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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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STATE OF INDIANA)
COUNTY OF LAKE) ss:

MARGARETTE CLEVELAND
RECORDER

**AFFIDAVIT AS TO
TENANCY BY ENTIRETIES**

Donald R. Turner, being first duly sworn upon oath, deposes and says:

That he is an adult and the son of Gilberta Mae Turner a/k/a Gilberta M. Turner, who died on August 10, 1995, and Carl Turner who died on May 22, 1992.

That he has personal knowledge that the decedent Carl Turner and his wife Gilberta Mae Turner a/k/a Gilberta M. Turner were owners by the entireties of the following described real estate, to wit:

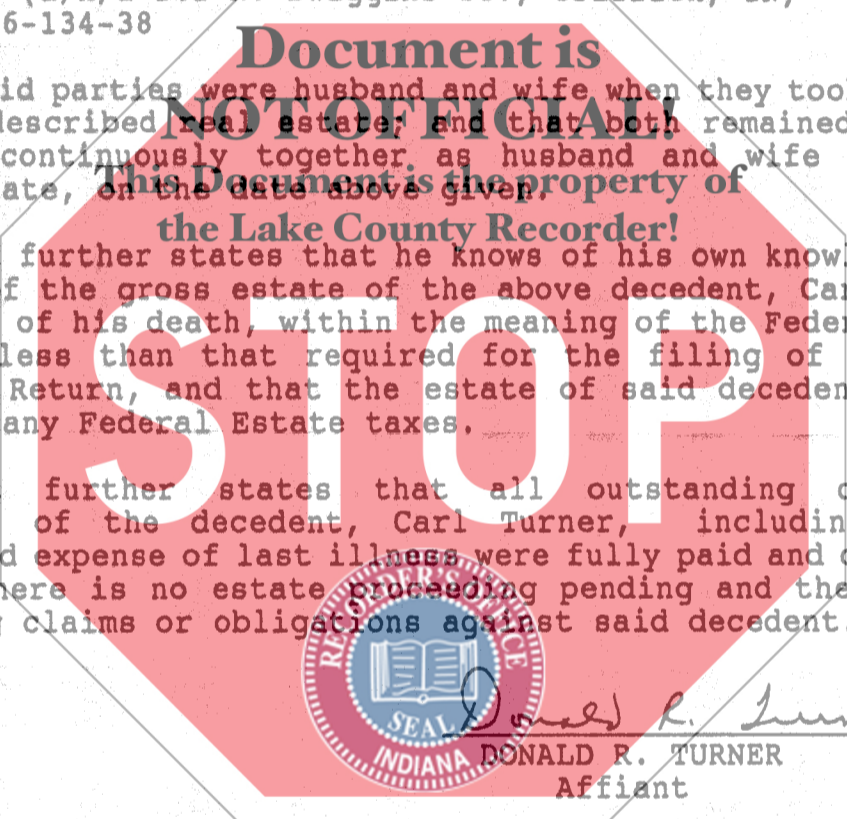
Lots 38 and 39 in Block 14, in "The Original Town of Griffith" as per plat thereof, recorded in Plat Book 2, page 45, in the Office of the Recorder of Lake County, Indiana (a/k/a 141 N. Dwiggins St., Griffith, IN) Key # 26-134-38

That said parties were husband and wife when they took title to the above described real estate, and that both remained in title and lived continuously together as husband and wife until his death, testate, on the date above given.

Affiant further states that he knows of his own knowledge that the value of the gross estate of the above decedent, Carl Turner, at the time of his death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

Affiant further states that all outstanding debts and obligations of the decedent, Carl Turner, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

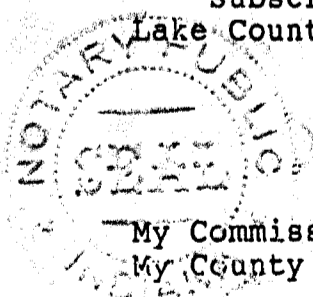
HOLD FOR FIRST AMERICAN TITLE



Donald R. Turner
DONALD R. TURNER
Affiant

Subscribed and sworn to before me, a Notary Public residing in Lake County, Indiana, on this 18th day of October, 1995.

Kathryn M. Murphy
KATHRYN M. MURPHY
Notary Public



My Commission Expires: 4-27-96
My County of Residence: Lake

FILED

NOV 2 1995

This Instrument Prepared By: SAM ORLICH
AUDITOR LAKE COUNTY

JOHN F. HILBRICH
HILBRICH, CUNNINGHAM & SCHWERD
2637 - 45th Street
Highland, IN 46322
Phone: (219) 924-2427

000174
11:00
Sja
Sn

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1114-92

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First Middle Last) Carl Turner		2. SEX Male	3a. TIME OF DEATH 4:55 A M	3b. DATE OF DEATH (Month Day, Yr) May 22, 1992	
4. SOCIAL SECURITY NUMBER 306-07-3372	5a. AGE—Last Birthday (Years) 83	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) Apr. 18, 1909	
7. BIRTHPLACE (City and State or Foreign Country) Corbin, Kentucky	8a. WAS DECEDENT A U.S. VETERAN? NO				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) 141 N. Dwiggins		9b. CITY, TOWN, OR LOCATION OF DEATH Griffith	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Gilberta Roberts	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder		12b. KIND OF BUSINESS/INDUSTRY Tank Car Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith	13d. STREET AND NUMBER 141 N. Dwiggins		
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) 4 College (1-4 or 5+)		18. FATHER'S NAME (First Middle Last) John Turner			
19. MOTHER'S NAME (First Middle, Maiden Surname) Judy Dodson		20a. INFORMANT'S NAME (Type/Print) Gilberta Turner			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 141 N. Dwiggins, Griffith, Indiana		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other facility) May 26, 1992 Memory Lane Cemetery		21c. LOCATION—City or Town, State Schererville, Indiana	
22a. EMBALMER'S NAME David Peterson		22b. EMBALMER'S LICENSE NO. FDO 8601585	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDO 1014511	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500		
28. PART I. Enter the illness, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Chronic obstructive pulmonary disease, associated with five lake county health center					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Chronic obstructive pulmonary disease, associated with five lake county health center					
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last Myocardial infarction, associated with five lake county health center					
PART II. Other significant conditions or diseases contributing to death but not previously stated in Part I. Myocardial infarction, associated with five lake county health center					
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			
29c. MEDICAL LICENSE NO. 0121389		29d. DATE SIGNED (Month, Day, Year) 5/22/92			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) 3641 Ridge Road, Highland, Ind. 46322 RONALD R. REED					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams, MD</i>				32. DATE FILED (Month, Day, Year) May 22, 1992	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT 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. 000175			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

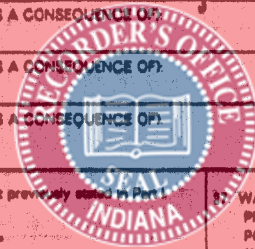
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

HOLD FOR FIRST AMERICAN TITLE

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AUG 18 1992

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