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LAKE COUNTY  
FILED FOR RECORD

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State of Florida )  
County of Manatee ) ss:

MARGARETTE CLEVELAND 1996  
RECORDER

WIM ORLICH  
NOTARY LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

I, William R. Reed, being first duly sworn, state:

1. This affidavit is made with reference to the following described real estate:

Lot 24, Block 11, Tolleston on the Hill, as recorded in Plat Book 2, Page 55 in the Office of the Recorder of Lake County, Indiana.

2. Your affiant is the widow of the deceased, Betty J. Reed, and is familiar with the affairs of Betty J. Reed and her death.

3. That Betty J. Reed died without leaving a Will, and the decedent's estate, including the above described real estate was not subject to Federal Estate Tax.

4. I, William R. Reed, and Betty J. Reed were husband and wife at the time we acquired the title to the above-described real estate and remained so until the death of Betty J. Reed. As the survivor, I am the only person entitled to the real estate as a result of the decedent's death.

FURTHER AFFIANT SAYETH NOT.



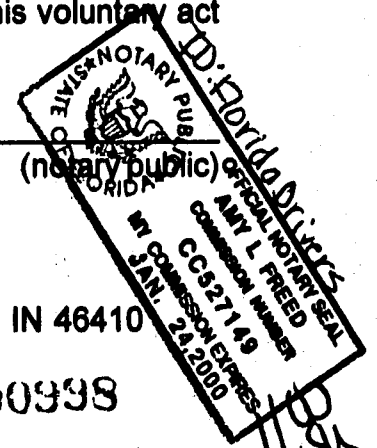
*William R. Reed*  
William R. Reed

State of Florida )  
County of Manatee ) ss:

Before me, a Notary Public in and for said County and State, on this 14<sup>th</sup> day of October, 1996, personally appeared WILLIAM R. REED, and being first duly sworn, acknowledged the execution of the above and foregoing document as his voluntary act and deed.

My Commission expires: Jan. 24, 2000

*Amy W. Freed*  
Amy W. Freed



County of Residence: Manatee

Document prepared by: Ellen Parker, 2624 W. Lincoln Hwy, Merrillville, IN 46410

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000998

OK # 1509

OFFICE of VITAL STATISTICS  
CERTIFIED COPY

CERTIFICATE OF DEATH  
0249 FLORIDA

LOCAL FILE NO.

DECEDENT - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Mo., Day, Yr.)  
1 **BETTY JEAN REED** ? **FEMALE**, **Feb. 1, 1985**

RACE - e.g. White, Black, Am. Indian, etc. (Specify) AGE - Last Birthday (Yrs) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) COUNTY OF DEATH  
1 **White** **54** **55** **5c** **5d** **5e** **5f** **5g** **5h** **5i** **5j** **5k** **5l** **5m** **5n** **5o** **5p** **5q** **5r** **5s** **5t** **5u** **5v** **5w** **5x** **5y** **5z** **6** **7a** **7b** **7c** **7d** **7e** **7f** **7g** **7h** **7i** **7j** **7k** **7l** **7m** **7n** **7o** **7p** **7q** **7r** **7s** **7t** **7u** **7v** **7w** **7x** **7y** **7z** **8** **9** **10** **11** **12** **13a** **13b** **14a** **14b** **14c** **14d** **14e** **15** **16** **17a** **17b** **17c** **17d** **17e** **17f** **17g** **17h** **17i** **17j** **17k** **17l** **17m** **17n** **17o** **17p** **17q** **17r** **17s** **17t** **17u** **17v** **17w** **17x** **17y** **17z** **18a** **18b** **18c** **18d** **18e** **18f** **18g** **18h** **18i** **18j** **18k** **18l** **18m** **18n** **18o** **18p** **18q** **18r** **18s** **18t** **18u** **18v** **18w** **18x** **18y** **18z** **19** **20a** **20b** **20c** **20d** **20e** **20f** **20g** **20h** **20i** **20j** **20k** **20l** **20m** **20n** **20o** **20p** **20q** **20r** **20s** **20t** **20u** **20v** **20w** **20x** **20y** **20z** **21a** **21b** **21c** **21d** **21e** **21f** **21g** **21h** **21i** **21j** **21k** **21l** **21m** **21n** **21o** **21p** **21q** **21r** **21s** **21t** **21u** **21v** **21w** **21x** **21y** **21z** **22** **23a** **23b** **23c** **23d** **23e** **23f** **23g** **23h** **23i** **23j** **23k** **23l** **23m** **23n** **23o** **23p** **23q** **23r** **23s** **23t** **23u** **23v** **23w** **23x** **23y** **23z** **24** **25** **26** **27a** **27b** **27c** **27d** **27e** **27f** **27g** **27h** **27i** **27j** **27k** **27l** **27m** **27n** **27o** **27p** **27q** **27r** **27s** **27t** **27u** **27v** **27w** **27x** **27y** **27z** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **80** **81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **100**

CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) IF HOSP. OR INST. (Indicate COA, CP, Emer. Rm., Hospital) (Specify)

STATE OF BIRTH (If not in U.S.A., name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name)

12 **311-26-2652** 13a **House Wife** 13b **Own Home**

RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)

14a **Fla** 14b **Manatee** 14c **Bradenton** 14d **3612 117th St. W.** 14e **No**

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST

15 **Denzil Mendenhall** **Helen Louise Pope**

INFORMANT - NAME (Type or Print) MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

17a **William R. Reed** 17b **3612 117th St. W., Bradenton, Florida** 17c **33507**

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE

18a **Burial** 18b **Skyway Cemetery** 18c **Palmetto, Florida**

FUNERAL DIRECTOR - (Signature) FUNERAL HOME ADDRESS

*[Signature]* **Toale Brothers, 4210 Manatee Ave. W., Bradenton, FL**

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

20b *[Signature]* **2/12/85** 20c **8:30 A**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Time)

20d **Ralph Gotheim 1905 Manatee Av., Bradenton, FL 33505** **OCT 15 1996**

REGISTRAR (Signature) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)

21 **Nancy E. Goodrich** **AUDITOR LAKE COUNTY 1985**

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **Emphysemic cardiovascular disease** (b) **Welder call carcinoma of lung**

DUE TO, OR AS A CONSEQUENCE OF: (Condition(s) which gave rise to cause (a) - list underlying cause last) INTERVAL BETWEEN ONSET AND DEATH

(c) **Diabetes mellitus** INTERVAL BETWEEN ONSET AND DEATH **5 hrs.**

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? AUTOPSY (Yes or No) CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)

(Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

27a **INJURY AT WORK (Specify Yes or No)** 27b **PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)** 27c **LOCATION** 27d **STREET OR R.F.D. NO.** 27e **CITY OR TOWN** 27f **STATE**

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: *[Signature]*

*[Signature]*  
OLIVER H. BOORDE  
State Registrar

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