

**SURVIVOR AFFIDAVIT**

STATE OF INDIANA )  
 ) S.S.  
COUNTY OF LAKE )

On this October 18, 1995 before me personally appeared THELMA T. LEE to me personally known, who being duly sworn on oath did say that:

1. Affiant resides as the address given below affiant's signature;
2. Affiant is surviving spouse - tenant by entirety.
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Howard W. Lee and Thelma T. Lee;

4. Said Howard W. Lee died on May 12, 1983 leaving NO Will;

5. The legal description of the premises in question is:

Lot 4, Block 14, Hart's Addition to Town of Dyer, Lake County, Indiana; more commonly known as 214 Keilman Street, Dyer, Indiana;

Real Estate Tax Key No. 14-19-5

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;

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 wife - surviving spouse.

Signature: Thelma T. Lee  
THELMA T. LEE  
Address: 214 Keilman Street  
Dyer, Indiana 46311



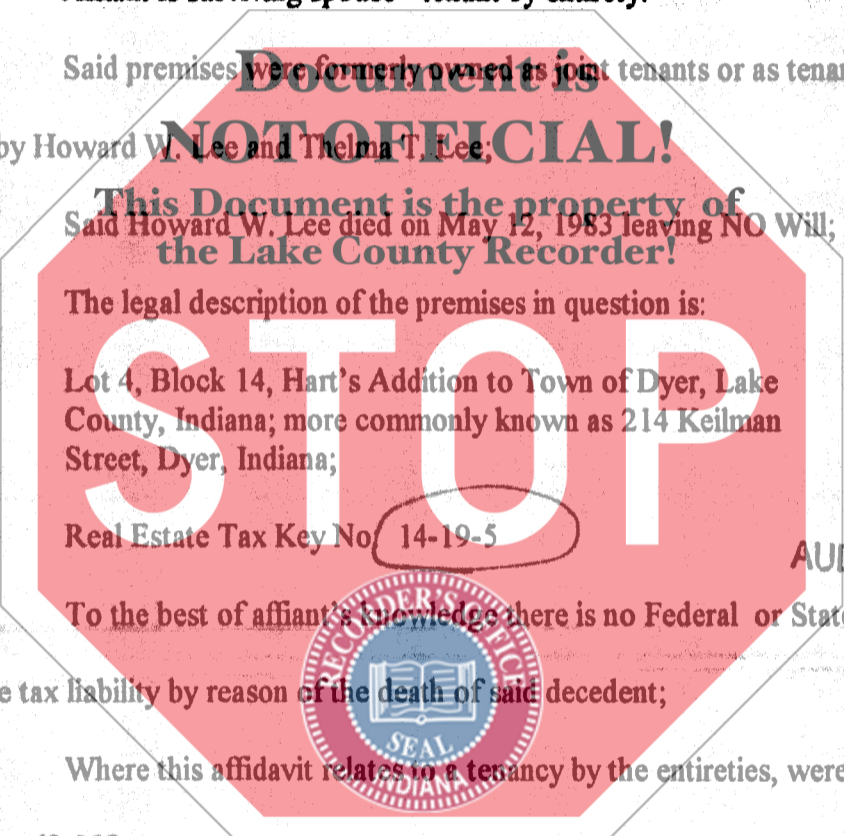
Subscribed and sworn to before me by the affiant this October 18, 1995.

Kenneth A. Manning  
KENNETH A. MANNING - Notary Public

My Commission Expires: 12-12-98  
Resident of Lake County

This instrument prepared by: Kenneth A. Manning  
Attorney at Law  
Attorney No: 9015-45  
200 Monticello Drive  
Dyer, Indiana 46311  
219-865-8376

95066733



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
FILE  
OCT 19 1995  
SAM ORFEL  
AUDITOR LAKE COUNTY

11:00  
su  
ck#16417



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

Below for State Office Use

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. ....

