY NAME (If not institution, give street and number) St Margaret Mercy Hospital-South		9b CITY, TOWN OR LOCATION OF DEATH Dyer	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If none, give maiden name) Jane S. Scott	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machinist		12b KIND OF BUSINESS/INDUSTRY Manufacturing	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Dyer	13d STREET AND NUMBER 538-213th St		
13a ZIP CODE 46311	13f 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)	16 RACE—American Indian, Black, White, etc. (Specify) White	
18 FATHER'S NAME (First Middle Last) Lawrence M. Gillaspie		19 MOTHER'S NAME (First Middle Maiden Surname) Willie McCormick			
20a INFORMANT'S NAME (Type/Print) Jane S. Gillaspie		20b MAILING ADDRESS (Type/Print) (Include Apt. No., P.O. No., City or Town, State, Zip Code) 538-213th St, Dyer, Indiana 46311		20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 28, 1994 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, Indiana	
22a EMBALMER'S NAME Edward F. Mullaney		22b EMBALMER'S LICENSE NO. FDO 1007176	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24 SIGNATURE OF FUNERAL HOME REPRESENTATIVE <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO 1007176	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens Inc 1920 Hart St Dyer, Indiana 46311 FH83001504		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. Mark block or beam failure. List only one cause on each line. NOV 28 1994 ACUTE MYOCARDIAL INFARCTION				Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE MYOCARDIAL INFARCTION				FILED DEC 29 1994	
CONDITIONS CONTRIBUTING TO DEATH (List all conditions contributing to death, including the underlying cause last) DIABETES MELLITUS					
PART II Other significant conditions—Conditions contributing to death but not previously stated in PART I					
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.		29c MEDICAL LICENSE NO. 19054		29d DATE SIGNED (Month, Day, Year) November 25, 1994	
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>					
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Charles D. Egnatz 1326 US Rte 30 Schererville, Indiana 46375					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) November 25, 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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