

482032

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake

s. s.

On this 9-15-95 before me personally appeared Roseann
(insert date)

Simpson

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is Joint owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Jack Simpson and Roseann Simpson
Jack Simpson AKA
- 4. Said Jackie G. Simpson AKA Jackie Gene Simpson
(fill in name of co-tenant who died)

died on Feb 26, 1995 leaving a will;

5. The legal description of the premises in question is:
* Lot 11, Block 1, Eastgate Subdivision, in the City of Hammond, as shown in Plat Book 30, Page 16, in Lake County, Indiana.

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent. No

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No

8. Affiant's relationship to the deceased was Spouse SAM ORLICH AUDITOR LAKE COUNTY

(If answer is "Yes," identify the divorce proceedings:)

FILED

OCT 25 1995

Signature: Roseann Simpson
Roseann Simpson

Address: 8325 Burr St
Crown Point IN 46307
INDX 8914-31-2157

Subscribed and sworn to before me by the affiant

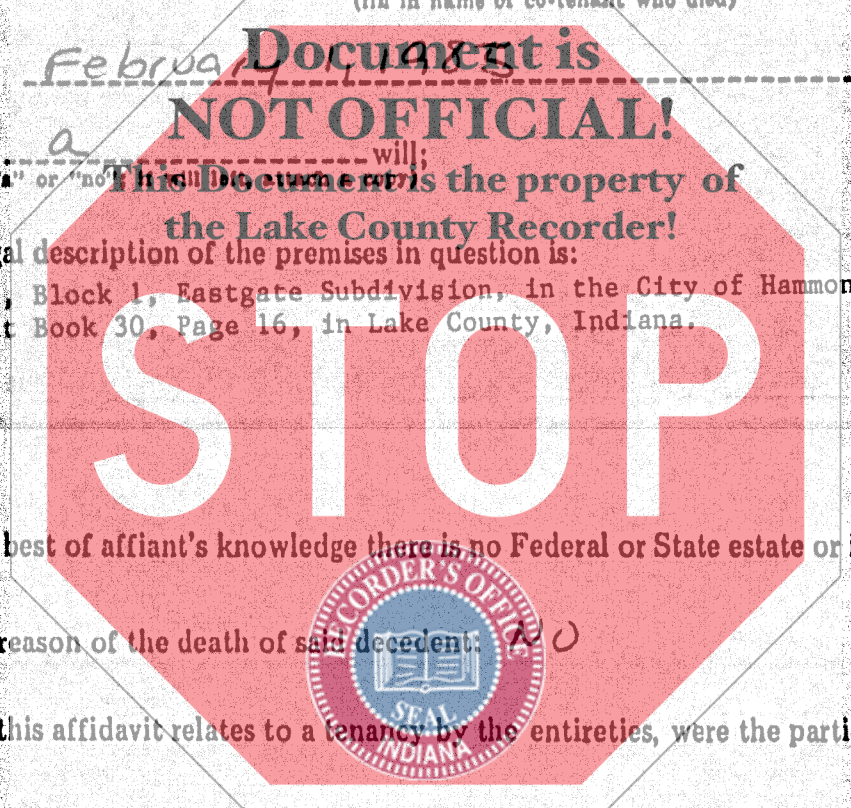
this 13th day of September, 1995
(insert date)

Lana S. Thompson
Notary Public

Lana S. Thompson
My Commission Expires SEPTEMBER 14, 1998

RES. OF LAKE

This instrument prepared by Roseann Simpson



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Chicago Title Insurance Company

95065184

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MARGARITE CLEBAN
RECORDER
95 OCT 26 PM 1:28

Handwritten initials and date: 10/11

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below, for State Office Use

- A _____
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John C. McLe...

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

1350

1350

FUNERAL DIRECTOR'S LICENSE No. 1005

FUNERAL HOME No. 280

Chicago Title Insurance Company

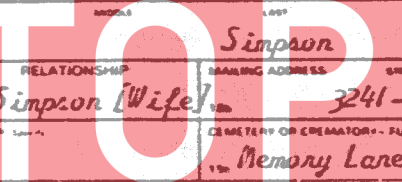
Local No. 112

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECLAISED NAME Jackie G. Simpson		SEX Male	DATE OF DEATH February 1, 1985
RACE White	AGE 61	DATE OF BIRTH 1/12/1924	COUNTY OF DEATH Lake
CITY TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION Residence	IF HOSP OR INST... 74
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED married	WAS DECEDENT EVER IN U.S. ARMED SERVICES? yes WWII
SOCIAL SECURITY NUMBER 317-12-620		USUAL OCCUPATION Conductor B. & O. Railroad	IND OF BUSINESS OR INDUSTRY Inland Steel
RESIDENCE - STATE Indiana	COUNTY Lake	CITY TOWN OR LOCATION Hammond	IS RESIDENT ON A FARM? NO
STREET AND NUMBER 241-163rd Street		INSIDE CITY LIMITS yes	
IS DECEASED OR SPECIAL OCCASION... NO			
PARENTS FATHER - NAME Omer Simpson		MOTHER - MARRIAGE NAME Nellie Risley	
RELATIONSHIP Mrs. Roseann Simpson [Wife]		MARRIAGE ADDRESS 3241-163rd Street Hammond, Indiana 46323	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME Memory Lane Memorial Park	LOCATION Schenerville, Indiana
DATE February 9, 1985		FUNERAL HOME - NAME AND ADDRESS Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.	
NAME OF ATTENDING PHYSICIAN Dennis L. Streeter, D.O.		DATE SIGNED Feb. 1, 1985	HOUR OF DEATH 7:04 p.m.
M.A.D. OR D.O. D.O.		ADDRESS 1212 N. Broad St. Griffith, 46319	
HEALTH OF DECEASED Frank's Journal, Inc.			
PART 1		CAUSE Cardio respiratory failure	Sec. Sec.
PART 2		CAUSE Metastatic small cell carcinoma of lung	week 1

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FILED

OCT 25 1995
SAM OBLICH
AUDITOR LAKE COUNTY

001545

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