

SURVIVORSHIP AFFIDAVIT

NOV 29 1995

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

SAM ORLICH
AUDITOR LAKE COUNTY

On this the 17th day of November, 1995, before me personally appeared OLIVER LAW, 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 fee simple owner of 11707 West 119th Court, Cedar Lake, Indiana;
3. Said premises described as follows:

Key # 6-255-3

Lot 3 in Arrowhead Woods Addition, as per plat thereof, recorded October 22, 1957 in Plat Book 23 page 26 in the Office of the Recorder of Lake County, Indiana

4. Said premises were formerly owned as joint tenants with affiant, ELLA LAW and ROBERT C. LAW

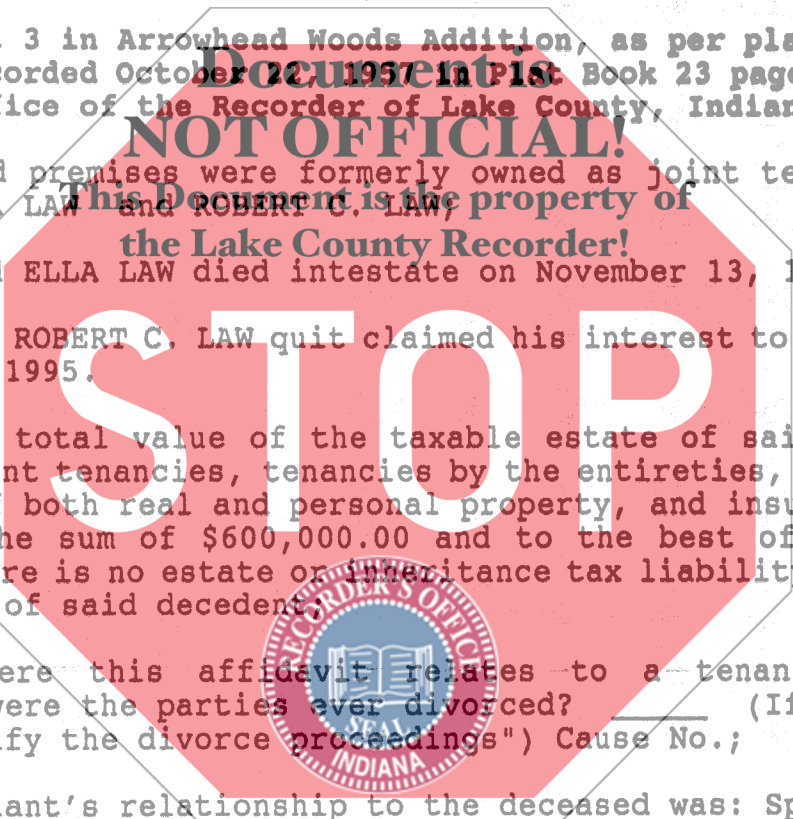
5. Said ELLA LAW died intestate on November 13, 1994;

7. That ROBERT C. LAW quit claimed his interest to affiant on September 1, 1995.

6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$600,000.00 and to the best of affiant's knowledge there is no 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? (If answer is "Yes", identify the divorce proceedings") Cause No.;

8. Affiant's relationship to the deceased was: Spouse.



95072852

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 NOV 30 AM 9:05
MARGARET E. BRAND
RECORDER

Oliver Law
OLIVER LAW, Affiant

(Address)

STATE OF INDIANA
COUNTY OF LAKE:

Subscribed and sworn to before me a Notary Public in and for said County and State on this November 17, 1995.

My Commission Expires:
August 3, 1996
Lake County Resident

R. T. Moore
R. T. MOORE, Notary Public

11:00 SW

ATTENTION ESTATE: On receipt of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2935-94

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Arrouhead Woods Add to Lake County IN hot 3 Key# 6-255-3 Unit #405

1. DECEASED—NAME (First Middle Last) Ella J. Law		2. SEX Female	3a. TIME OF DEATH 11:48pm	3b. DATE OF DEATH (Month Day Yr) November 13, 1994	
4. SOCIAL SECURITY NUMBER 306-19-3761		5a. AGE—Last Birthday (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo. Day Yr) December 28, 12		7. BIRTHPLACE (City and State or Foreign Country) Racine, Wisconsin			
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Not Applic.	9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence			
9b. FACILITY NAME (If not institution, give street and number) 11707 West 119th Court		9c. CITY TOWN OR LOCATION OF DEATH Hanover Township	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife give maiden name) Oliver W. Law	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Homemaker	12b. KIND OF BUSINESS/INDUSTRY Family Home		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Hanover Township	13d. STREET AND NUMBER 11707 West 119th Court		
13e. ZIP CODE 46303	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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 (0-12) 10th Gr. College (1-4 or 5+) - -		18. FATHER'S NAME (First Middle Last) Carl Jensen			
19. MOTHER'S NAME (First Middle Maiden Surname) Meta Christensen		20a. INFORMANT'S NAME (Type/Print) Oliver Law			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hanover Township, IN 46303		20c. Relationship Husband			
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 (Specify cemetery, crematory, or other place) November 16, 1994 Chapel Lawn Memorial gardens		21c. LOCATION—City or Town, State Schererville, IN	
22a. EMBALMER'S NAME Not Embalmed		22b. EMBALMER'S LICENSE NO. FD01007697	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William E. Burdan</i>		24b. LICENSE NUMBER (of Licensee) FD01007697	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURDAN FUNERAL HOME FH83002461 12901 Wicker Ave., Cedar Lk, In. 46303		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Breast Cancer a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) <input checked="" type="checkbox"/> No		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) <input checked="" type="checkbox"/> No			
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <input checked="" type="checkbox"/> No		APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH HEALTH DEPT. JUL 3-7 1995 Alexander S. Miller LAKE COUNTY HEALTH CO.			
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>R. E. Drasga</i>		29c. MEDICAL LICENSE NO. 01031484	29d. DATE SIGNED (Month Day Year) November 14, 1994		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ray E Drasga, MD 8127 Merrillville Rd Merrillville, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Miller, MD</i>		32. DATE FILED (Month Day Year) November 16, 1994			
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) NOV 29 1995	34b. INJURY AT WORK? (Yes or No)	34c. DESCRIBE HOW INJURY OCCURRED	
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) NOV 29 1995		34e. 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. SAM ORLICH AUDITOR LAKE COUNTY		001623	

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