

FILED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 OCT -2 AM 10:30

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)

OCT 01 1997

COUNTY OF LAKE)

) SS:

SAMUEL 66452

AUDITOR LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

Chicago Tide Insurance Company

R 66622 4339

Comes now, Marie S. May, being duly sworn on her oath, and states as follows:

1. That she resides at 2238 Crestview Drive, Schererville, Indiana, 46375, and that she is the surviving spouse of Robert L. May.

2. That said Affiant and Robert L. May lived together as husband and wife until the time of his death on the 9th day of July, 1997.

3. That the Affiant herein and the decedent, Robert L. May, owned certain real estate as tenants by the entireties in Lake County, Indiana, legally described as follows:

Lot Four (4) Woodland Heights First Addition to Schererville, as shown in Plat Book 33, Page 1, in the Records of Lake County, Indiana

Commonly known as 2238 Crestview Drive, Schererville, IN 46375

4. Affiant states that the decedent, Robert L. May, died on the 9th day of July, 1997, as confirmed by a certificate of the office of vital statistics of the State of Indiana hereto attached.

5. That the marital relationship which existed between the Affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Robert L. May on the 9th day of July, 1997, at which time the Affiant acquired title to the above-described real estate as surviving tenant by the entireties.

FURTHER AFFIANT SAYETH NOT.

Marie S. May
Marie S. May

00004E

13-00

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Marie S. May, and acknowledged the execution of the foregoing Affidavit of Survivorship to be her voluntary act and deed.

Dated this 11th day of September, 1997.

SHELLY R VITALONE
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. JUNE 11, 1999

Shelly R. Vitalone
Notary Public
Resident of LAKE County
My Commission Expires: 6-11-99

This Instrument Prepared By: Stuart J. Friedman, Pinkerton and Friedman, P.C., 9245 Calumet Avenue, Suite 201, Munster, Indiana, 46321 (219) 836-3050

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to perform its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1466-92

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

205207
TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Robert L. May		2 SEX Male	3a TIME OF DEATH 9:57 AM	3b. DATE OF DEATH (Month Day, Yr) July 9, 1997	
4. *SOCIAL SECURITY NUMBER 309-30-7816	5a AGE—Last Birthday (Years) 65	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minute	6 DATE OF BIRTH (Mo. Day, Yr) July 30, 1931	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. PLACE OF DEATH (Check only one See instructions)				
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Not Applicable	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a FACILITY NAME (If not institution, give street and number) Saint Margaret Mercy—South Campus		9b. CITY, TOWN OR LOCATION OF DEATH Dyer	9c. COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Marie Scarbrough	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Construction Foreman	12b. KIND OF BUSINESS/INDUSTRY Utilities—Gas		
13a RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Schererville	13d. STREET AND NUMBER 2238 Crestview Drive		
13e ZIP CODE 46375	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) 12 College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) Leo May			
19 MOTHER'S NAME (First Middle Maiden Surname) Vera Carlson		20a INFORMANT'S NAME (Type/Print) Marie May			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2238 Crestview Drive Schererville, Indiana 46375		20c. Relationship Wife			
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) July 12, 1997 Chapel Lawn Cemetery		21c. LOCATION—City or Town State Schererville, Indiana	
22a. EMBALMER'S NAME Ronald A. Reed		22b. EMBALMER'S LICENSE NO FDO1001081	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald A. Reed</i>		24b. LICENSE NUMBER (of Licensee) FDO8601585	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH83007500		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF IMMEDIATE CAUSE OF DEATH AS REPORTED TO THE COUNTY HEALTH COMMISSIONER. DUE TO (OR AS A CONSEQUENCE OF) FILED					
Conditions if any which gave rise to the immediate cause, stating the underlying cause last. DUE TO (OR AS A CONSEQUENCE OF) OCT 16 1997					
PART II Other conditions contributing to death but not previously stated in Part I. SAM ORLICH ADDON FOR LAKE COUNTY					
27a. WAS DECEDENT POSTPARTUM? (Yes or no) No		27b. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Not Applicable	
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>Thomas J. Bacevich</i>		29c. MEDICAL LICENSE NO 01035679	29d. DATE SIGNED (Month, Day, Year) 7/15/97		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Thomas J. Bacevich, M.D. 1135 W. 97th Lane St John IN 46373					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander ...</i>				32 DATE FILED (Month, Day, Year) July 16, 1997	
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"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED 000047
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, pedestrian, etc. #			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER