

**FILED**

STATE OF INDIANA )  
COUNTY OF LAKE )

IN RE: JOHN H. MASHBURN,  
Deceased  
SS: JUN 06 1997 SSN 317-20-8271

SAM ORLICH  
AUDITOR LAKE COUNTY  
AFFIDAVIT OF SURVIVORSHIP AND HEIRSHIP

97036463

3

Toni Bridges, being duly sworn upon oath, deposes and says:

That she is the daughter of John H. Mashburn, and that John H. Mashburn was married to Catherine F. Mashburn, and that John H. Mashburn and Catherine F. Mashburn had two (2) children as a result of said marriage, namely, Toni Bridges and John H. Mashburn, Jr.

That John H. Mashburn and Catherine F. Mashburn became the owners, as tenants by the entirety, of the following described real estate in Lake County, Indiana, to-wit:

Lot 11, in Bon Aire Subdivision, Unit #4, as per plat thereof recorded in Plat Book 36, page 11, in the Office of the Recorder of Lake County, Indiana. Key No. 15-373-11, Unit No. 8

commonly known as: 2664 West 59th Place  
Merrillville, Indiana.

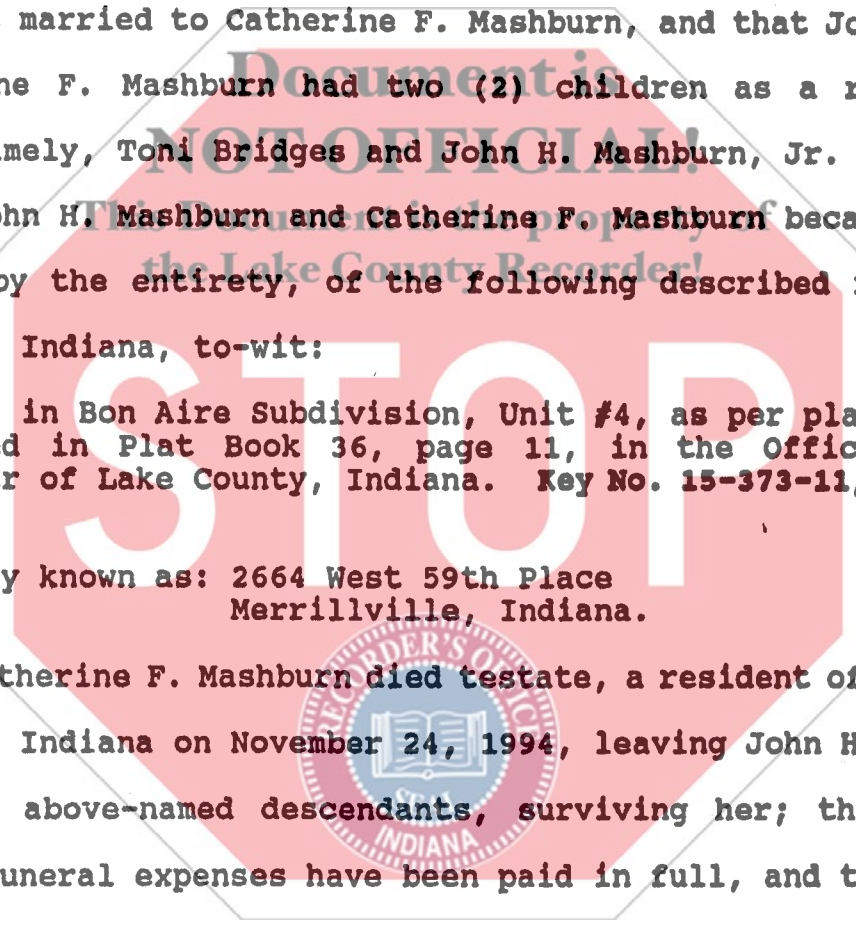
That Catherine F. Mashburn died testate, a resident of Merrillville, Lake County, Indiana on November 24, 1994, leaving John H. Mashburn and the two (4) above-named descendants, surviving her; that all of the decedent's funeral expenses have been paid in full, and that her estate is not subject to payment of either Indiana Inheritance Tax or Federal estate tax.

That the aforescribed real estate was purchased by John H. Mashburn and Catherine F. Mashburn, as husband and wife, tenants by the entirety, and was held by them in the same manner until the death of Catherine F. Mashburn.

000446

for  
1400  
CP

HOLD FOR FIRST AMERICAN TITLE



STATE OF INDIANA  
LAKE COUNTY  
FILED  
97 JUN 5 10:30 AM  
REC'D

That John H. Mashburn died testate, a resident of Merrillville, Lake County, Indiana on November 24, 1996, leaving the two (2) above-named descendants, surviving him; that all of the decedent's funeral expenses have been paid in full, and that his estate will pay all required Indiana Inheritance Tax, and that his estate is not subject to payment of Federal estate tax.

That this affidavit is made for the purpose of showing the death of Catherine F. Mashburn on November 24, 1994, and the passing of title to the aforescribed real estate to John H. Mashburn, as the survivor of said tenancy by the entirety; the subsequent death of John H. Mashburn on November 24, 1996, and the passing of title of the aforescribed real estate to the heirs of John H. Mashburn, who are his two (2) surviving offspring, namely, Toni Bridges and John H. Mashburn, Jr.

Further affiant saith not.

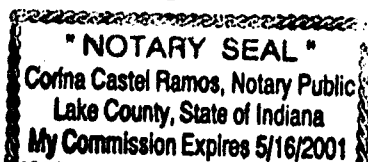
*Toni Bridges*  
TONI BRIDGES, Affiant  
SSN 303-48-1718

SUBSCRIBED AND SWORN to before me this 30<sup>th</sup> day of May, 1997.



My Commission Expires:

Notary Public  
Lake County Resident



This document prepared by: ~~Joseph W. ...~~ Attorney No. 358-45, LUCAS, HOLCOMB & MEDREA, Easton Court, 300 East 90th Drive, Merrillville, Indiana 46410

\*ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.\*

# INDIANA STATE DEPARTMENT OF HEALTH

Local No. 3031-94

## CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>Catherine F. Mashburn</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>10:05p</b>	3b DATE OF DEATH (Month Day, Yr) <b>November 24, 1994</b>
4 SOCIAL SECURITY NUMBER <b>309-22-8326</b>	5a AGE—Last Birthday (Years) <b>68</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) <b>JULY 7, 1926</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <b>Community Hospital</b> <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DQA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a WAS DECEDENT A U.S. VETERAN? <b>No</b>	9b YEAR LAST SERVED IN U.S. ARMED FORCES?	9c CITY, TOWN OR LOCATION OF DEATH <b>Munster</b>		
9d COUNTY OF DEATH <b>Lake</b>		10 MARRITAL STATUS (Specify) <b>Married</b>		
11 SURVIVING SPOUSE (If wife give maiden name) <b>John Mashburn</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Housewife</b>		12b KIND OF BUSINESS/INDUSTRY
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Merrillville</b>	13d STREET AND NUMBER <b>2664 W. 59th Place</b>	
13e ZIP CODE <b>46410</b>	13f RIDE 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? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>				17a College (1-4 or 5+)
18 FATHER'S NAME (First Middle Last) <b>Charles Calandra</b>		18 MOTHER'S NAME (First Middle Maiden Surname) <b>Ruth Beddia</b>		
20a INFORMANT'S NAME (Type/Print) <b>John Mashburn Sr.</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2664 W. 59th Place, Merrillville, IN</b>		20c Relationship <b>In Husband</b>
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) <b>November 28, 1994 Calumet Park Cemetery</b>		21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>
22a EMBALMER'S NAME <b>Anthony S. Rendina Jr.</b>		22b EMBALMER'S LICENSE NO. <b>FD01010402</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) <b>FD01010402</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina Funeral Home FH83007819 5100 Cleveland St. GARY, IN 4640</b>	
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. <b>Advanced Carcinoma Cervix</b>				
THIS CERTIFICATE IS A TRUE AND CORRECT STATEMENT OF THE CAUSE OF DEATH AS REPORTED BY THE INFORMANT AND AS DETERMINED BY THE HEALTH OFFICER. Conditions, if any, which gave rise to the immediate cause causing the underlying cause last.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>				
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>				
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>				
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>M. Rendina</i>			29c. MEDICAL LICENSE NO. <b>29782</b>	29d. DATE SIGNED (Month, Day, Year) <b>11-28-94</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>9116 Columbia ave, Munster, Ind. M.Y. A. H. M.D. 46321</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>				32. DATE FILED (Month, Day, Year) <b>November 29, 1994</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF DEATH (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		