

96 FEB 29 PM 1:39

MARGARETTE CLEVELAND
RECORDER

2
STATE OF INDIANA) 96013485
) SS:
COUNTY OF LAKE)

**AFFIDAVIT AS TO
TENANCY BY ENTIRETIES**

DOLORES M. MITCHESS, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving spouse of JACK E. MITCHELL, who died on the 28th day of December, 1994.

That they were owners by the entirety of the following described real estate, to wit:

Lot 17, Griffith High School First Addition to the Town of Griffith, as shown in Plat Book 33, page 95, in Lake County, Indiana (Key # 26-229-17)

Commonly known as: 328 N. Wright St., Griffith, IN

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 she knows of her own knowledge that the value of the gross estate of the above decedent, 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, 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.

Dolores M. Mitchell
DOLORES M. MITCHELL
Affiant

Subscribed and sworn to before me, a Notary Public residing in Lake County, Indiana, on this 16th day of February, 1996.

Kathryn M. Murphy
KATHRYN M. MURPHY
Notary Public

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

FILED

FEB 28 1996

SAM ORLICH
AUDITOR LAKE COUNTY

This Instrument Prepared By:

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

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11-00
5w
CK#17936

ATTENTION STATE: Disclosure of the SSA's need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3389-94

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Jack E. Mitchell				2 SEX Male		3a TIME OF DEATH 11:30 P.M.		3b DATE OF DEATH (Month Day Yr) December 28, 1994					
4 SOCIAL SECURITY NUMBER 305-30-9703		5a AGE—Last Birthday (Years) 65		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) Dec. 12, 1929		7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana			
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES?		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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence									
9b FACILITY NAME (If not institution, give street and number) 328 N. Wright St						9c CITY, TOWN OR LOCATION OF DEATH Griffith			9d COUNTY OF DEATH Lake				
10 MARITAL STATUS Married		11 SURVIVING SPOUSE (If wife, give maiden name) Dolores M. Mattingly			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor			12b KIND OF BUSINESS/INDUSTRY Automotive					
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Griffith			13d STREET AND NUMBER 328 N. Wright St						
13e ZIP CODE 46319		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 1	

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

18 FATHER'S NAME (First Middle Last) Walter Mitchell				19 MOTHER'S NAME (First Middle Maiden Surname) Della Gerski							
20a INFORMANT'S NAME (Type/Print) Dolores M. Mitchell				20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 328 N. Wright St Griffith, Indiana 46319				20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) December 31, 1994 Calumet Park Cemetery				21c LOCATION—City or Town, State Merrillville, Indiana			
22a EMBALMER'S NAME Leonard Gregorczyk				22b EMBALMER'S LICENSE NO. FDO 8800305		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mulloney</i>				24b LICENSE NUMBER (of Licensee) FDO 1007176		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003035 Fagen-Miller Funeral Gardens Inc 2828 Highway Ave Highland, IN. 46319					
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) a. <u>pancreatic CANCER</u> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause stating the underlying cause last								Approximate Interval Between Onset and Death			
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) No		28a AUTOPSY PERFORMED (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
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. 01040756			29d DATE SIGNED (Month, Day, Year) December 30, 1994		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26)(Type/Print) A. JANO, M.D., 7905 CALUMET AVE., MUNSTER, IN 46321											
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>										32 DATE FILED (Month, Day, Year) December 30, 1994	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homecide			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, etc. 001254							

FILED

FEB 28 1996

SAM ORLICH
AUDITOR, LAKE COUNTY

RECEIVED

JAN 25 1995

MAILROOM