

**FILED**

DEC 01 1997

SAM ORLICH  
AUDITOR LAKE COUNTY

Chicago Title Insurance Company

H494085

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**SURVIVORSHIP AFFIDAVIT**

On this SEPTEMBER 29, 1997 before me personally appeared  
(insert date)

MILDRED SUZANNE MEEKS

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
97 DEC -2 11:10:15  
MOPPS W. CARTER

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;

OWNER

2. Affiant is \_\_\_\_\_;  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by

VIRGIL KEITH MEEKS and MILDRED SUZANNE MEEKS

4. Said VIRGIL KEITH MEEKS  
(fill in name of co-tenant who died)

died on MAY 25, 1997

leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Lot 86, Beverly Fifth Addition, in the City of Hammond, as shown in Plat Book 29, page 8, in Lake County, Indiana.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said

decendent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid.

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SEP 29 1997

PORTER COUNTY INDIANA

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
NO

(If answer is "Yes," identify the divorce proceedings:  
.....);

8. Affiant's relationship to the deceased was..... WIFE

Signature: *Mildred Suzanne Meeks*

Printed Name MILDRED SUZANNE MEEKS

Address: 9800 LINCOLN COURT  
CROWN POINT, IN 46307

Subscribed and sworn to before me by the affiant

this SEPTEMBER 29, 1997

(insert date)

*Christine M. Olejnik*  
Notary Public

Printed Name CHRISTINE M. OLEJNIK

My County of Residence is: PORTER

In the State of INDIANA

My Commission Expires 06/01/01

This instrument prepared by MILDRED SUZANNE MEEKS

INDIANA STATE BOARD OF HEALTH

Local No. ... 1131-92 .....

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK  
 DECEDENT  
 PARENTS  
 INFORMANT  
 DISPOSITION  
 CAUSE OF DEATH  
 CERTIFIER  
 HEALTH OFFICER  
 CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>VIRGIL K. MEEKS</b>		2 SEX <b>Male</b>		3a TIME OF DEATH <b>11:05A<sub>M</sub></b>		3b DATE OF DEATH (Month Day Yr) <b>May 25, 1992</b>	
4 SOCIAL SECURITY NUMBER <b>346-16-4263</b>		5a AGE—Last Birthday (Years) <b>78</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo. Day Yr) <b>January 4, 1914</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>LaBelle, Missouri</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>Community Hospital</b>				9c CITY/TOWN OR LOCATION OF DEATH <b>Munster</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Mildred Nelson</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Machinist</b>		12b KIND OF BUSINESS/INDUSTRY <b>Automotive</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY/TOWN OR LOCATION <b>Hammond</b>		13d STREET AND NUMBER <b>7919 White Oak Lane</b>	
13e ZIP CODE <b>46324</b>		13f INSIDE CITY LIMITS <input checked="" 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>U.S.A.</b>		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) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11 years</b> College (1-4 or 5+) <b>---</b>					
18 FATHER'S NAME (First Middle Last) <b>Elsie Meeks</b>				19 MOTHER'S NAME (First Middle Maiden Surname) <b>Elsie Keithley</b>			
20a INFORMANT'S NAME (Type/Print) <b>Mildred Meeks</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7919 White Oak Lane Hammond, Indiana 46324</b>			20c Relationship <b>Wife</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>May 28, 1992 Chapel Lawn Memorial Gardens</b>			21c LOCATION—City or Town, State <b>Schererville, Indiana</b>	
22a EMBALMER'S NAME <b>Charles W. Wells</b>			22b EMBALMER'S LICENSE NO. <b>#1042372</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony Solan</i>			24b LICENSE NUMBER (of Licensee) <b>FD#1051840</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>SOLAN FUNERAL HOME FH#83002893 7109 Calumet Ave., Hammond, Ind. 46324</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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death): <i>Cardiopulmonary arrest</i>							
DUE TO (OR AS A CONSEQUENCE OF): <i>Coronary Artery Disease</i>							
Conditions, if any, which gave rise to the immediate cause (state the underlying cause last): _____							
DUE TO (OR AS A CONSEQUENCE OF): _____							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Superficial Abrasions, Chronic Leukemia</i>							
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>Donald J. Faulkner, M.D.</i>			29c. MEDICAL LICENSE NO. <b>17586</b>			29d. DATE SIGNED (Month, Day, Year) <b>May 26, 1992</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donald J. Faulkner, M.D., 7908 Calumet Ave. Munster, Indiana 46321</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>						32. DATE FILED (Month, Day, Year) <b>May 27, 1992</b>	
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		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.					