

CASE NO. 59476

59476  
LAWYERS TITLE INS. CORP.  
ONE PROFESSIONAL CENTER  
SUITE 215  
CROWN POINT, IN 46307

**SURVIVORSHIP AFFIDAVIT**

Gary, Indiana

OF INDIANA, COUNTY OF Lake, SS:

Mayme O'Connor

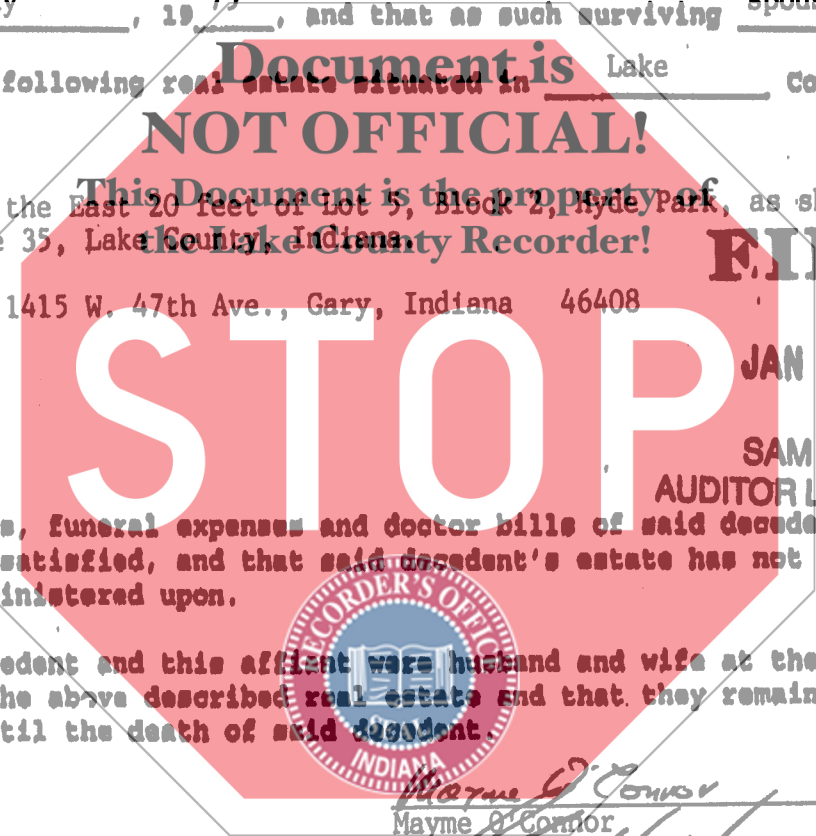
being first duly sworn, on oath states that she is of lawful age and resides in the County of Lake State of Indiana.

That she is the surviving spouse of Richard M. O'Connor who died on the 20th day of May, 1975, and that as such surviving spouse

is the owner of the following real estate situated in Lake County, Indiana:

Lots 3 and 4, and the East 20 feet of Lot 5, Block 2, Hyde Park, as shown in Plat Book 21, page 35, Lake County, Indiana.

Commonly known as 1415 W. 47th Ave., Gary, Indiana 46408



That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.

Mayme O'Connor  
Mayme O'Connor

by George Hass, her attorney in fact

Sworn to before me and subscribed in my presence this 17th day of

January, 1995.

Resident of Larimer County, Colorado.

Alyssa Rebersdorf  
Notary Public Alyssa Rebersdorf

My Commission Expires August 30, 1998

My Commission Expires:

PREPARED BY: Victor H. Prasco 8396 Mississippi St., Merrillville, IN 46410

Note: Document to be recorded in the Office of the Recorder.

MARGARETTE N. CLEVELAND  
LAKE COUNTY RECORDER  
95005277  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
95 JAN 31 AM 9:12

550-75

**INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH**

Local No. 550-75

State No. \_\_\_\_\_

PERMANENT BOOK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST <b>Richard M. O'Connor</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>May 20, 1975</b>	
1. RACE <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>67</b>	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) <b>7/23/07</b>		COUNTY OF DEATH <b>Lake</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>Calumet Twp.</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>No</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>1415 W. 47th Ave.</b>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Indiana</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>Mayme Mandich</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
SOCIAL SECURITY NUMBER <b>313-07-8583</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING YEARS OR IF RETIRED) <b>Sheet &amp; Tin Corp.</b>		KIND OF BUSINESS OR INDUSTRY			
RESIDENCE—STATE <b>Indiana</b>		CITY, TOWN OR LOCATION <b>Calumet</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>No</b>		TOWNSHIP <b>Calumet</b>	
STREET AND NUMBER <b>1415 W. 47th Ave.</b>		14b. WAS DECEASED EVER IN U. S. ARMED FORCES? <b>No</b>		14c. (If yes, give war or dates of service)		14d. IS RESIDENCE ON A FARM? <b>NO</b>	
FATHER—NAME <b>James M. O'Connor</b>		MOTHER—MAIDEN NAME <b>Ada B. Berwer</b>		FIRST MIDDLE LAST			
INFORMANT—NAME <b>Mayme O'Connor</b>		RELATIONSHIP <b>Wife</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>1415 W. 47th Ave., Calumet Twp.</b>			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE <b>(a) Coronary Heart Disease</b>		DUE TO, OR AS A CONSEQUENCE OF:				<b>5 Years</b>	
19a. AUTOPSY <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>					
DATE & TIME OF DEATH <b>May 20 1975</b>		DATE SIGNED <b>May 22, 1975</b>		MONTH DAY YEAR			
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE <b>G. Slama, M. D.</b>		SIGNATURE OF PHYSICIAN <b>G. Slama, M. D.</b>		PHY. CODE NO.			
MAILING ADDRESS—PHYSICIAN <b>6111 Harrison St.</b>		STREET OR R.F.D. NO.		CITY OR TOWN <b>Merrillville, IN</b>		STATE ZIP <b>46410</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		CEMETERY, CREMATORY, FUNERAL HOME <b>Calumet Park Cem.</b>		LOCATION <b>Merrillville, IN</b>		CITY OR TOWN STATE ZIP <b>46410</b>	
DATE (MONTH, DAY, YEAR) <b>May 23, 1975</b>		FUNERAL HOME—NAME AND ADDRESS <b>Stilinovich, Palmer &amp; Wiatrolnik, 4213 Broadway, Gary, IN</b>		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
HEALTH OFFICER—SIGNATURE <b>Peter Stecy, M. D.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>May 23, 1975</b>		MONTH DAY YEAR			

**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder

**STOP FILED**



JAN 31 1995

SAM ORLICH  
AUDITOR LAKE COUNTY

*Robert G. Wiatrolnik*  
LAKE COUNTY HEALTH COMMISSIONER

FUNERAL HOME  
FUNERAL DIRECTOR'S LICENSE No. 242  
FUNERAL DIRECTOR'S LICENSE No. 968  
FUNERAL DIRECTOR'S SIGNATURE  
EMBALMER'S NAME: *Robert G. Wiatrolnik*  
EMBALMER'S LICENSE No. 1371

LAWYER: TITTE INC. CORP.  
ONE PROFESSIONAL CENTER  
SUITE 1215  
CROWN POINT, IN 46307

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