

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

95 JAN -9 AM 9:25

AMASA G. COLBY  
CHIEF DEP. RECORDER

STATE OF INDIANA )  
COUNTY OF LAKE )

95001412

) SS:  
)

3

AFFIDAVIT OF SURVIVORSHIP

Comes now Norma J. Hovis, being duly sworn upon her oath and states as follows:

That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 41 and the West Half of Lot 40, Block 1, East Lawn Addition in the City of Hammond, as shown in Plat Book 2, Page 75, in Lake County, Indiana

Commonly known as 1146 Indiana Street, Hammond, Indiana, 46320.

That the affiant and the decedent, Robert L. Hovis, were married on the 12th day of February, 1944. 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 and remained so until the death of Robert L. Hovis. That Robert L. Hovis died on April 7, 1994, as shown by the Certificate of Death attached hereto as Exhibit "A", at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

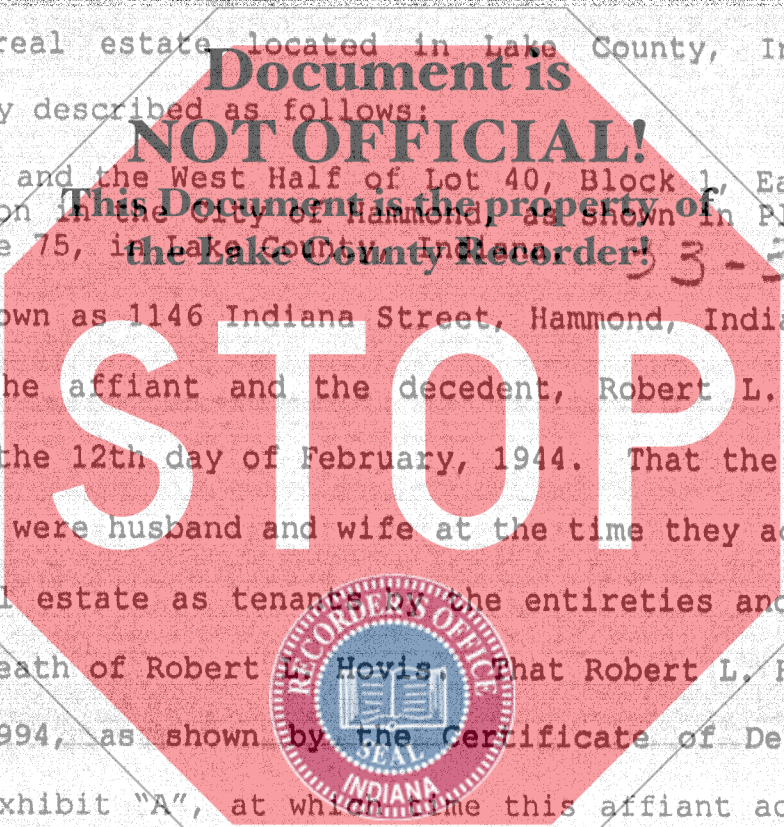
That the gross value of the estate of the decedent, Robert L. Hovis, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

**FILED**

JAN 6 1995

000199

1300



That the decedent's estate was not subject to Indiana Inheritance Taxes.

Norma J. Novis  
NORMA J. HOVIS, Affiant

STATE OF INDIANA

COUNTY OF LAKE

**Document is  
NOT OFFICIAL!**

BEFORE ME, the undersigned, a Notary Public for the County of Lake, State of Indiana, personally appeared Norma J. Novis, and she being first duly sworn by me upon her oath, states under the penalty of perjury that the above and foregoing statements and facts are true to the best of her knowledge and belief.

SIGNED AND SEALED this 21 day of Dec., 1994.

My commission expires: 10-6-96

County of residence: LAKE



Gary Matthews  
Notary Public

This instrument prepared by Gary K. Matthews, Attorney at Law.  
142 Rimbach, Hammond, Indiana

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

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFICATE IS THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. **305**

State Date Issued **Apr 9, 1994** *Franklin J. Oremuda M.D.*  
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (Last Middle First) <b>ROBERT L. HOVIS</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>2:02 P M</b>	3b DATE OF DEATH (Month Day Year) <b>April 7, 1994</b>
4 SOCIAL SECURITY NUMBER <b>334-10-7087</b>	5a AGE—Last Birthday (Year) <b>72</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) <b>February 27, 1922</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Terre Haute, Indiana</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	8c PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>Residence</b>	
9a FACILITY NAME (If not institution, give street and number) <b>1146 Indiana Street</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>	9c COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Norma Barr</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Welder</b>		12b KIND OF BUSINESS/INDUSTRY <b>International Harvest</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Hammond</b>	13d STREET AND NUMBER <b>1146 Indiana Street</b>	
13e ZIP CODE <b>46320</b>	13f INSIDE CITY LIMITS <input 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? <b>U.S.A.</b>	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) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <b>10 years</b> College (1-4 or 5+) <b>----</b>		18 FATHER'S NAME (First Middle Last) <b>Claude Hovis</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Mildred Wymer</b>		20a INFORMANT'S NAME (Type/Print) <b>Norma Hovis</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1146 Indiana Street, Hammond, Indiana 46320</b>		20c Relationship <b>Wife</b>		
21a METHOD OF DISPOSITION <input checked="" 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) <b>April 13, 1994 Oakgrove Cemetery</b>		21c LOCATION—City or Town, State <b>Paris, Illinois</b>
22a EMBALMER'S NAME <b>Dean G. Wagner</b>		22b EMBALMER'S LICENSE NO. <b>8800057</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b LICENSE NUMBER (of Licensee) <b>8800057</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>SOLAN FUNERAL HOME FH# 83002893 7109 Calumet Ave., Hammond, Ind. 46324</b>	
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) <b>ACUTE LEFT VENTRICULAR OBSTRUCTION</b> <b>Days</b>				
DUE TO (OR AS A CONSEQUENCE OF) <b>PULMONARY METASTASES</b> <b>MONTHS</b>				
DUE TO (OR AS A CONSEQUENCE OF) <b>BRONCHOGENIC CARCINOMA</b> <b>MONTHS</b>				
DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
<b>EMPHYSEMA</b>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>	28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>----</b>
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>CERTIFYING PHYSICIAN</b> 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"/> <b>HEALTH OFFICER</b> 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"/> <b>CORONER</b> 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>Franklin J. Oremuda M.D.</i>			29c MEDICAL LICENSE NO. <b>02000209</b>	29d DATE SIGNED (Month Day, Year) <b>April 8, 1994</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>Claude A. Foreit M.D., 3831 Hohman Ave., Hammond, Indiana 46320</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Oremuda M.D.</i>				32 DATE FILED (Month Day, Year) <b>APR 08 1994</b>
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.		

