

Survivorship Affidavit

Crown Point, Indiana

J State of Indiana, County of LAKE, SS:

Frances Herrin, being first duly sworn, on oath states she is of lawful age and resides in the County of LAKE, State of Indiana. That she is the surviving spouse of Robert E. Herrin, Sr. who died on the 14th day of August, 1984, and that as such surviving spouse, is the holder of a mortgage dated May 23, 1976 and recorded October 29, 1990, Instrument No. 131447 encumbering the following real estate situated in Lake County, Indiana:

Lot 13, Unit 3, Meadows 3rd Addition to the Town of Highland, as shown in Plat Book 44, page 77, Lake County, Indiana.

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That the decedent and this affiant were husband and wife at the time the mortgage was executed and that they remained such continuously until the death of said decedent.

Frances Herrin  
Frances Herrin Affiant

State of \_\_\_\_\_, County \_\_\_\_\_, SS:

Before me, a Notary Public in and for said County, personally appeared Frances Herrin

and acknowledged the foregoing document to be his/her voluntary act and deed.

Mary L. Rattray  
Notary Public

My commission expires:  
1-31-2000

Resident of Lake County  
2-9-96

This document prepared by Frances Herrin

**FILED**

FEB 14 1996

SAM ORLICH  
AUDITOR LAKE COUNTY

96010518

96FEB 16 PM 12:54

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MARSHALLEE CLEVELAND  
RECORDER

000719

1100  
P  
2/16

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

Blank for State Office Use

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THIS CERTIFICATE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF  
DEATH ON FILE WITH THE LAKE COUNTY  
HEALTH DEPT.

EMBALMER'S NAME *John C. Ault* AUG 20 1984 AUG 20 1984

FUNERAL DIRECTOR'S SIGNATURE *Paul A. Johnson* FUNERAL DIRECTOR'S LICENSE No. 1783

FUNERAL HOME No. 280

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

STATE HEALTH COMMISSIONER *Paul A. Johnson*

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. *1559-84*

State No. \_\_\_\_\_

DECEASED - NAME 1 <b>ROBERT E. HERRIN</b>			SEX 2 <b>MALE</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>AUG. 14, 1984</b>
RACE 4 <b>White</b>	AGE - Last Birthday (M Y) 5a <b>71</b>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (MO DAY YEAR) 6 <b>MARCH 22, 1913</b>
CITY, TOWN OR LOCATION OF DEATH 7a <b>MUNSTER</b>		HOSPITAL OR OTHER INSTITUTION 7c <b>COMMUNITY HOSPITAL</b>		IF HOSP OR INST 7d <b>INPATIENT</b>
STATE OF BIRTH 8 <b>Georgia</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 <b>married</b>	SURVIVING SPOUSE 11 <b>Frances Garrett</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 <b>no</b>
SOCIAL SECURITY NUMBER 13 <b>251-01-2813</b>		USUAL OCCUPATION 14a <b>Maintenance</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Calumet National Bank</b>	
RESIDENCE - STATE 15a <b>INDIANA</b>	COUNTY 15b <b>LAKE</b>	CITY, TOWN OR LOCATION 15c <b>GRIFFITH</b>		
STREET AND NUMBER 15d <b>1019 E. ELM ST.</b>			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f <b>yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER - NAME 16 <b>Alvin Herrin</b>		MOTHER - MAIDEN NAME 17 <b>Alice Cobb</b>		
INFORMANT - NAME (Type or Print) RELATIONSHIP 18 <b>Mrs. Frances Herrin (Wife)</b>		MAILING ADDRESS 18a <b>1019 E. Elm Street Griffith, Indiana 46319</b>		
BURIAL, CREMATION, REMOVAL, OTHER 19a <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME LOCATION 19b <b>Chapel Lawn Memorial Gardens Schererville, Indiana</b>		
DATE (MONTH DAY YEAR) 20a <b>August 16, 1984</b>		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b <b>BOCKEN FUNERAL HOME 7042 Kennedy Ave. Hammond, Ind. 46323</b>		
SIGNATURE OF ATTENDING PHYSICIAN 21a <i>George C. Rasch</i>		DATE SIGNED (MO DAY YEAR) 21b <b>August 17, 1984</b>	HOUR OF DEATH 21c <b>4:30 A.M.</b>	
NAME OF ATTENDING PHYSICIAN 21d <b>GEORGE C. RASCH, M.D.</b>				
MAILING ADDRESS - PHYSICIAN 21e <b>1644 45TH. AVE., MUNSTER, IND. 46321</b>				
HEALTH OFFICER - SIGNATURE 22a <i>Paul A. Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>8-20-84</b>	
IMMEDIATE CAUSE (PART I) 23 <b>CARCINOMA OF THE LUNG.</b>				Interval between onset and death <b>3 years.</b>
PART I a) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
b) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to other given in PART I <b>Obstructive Pulmonary Disease</b>				AUTOPSY? (Specify Yes or No) 24 <b>no</b>

*copy*