

97020119

97 APR -4 AM 11:30

MORRIS W. CARTER
RECORDER

62708 SURVIVORSHIP AFFIDAVIT

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

_____, INDIANA
(City)

STATE OF INDIANA, COUNTY OF LAKE, SS:

LORENE HESS, being first duly sworn, on oath states that SHE is of lawful age and resides in the County of LAKE, State of INDIANA. That SHE is the surviving spouse of ELLIS R. WILLIAMS who died on the 9 day of AUGUST, 1976, and that as such surviving spouse, is the owner of the following real estate located in LAKE County, Indiana:

Lot 4, Block 5, Birkhoff's Addition to the City of Hammond, as shown in Plat Book 5, page 7, Lake County, Indiana.

APR 03 1997

FILED
SAM ORLICH
AUDITOR LAKE COUNTY

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 they took title to the above described real estate and that they remained such continuously until the death of said decedent.

Lorene Hess
LORENE HESS Affiant

Before me, Catherine J. Herring, a Notary Public in and for said County, personally appeared Lorene Hess and acknowledged the foregoing document to be his/her voluntary act and deed.

Catherine J. Herring
Notary Public

My commission expires: April 4, 1997
Resident of Laure County

This document prepared by: LORENE HESS

000234

dy
11.00
CP

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 3

Local No. 605

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS	DECEASED—NAME 1. Ellis R. Williams			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 8-9-1976	
	RACE 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 56	UNDER 1 YEAR MOB. DAYS 5b. 5 10	UNDER 1 DAY HOURS MIN. 5c. — —	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Feb. 29, 1920	COUNTY OF DEATH 7a. Lake
	CITY, TOWN, OR LOCATION OF DEATH 7b. Hammond			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Margaret Hospital	
	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Alabama		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Lorene Whisenhunt	
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 11. Alabama		SOCIAL SECURITY NUMBER 12. 12423-07-3753		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Carpenter		
RESIDENCE—STATE 14a. Indiana		COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Hammond		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	
STREET AND NUMBER 14f. 4730 Cedar Avenue		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER—NAME FIRST MIDDLE LAST 15. Robert Williams			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Lillie Williams			
INFORMANT—NAME 17a. Lorene Williams		RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 4730 Cedar Ave, Hammond, Indiana 46321		
PART I. DEATH WAS CAUSED BY. [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE		Acute Myocardial infarction			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hr	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		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 GIVEN IN PART I (A)						
DATE & TIME OF DEATH		MONTH DAY YEAR		DATE SIGNED MONTH DAY YEAR		
20. 08 09 1976 11:25 AM				21. 08 09 1976		
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. E.W. Stevens, M.D.		SIGNATURE OF PHYSICIAN 22b. Edwin W. Stevens M.D.				PHY. CODE 11
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO		CITY OR TOWN STATE ZIP		
23. 7905 Calumet Avenue, Munster, Indiana 46321						
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. Chapel Lawn Memorial Gardens		LOCATION CITY OR TOWN STATE 24c. Schererville, Indiana		
DATE (MONTH, DAY, YEAR) 24d. Aug. 12, 1976		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Dziadowicz and Anthony Funeral Home 4404 Cameron Avenue Hammond, Indiana 46327				
HEALTH OFFICER—SIGNATURE 25b. Franklin J. Peruda M.D.				DATE RECEIVED BY LOCAL HEALTH OFFICER 25c. Aug 11 78		

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. 8-11-76

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME: Bernard D. Anthony
 FUNERAL DIRECTOR'S SIGNATURE: Bernard D. Anthony
 LICENSE No. 695
 FUNERAL HOME No. 283
 LICENSE No. 870

Disposition Permit Issued: / /
 Provisional Certificate
 Yes No

