

V. 10

Lora Sturtridge  
625 N. Hobart Rd.  
Hobart, In 46342

STATE OF INDIANA )  
'COUNTY OF Lake ) SS:

AFFIDAVIT OF SURVIVORSHIP

Mildred Sturtridge, being of legal age, and duly sworn on her oath, deposes and says:

That she is the owner in fee simple title of the following described real estate located in Lake County, Indiana

to wit:  
The North 100 Feet of the South 230 feet of the West 196 feet of the Northwest Quarter of the Northwest Quarter of Section 28, Township 36 North, Range 7 West of the 2nd P.M., in the City of Hobart, Lake County, Indiana.

Affiant further states that she and Haldean Sturtridge now deceased spouse, were husband and wife at the time they acquired title to aforesaid real estate until the death of Haldean Sturtridge

on May 3, 1994, at which time this affiant acquired title to said real estate as a surviving tenant by the entireties. Indiana State Board of Health Medical Certificate of Death Number 1049-94 issued May 5, 1994.

There has not been any administration upon the estate of the said Haldean Sturtridge, deceased nor is any administration contemplated.

The estate of Haldean Sturtridge was not subject to any Federal Estate Tax.

Affiant makes this affidavit for the purpose of causing the proper transfer of real estate in the Office of the Auditor of Lake County, Indiana.

Mildred Sturtridge  
Mildred Sturtridge

Subscribed and sworn to before me a Notary Public, in and for said County, this 29th day of August, 1995.

Carolyn E. Gish  
Carolyn E. Gish Notary Public

My commission expires 10/8/98

Resident of Lake County

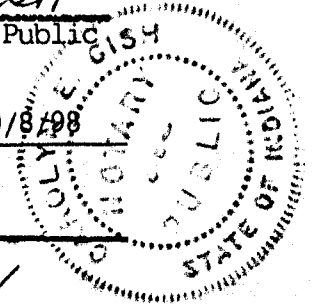
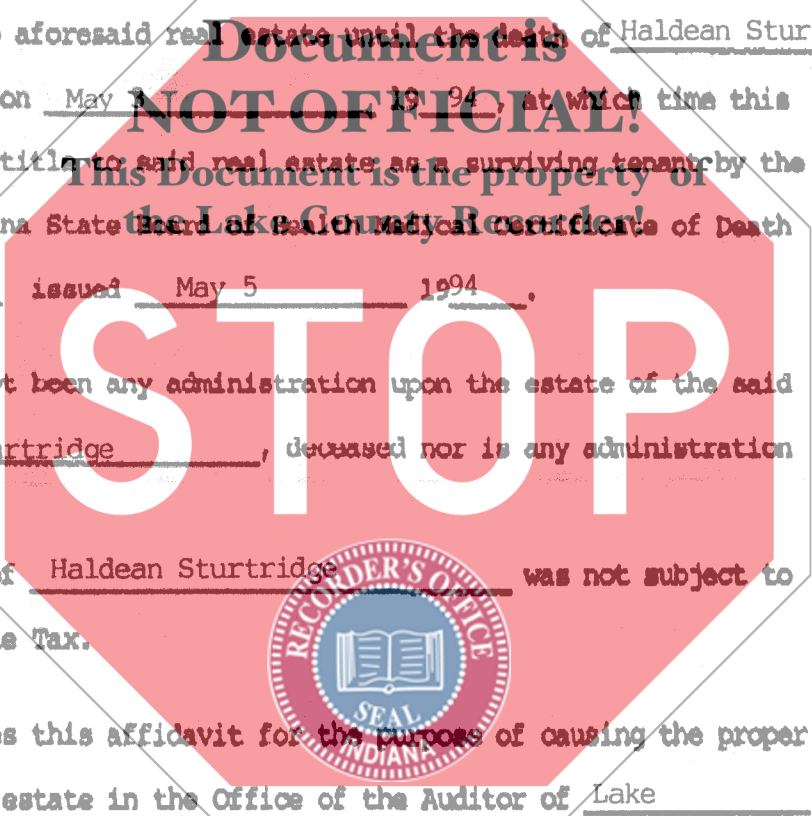
This instrument prepared by Dana A. Hopkins

95052268

95 SEP -6 PM 3:32

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MADE  
RECORDED



11-2

\*ATTENTION ESTATE: Disclosure of the SS# 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. ....1049-94.....

