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FILED

OCT 14 1997 070564

SAM ORLICH
AUDITOR LAKE COUNTY
SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 OCT 17 AM 9:15

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
COUNT OF LAKE) SS:
)

On this October 3, 1997 before me personally appeared Carol A. Ballantine to me personally known who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is surviving tenant by entirety;
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by:

A Gailord L. Ballantine and Carol A. Ballantine

4. Said Gailord L. Ballantine a/k/a Gailord Ballantine died on March 12, 1985 leaving NO Will;
5. The legal description of the premises in question is:

Lot 1, Schillings 1st Addition To Town of Dyer; Lake Count, Indiana; more commonly known as 2735 Edgewood Drive, Dyer, Indiana 46311.

Real Estate Tax Key No: 14-103-01

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent; the parties were never divorced.
7. Affiant's relationship to the deceased was Wife - Surviving Spouse.

Signature: Carol Ballantine
Carol Ballantine
Address: 2735 Edgewood Drive
Dyer, Indiana 46311

Subscribed and sworn to before me by the affiant this October 3, 1997

Kenneth A. Manning
Kenneth A. Manning, Notary Public

My Commission Expires: 12-12-98
Resident of: Lake County

This instrument prepared by: Kenneth A. Manning, Attorney at Law, Attorney No: 9015-45, 200 Monticello Drive, Dyer, Indiana 46311, 219-865-8376

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

Below for State Office Use

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94800878

EMBALMER'S NAME
Edward F. Fulhoney

FUNERAL DIRECTOR'S
SIGNATURE
Ed Miller
MAR 13 1985

FUNERAL HOME
LICENSE No. 1791
FUNERAL DIRECTOR'S
LICENSE No. 150

Local No. 522 35

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.O.D.
D.O.

CONDITIONS IF ANY UNDER WHICH DEATH OCCURRED IF CAUSE BEING DETERMINED BY THE LOCAL HEALTH OFFICER

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED NAME 1 Gailord L. Ballantine		SEX 7 Male	DATE OF DEATH MONTH DAY YEAR 3 March 12, 1985
RACE 4 White	AGE 5a 66	UNDER 1 YEAR 5b DAYS	UNDER 1 DAY 5c HOURS MIN.
CITY TOWN OR LOCATION OF DEATH 7b Dyer		HOSPITAL OR OTHER INSTITUTION 7c 2735 Edgewood Dr.	IF HOSP OR INST (Use per B04 UP Emer. Res. Inpatient/Outpat) 7d
STATE OF BIRTH 8 Iowa	CITIZEN OF WHAT COUNTRY 9 U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE 11 Carol Bell
SOCIAL SECURITY NUMBER 13 315-10-7132		USUAL OCCUPATION 14a Salesperson	KIND OF BUSINESS OR INDUSTRY 14b Goldblatt's Brothers
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY TOWN OR LOCATION 15c Dyer	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15e 2735 Edgewood Dr.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER NAME 16 John Ballantine		MOTHER MAIDEN NAME 17 Mayme Meyers	
INFORMANT NAME (Type or print) 18a Carol Ballantine (Wife)		RELATIONSHIP 18b Wife	
MAILING ADDRESS 18c 2735 Edgewood Dr.		CITY OR TOWN STATE ZIP 18d Dyer, Indiana 46311	
DISPOSITION 19a Burial		CEMETERY OR CREMATORY FUNERAL HOME 19b Chapel Lawn Mem. Gardens	
LOCATION 19c Schererville, Ind.		DATE (MONTH DAY YEAR) 20a March 15, 1985	
FUNERAL HOME NAME AND ADDRESS 20b Fagen-Miller Funeral Gardens Inc.		CITY OR TOWN STATE ZIP 20c Dyer, Ind. 46311	
To the best of my knowledge death occurred at the time, date and place and due to the condition stated 21a Fu Hueber		DATE SIGNED (Mo. Day Yr) 21b 3-13-85	HOUR OF DEATH 21c M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d F R Hueber			
MAILING ADDRESS PHYSICIAN 21e 7550 Hohmann, Munster, IN 46521			
HEALTH OFFICER - SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-13-85	
PART I 23 IMMEDIATE CAUSE (ENTER ONLY THE CAUSE PERFORM FOR 1a, 1b, AND 1c) 1a Cardiac Arrest		Interval between onset and death	
1b DUE TO OR AS A CONTRIBUTOR OF Ischemic Heart Disease		Interval between onset and death Unknown	
1c DUE TO OR AS A CONTRIBUTOR OF		Interval between onset and death	
PART II 24 OTHER CAUSE (PART I conditions not contributing to death but related to cause given in PART I)		AUTOPSY (Specify Yes or No)	

AUDITOR LAKE COUNTY
SAM ORLICH

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