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STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 OCT 21 AM 9:29

MORRIS W. CARTER
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

**DELBERT G. SOLOMON,** being of legal age and duly sworn upon his oath, deposes and states as follows:

1. That he is the owner in fee simple of the following described real estate commonly known as 1120 South Hobart Road,, in the City of Hobart, County of Lake, State of Indiana, which parcel is more particularly described as follows, to-wit:

> The North 200 feet of the South 430 feet of the North ½ of the Northeast 1/4 except the West 2414.5 feet thereof, of Section 5, Township 35 North, Range 7 West of the 2nd Principal Meridian in the City of Hobart, Lake County, Indiana. Tax Key No.: 17-3-35, 36

2. The Affiant further states that **DELBERT G. SOLOMON** and **DOROTHY FAYE SOLOMON**, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by Deed of Conveyance dated the 18th day of April, 1962 and recorded on the 30th day of April, 1962, as document number 400479 in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between **DELBERT G. SOLOMON** and **DOROTHY FAYE SOLOMON** continued unbroken from the time they so acquired title to the real estate until the death of **DOROTHY FAYE SOLOMON** on the 1st day of September, 1997, at which time this Affiant, acquired title to said real estate as the surviving tenant by the entireties. The Affiant attaches hereto a copy of the Death Certificate of **DOROTHY FAYE SOLOMON** marked as Exhibit "A".

4. That no administration has been had upon the estate of **DOROTHY FAYE SOLOMON**

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SAM ORLICH
AUDITOR LAKE COUNTY

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and none is contemplated, and her estate was not subject to any Federal or State taxes.

5. The Affiant makes this Affidavit for the purpose of causing the proper transfer of the real estate in the Office of the Auditor of Lake County, Indiana.

Delbert G. Solomon
**DELBERT G. SOLOMON**

**SUBSCRIBED AND SWORN** to before me, a Notary Public in and for said State and County, this 20 day of October, ~~1996~~ 1997

Bonnie Berk
Notary Public (Written)

Bonnie Berk
Notary Public (Printed)

Commission Expires: 9.14.98
County of Residence: LAKE

This instrument prepared by: Frank J. Koprcina, Attorney at Law, 105 E. 61st Avenue, SteE. Merrillville, Indiana 46410, (219) 985-9999

This Document Not Valid Unless Stamped on Reverse Side and Embossed With Raised Seal of Porter County

PORTER COUNTY

# CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

1. DECEASED–NAME (First Middle Last): DOROTHY FAYE SOLOMON
2. SEX: Female
3a. TIME OF DEATH: 1:20AM
3b. DATE OF DEATH (Month Day Yr): September 1, 1997
4. SOCIAL SECURITY NUMBER: 312-28-9074
5a. AGE - Last Birthday (Years): 67
5b. UNDER 1 YEAR – Months / Days:
5c. UNDER 1 DAY – Hours / Minutes:
6. DATE OF BIRTH (Mo Day Yr): Jun 5, 1930
7. BIRTHPLACE (City and State or Foreign Country): Obion County, Tennessee
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES: N/A
9. PLACE OF DEATH (Check only one. See Instructions): ☐ Hospital – ☐ Inpatient ☐ ER/Outpatient ☐ DOA; ☒ Other – ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): VNA Mary Bartz Hospice Center
9c. CITY TOWN OR LOCATION OF DEATH: Valparaiso
9d. COUNTY OF DEATH: Porter
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Delbert G Solomon
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY TOWN OR LOCATION: Hobart
13d. STREET AND NUMBER: 1120 S. Hobart Road
13e. ZIP CODE: 46342
13f. INSIDE CITY LIMITS? ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes
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+):

**PARENTS**

18. FATHER'S NAME (First, Middle, Last): John Earl Cravens
19. MOTHER'S NAME (First, Middle, Maiden Surname): Wilma Alice Beeler

**INFORMANT**

20a. INFORMANT'S NAME (Type/Print): Delbert G Solomon
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1120 S. Hobart Rd., Hobart, IN 46342
20c. Relationship: Husband

**DISPOSITION**

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify) _____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Sep 4, 1997 Graceland Cemetery
21c. LOCATION - City or Town State: Valparaiso, Indiana
22a. EMBALMER'S NAME: James J. Krause
22b. EMBALMER'S LICENSE NO.: FDO1006463
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James J. Krause
24b. LICENSE NUMBER (of Licensee): FDO1006463
25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH83003069, Rees Funeral Home, Inc., 600 W. Old Ridge Road, Hobart, IN 46342

**CAUSE OF DEATH**

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.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) a. | Adeno Carcinoma - metastatic | 6-7 months |
| DUE TO (OR AS A CONSEQUENCE OF) b. | | |
| DUE TO (OR AS A CONSEQUENCE OF) c. | | |
| DUE TO (OR AS A CONSEQUENCE OF) d. | | |

Conditions if any which gave rise to the immediate cause stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

**CERTIFIER**

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
☐ 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.
☐ 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: James Taylor
29c. MEDICAL LICENSE NO: 21583
29d. DATE SIGNED (Month Day Year): 9-2-97

**HEALTH OFFICER**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print): James Taylor MD, 2102 Evans Avenue, Valparaiso, IN 46383
31. HEALTH OFFICER'S SIGNATURE: Gary A. Babcock MD
32. DATE FILED (Month Day Year): September 3, 1997

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month Day Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
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.