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (First Middle Last) Haldean Sturtridge; 2. SEX Male; 3a. TIME OF DEATH 11:22p; 3b. DATE OF DEATH (Month Day, Yr) May 3, 1994; 4. SOCIAL SECURITY NUMBER 311-01-8077; 5a. AGE—Last Birthday (Years) 75; 5b. UNDER 1 YEAR; 5c. UNDER 1 DAY; 6. DATE OF BIRTH (Mo. Day, Yr) Feb. 24, 1919; 7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana; 8a. WAS DECEDENT A U.S. VETERAN? Yes; 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946; 8c. PLACE OF DEATH (Check only one. See instructions); 9a. FACILITY NAME (If not institution, give street and number) St. Mary's Medical Center; 9b. CITY, TOWN OR LOCATION OF DEATH Hobart; 9c. COUNTY OF DEATH Lake; 10. MARITAL STATUS (Specify) Married 54 Yrs; 11. SURVIVING SPOUSE (If wife, give maiden name) Mildred Mikusevich; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor; 12b. KIND OF BUSINESS/INDUSTRY F. W. Means; 13a. RESIDENCE—STATE Indiana; 13b. COUNTY Lake; 13c. CITY, TOWN OR LOCATION Hobart; 13d. STREET AND NUMBER 625 N. Hobart Rd.; 13e. ZIP CODE 46342; 13f. INSIDE CITY LIMITS; 13g. ON A FARM; 14. CITIZEN OF WHAT COUNTRY? USA; 15. WAS DECEDENT OF HISPANIC ORIGIN? No; 16. RACE—American Indian, Black, White, etc. (Specify) White; 17. DECEDENT'S EDUCATION (Specify only highest grade completed) 10; 18. FATHER'S NAME (First Middle Last) Nelson E. Sturtridge; 19. MOTHER'S NAME (First Middle Maiden Surname) Beulah Chase; 20a. INFORMANT'S NAME (Type/Print) Mildred Sturtridge; 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 625 N. Hobart Rd. Hobart, Ind 46342; 20c. Relationship Spouse; 21a. METHOD OF DISPOSITION (Check one) Burial; 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 7, 1994 Chapel Lawn Mem. Gardens; 21c. LOCATION—City or Town, State Schererville, Ind.; 22a. EMBALMER'S NAME Anthony S. Rendina Jr.; 22b. EMBALMER'S LICENSE NO. FD01010402; 22c. WAS DEATH REPORTED TO CORONER? No; 24a. SIGNATURE OF FUNERAL DIRECTOR (Signature); 24b. LICENSE NUMBER (of Licensee) FD01010402; 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In 4640; 26. PARTIAL COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE COUNTY HEALTH DEPARTMENT; 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); 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN; 29b. SIGNATURE AND TITLE OF CERTIFIER (Signature); 29c. MEDICAL LICENSE NO. 01037515; 29d. DATE SIGNED (Month Day, Year) 5-4-94; 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Milton S. Gasparis M.D. 1500 S. Lake Park Ave. Hobart, Ind. 46342; 31. HEALTH OFFICER'S SIGNATURE (Signature); 31. HEALTH OFFICER'S SIGNATURE (Signature); 32. DATE FILED (Month Day, Year) May 5, 1994; 33. MANNER OF DEATH; 34a. DATE OF INJURY (Month Day, Year); 34b. TIME OF INJURY; 34c. INJURY BY 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.

