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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)
95010751

95 FEB 28 1995
DECEDENT:
JIMMIE RICHARDSON
RECORDED

AFFIDAVIT OF SURVIVORSHIP

Comes now **VIRGINIA WHITTAKER**, being duly sworn upon her oath and states as follows:

1. That **SYLVIA MAE RICHARDSON**, was the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Second Addition to Pulaski Village all of Lot 7, Block 1, Lake County, Indiana.

More commonly known as: 1925 Tennessee Street, Gary, Indiana 46407. Unit and Key No. 25 47-0429-0007.

2. That **SYLVIA MAE RICHARDSON**, Deceased, and **JIMMIE RICHARDSON**, decedent, were married on the 13th day of November, 1923. That **SYLVIA MAE RICHARDSON**, Deceased and **JIMMIE RICHARDSON**, Deceased, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 21st day of August, 1948, and recorded in the office of the Lake County Recorder.

3. That the marital relationship which extended between **SYLVIA MAE RICHARDSON**, Deceased and **JIMMIE RICHARDSON**, Deceased, her husband, continued unbroken from the time they so acquired title to said real estate until the death of **JIMMIE RICHARDSON**, her husband, on the 28th day of September, 1974, at which time **SYLVIA MAE RICHARDSON** acquired title to the real estate as surviving tenant by the entireties.

FILED

FEB 28 1995

SAM ORLICH
AUDITOR LAKE COUNTY

✓
Charles D. Brooks Jr.
5857 Broadway
Muncieville In 46410

001357

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4. That the gross value of the estate of JIMMIE RICHARDSON, Deceased, as determined for the purpose of Federal Estate Taxes was less than the value required for the filing and his estate was not subject to Federal Estate Tax.

Virginia Whittaker
VIRGINIA WHITTAKER Affiant

STATE OF Wisconsin)
) SS:
COUNTY OF Milwaukee)

Subscribed to and sworn to before me a Notary Public, this 4th day of January, 199⁵.



D. P. P. Coble
Notary Public
My commission expires April 17, 1995

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

Local No. 1038-74

State No. 7

PERMANENT 111K
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Jimmie Richardson					2. Male	3. September 28, 1974	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. Negro	5a. 73	5b.	5c.	6. 2/14/01	7a. Lake		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Merrillville		7c. Yes	7d. Ross Care Center				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED (X NEVER MARRIED)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Sylvania		9.		10. WIDOWED (X) DIVORCED ()		11. Sylvia	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. Unknown		13a. Retired			13b. Steel		
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
14a. Indiana		14b. Lake	14c. Gary	14d. Yes	14e. Calumet		
STREET AND NUMBER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give war or dates of service)			IS RESIDENCE ON A FARM?		
14f. 1925 Tenn.		No			14h. YES () NO (X)		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. Informant—NAME		RELATIONSHIP		16. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Sylvia Richardson		17b. Wife		17c. 1925 Tenn, Gary, Indiana			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Massive Stroke					24 hours
DUE TO, OR AS A CONSEQUENCE OF:		(b) Arteriosclerotic heart disease					10 years
DUE TO, OR AS A CONSEQUENCE OF:		(c)					
OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH, IF NOT RELATED TO CAUSE			AUTOPSY		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
NOV 11 1984					19a. YES () NO (X)		19b. YES () NO (X)
LAKE COUNTY HEALTH COMMISSIONER		DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR
20. R.A. Hovanesian, M.D.		21a. October 4 1974		DATE SIGNED		M. 21a. October 4 1974	
PHYSICIAN'S NAME (TYPE OR PRINT)		SIGNATURE OF PHYSICIAN			PHY. CODE NO.		
22a. R.A. Hovanesian, M.D.		22b. R.A. Hovanesian, M.D.					
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO		CITY OR TOWN		STATE ZIP	
23. 7863 Broadway		Merrillville		Indiana		46410	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Oak Hill		24c. Gary		Indiana	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. October 4, 1974		25a. Andrew Smith, 934 E 21st Gary, Indiana 46407					
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER					
25b. Peter Stecy, M.D.		26b. October 9, 1974					

FUNERAL HOME

No. 255

FUNERAL DIRECTOR'S

LICENSE No. 657

Andrew Smith

FUNERAL DIRECTOR'S SIGNATURE

Andrew Smith

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



FILED
FEB 28 1985
SAM ORLICH
AUDITOR LAKE COUNTY

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF WHICH DATE OF DEATH ON FILE WITH HEALTH DEPT STAYING THE UNDER LIVING CAUSE LAST

Alexander B. Hillery, M.D.
LAKE COUNTY HEALTH COMMISSIONER