Local No. 767-83

FUNERAL HOME  
No. 150

TYPE  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH MONTH, DAY, YEAR	
1		HOWARD	W.	LEE JR.	MALE	MAY 12, 1983	
RACE—(See 4.1)		AGE—Last Birthday (M, D, Y)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (M, D, Y)	COUNTY OF DEATH	
4.1 WHITE		59	MO. DAYS	HOURS MINS	SEPT. 24, 1927	LAKE	
5.1 CITY, TOWN OR LOCATION OF DEATH		7.1 HOSPITAL OR OTHER INSTITUTION—(Name of hospital, clinic, nursing home, etc., and street and number)			7.2 IF HOSP. OR INST. Indicate DOA (See 4.1) or (See 4.2) (Specify)		
6.1 DYER		7.1 OF MERCY HOSPITAL			7.2 EMER. RM.		
8.1 STATE OF BIRTH (If not in U.S.A. specify country)		9.1 CITIES OF WHAT COUNTRY		10.1 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		11.1 SURVIVING SPOUSE (If with you, specify name)	
8.1 IND.		9.1 U.S.A.		10.1 MARRIED		11.1 NONE	
12.1 SOCIAL SECURITY NUMBER		13.1 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14.1 KIND OF BUSINESS OR INDUSTRY		15.1 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify the service)	
12.1		13.1 PRODUCTOR		14.1 INLAND STEEL		15.1 NO	
16.1 RESIDENCE—STATE		17.1 COUNTY		18.1 CITY, TOWN OR LOCATION		19.1 STREET AND NUMBER	
16.1 IND.		17.1 LAKE		18.1 DYER		19.1 214 KEILMAN	
20.1 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		21.1 FARMER—NAME FIRST MIDDLE LAST		22.1 MOTHER—MARRIED NAME FIRST MIDDLE LAST		23.1 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20.1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21.1 HOWARD W. LEE		22.1 THELMA WRIGHT		23.1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24.1 INFORMANT—NAME (Print or print)		25.1 MAILING ADDRESS		26.1 STREET OR R.F.D. NO.		27.1 CITY OR TOWN STATE ZIP	
24.1 THELMA LEE WIFE		25.1 214 KEILMAN		26.1		27.1 DYER, IND. 46310	
28.1 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		29.1 CEMETERY OR CREMATORY—FUNERAL HOME		30.1 LOCATION		31.1 CITY OR TOWN STATE ZIP	
28.1 BURIAL		29.1 GRAPEL LAWN CEMETERY		30.1		31.1 SCHERERVILLE, IND.	
32.1 DATE MONTH, DAY, YEAR		33.1 FUNERAL HOME—NAME AND ADDRESS		34.1 STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		35.1 DATE RECEIVED BY LOCAL HEALTH OFFICER	
32.1 MAY 14, 1983		33.1 RAGER-MILLER FUNERAL GARDENS, INC.		34.1 DYER, IND. 46311		35.1 5-10-83	
36.1 NAME OF ATTENDING PHYSICIAN (Print or print)		37.1 MAILING ADDRESS—PHYSICIAN		38.1 HEALTH OFFICER—(Print or print)		39.1 DATE RECEIVED BY LOCAL HEALTH OFFICER	
36.1 Gary M. Lee		37.1 494 Cass Crete Ill. 60411		38.1 Gary M. Lee		39.1 5-10-83	
40.1 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		41.1 PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))		42.1 PART II (a) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))		43.1 INTERVAL BETWEEN ONSET AND DEATH	
40.1		41.1 (a) Cardiac Arrest		42.1 (a) Brittle Diabetic		43.1 Minutes	
40.1		41.1 (b) Coronary Artery Disease		42.1 (b)		43.1 Hours	
40.1		41.1 (c)		42.1 (c)		43.1	

THIS IS A COPY OF THE ORIGINAL DEATH CERTIFICATE FILED WITH THE LAKE COUNTY HEALTH DEPT.

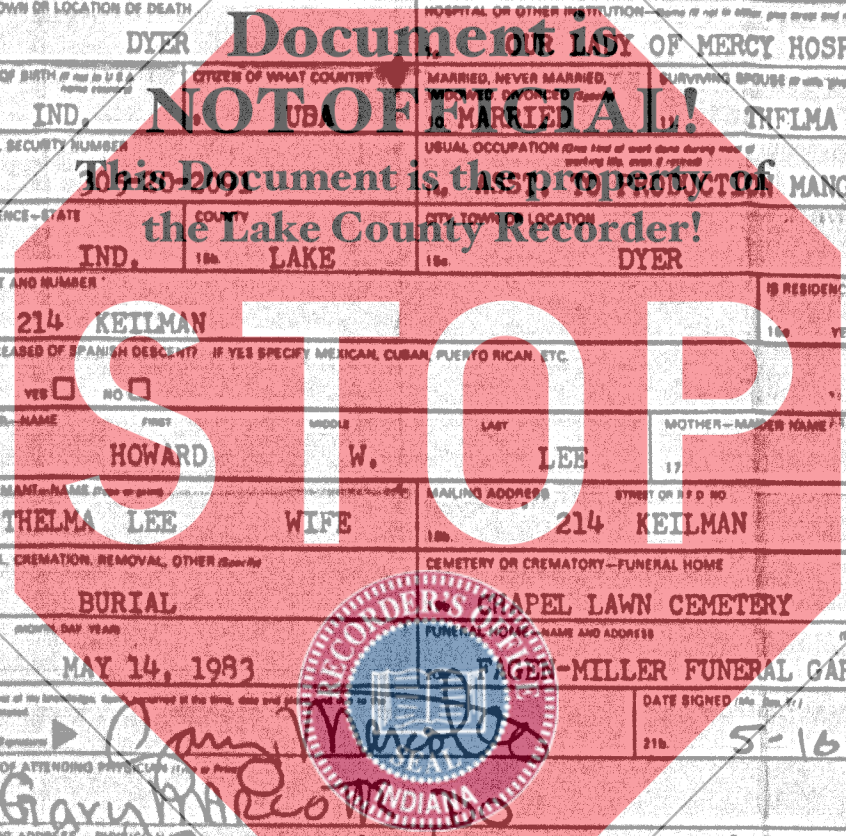
Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

601  
LAWRENCE MILLEY : 61983 LICENSE No. ....

FUNERAL DIRECTOR'S  
LICENSE No. 132

LAKE COUNTY HEALTH COMMISSIONER'S  
SIGNATURE: *Lawrence Milley*

DECEASED  
USUAL RESIDENCE  
WHERE DECEASED  
LIVED & DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION  
DISPOSITION  
M.O.D.  
CONDITIONS IF ANY  
WHICH GIVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST  
CAUSE



FILED  
MAY 16 1983  
SAM ORLICH  
LAKE COUNTY