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cit Fin Ser

Mail Tax Bills to:

1760 Ellsworth Place
Gary, IN 46404

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Chicago Title Insurance Company

95070746

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 NOV 20 AM 10:24
RECORDER

REAL ESATE AFFIDAVIT

GERALDINE SANFORD, being first duly sworn upon her oath deposes and says the following:

1. That Reuben L. Sanford/AKA REUBEN Lee Sanford died on the 22nd day of December, 1993, while domiciled in Lake County, Indiana.

2. That more than forty five (45) days have elapesed since the death of Reuben L. Sanford, the decedent.

3. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: the allowance, if any, provided by Indiana Code Section 29-1-4-1, the costs and expenses of administration, and reasonable funeral expenses.

4. At the time of death, the decedent owned the real property located in Lake County, Indiana, described as follows:

All of lots 14, 15, 16 in the Skinderis and Kunicki's Subdivision, Lake County, City of Gary, Indiana, commonly known as 1760 Ellsworth Place, Gary, Indiana.

Key No. 47-40-16

5. That affiant is the widow of the decedent and his sole heir, entitling her to the decedent's interest in the above-described real property as a result of the decedent's death.

Further affiant says not.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

NOV 17 1995

SAM ORLICH
AUDITOR LAKE COUNTY

Geraldine Sanford
GERALDINE SANFORD

1300 Ck

001099

Subscribed and sworn to before me this 18th day of October, 1995.

Rosalind G. Parr

ROSALIND G. PARR, Notary Public
Lake County Resident

My Commission Expires:
September 22, 1997

This document was prepared by Rosalind G. Parr, Attorney at Law,
8315 Virginia Street, Suite 7, Merrillville, IN 46410

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Total

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

cal No. 93-0969 State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

YPE/PRINT IN ERMANENT LACK INK

1 DECEASED—NAME (First Middle Last) Reuben Lee Sanford	2 SEX Male	3a TIME OF DEATH 4:00 Am	3b DATE OF DEATH (Month Day Yr) December 22, 1993

4 SOCIAL SECURITY NUMBER 314-22-5637	5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) October 28,1927	7 BIRTHPLACE (City and State or Foreign Country) Indiana

8a WAS DECEDENT A U S VETERAN? Yes	8b YEAR LAST SERVED IN U S ARMED FORCES? Unknown	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☐ Nursing Home ☐ Other (Specify) XX Residence

CEDENT

9b FACILITY NAME (If not institution, give street and number) 1760 Ellsworth Place	9c CITY TOWN OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Geraldine Hester	12a DECEDENT S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Steelworker	12b KIND OF BUSINESS/INDUSTRY Bethlehem Steel

13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 1760 Ellsworth Place

13e ZIP CODE 46404	13f INSIDE CITY LIMITS ☐ No XX Yes 13g ON A FARM? XX No ☐ Yes	14 CITIZEN OF WHAT COUNTRY? U S A	15 WAS DECEDENT OF HISPANIC ORIGIN? XX No ☐ Yes (If yes specify Cuban, Mexican Puerto Rican, etc)	16 RACE—American Indian Black White etc (Specify) Black	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 2 Years

ARENTS

18 FATHER'S NAME (First Middle Last) Lewis Sanford	19 MOTHER'S NAME (First Middle Maiden Surname) Unknown

IFORMANT

20a INFORMANT'S NAME (Type/Print) Geraldine Sanford	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1760 Ellsworth Place Gary, Indiana46404	20c Relationship Wife

ISPOSITION

21a METHOD OF DISPOSITION ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	21b PLACE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 28, 1993 Fern Oak Cemetery	21c LOCATION—City or Town, State Griffith, Indiana

22a EMBALMER'S NAME Roosevelt Allen Jr.	22b EMBALMER'S LICENSE NO. #01051701	23 WAS DEATH REPORTED TO CORONER? XX No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee) 08700646	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007703 Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary,Indiana46404

CAUSE OF DEATH

26 PART I Enter the diseases, 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

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a Hypertension	years
	DUE TO (OR AS A CONSEQUENCE OF)	
	b Diabetes	years
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF)	
	c Hypertensive Cardiovascular Disease	years
	DUE TO (OR AS A CONSEQUENCE OF)	
	d	

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Alcoholism.	27 IF FEMALE, 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) - - - - -

FILED

NOV 17 1995

29a CERTIFIER (Check only one)

XX CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated

☐ 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

☐ 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

SAM ORLICH
AUDITOR LAKE COUNTY

CERTIFIER

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO 01030748	29d DATE SIGNED (Month Day Year) 12/30/93

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Dr. Thomas Cullens 3290 Grant Street Gary,IN 46408

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year) JAN. 0 6 1994

CORONER USE ONLY

33 MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide	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			

001100

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER/PD 1