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DEC 01 1997

SAM ORLICH 970082101
AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 DEC -2 AM 10:15

MORRIS W. CARTER

Chicago Title Insurance Company

Return to: Attorney Donald L. Gray, 1244-119th Street, Whiting, Indiana 46394

H494692 LP

STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

## AFFIDAVIT OF SURVIVORSHIP

Opel Inez Martin, a competent adult, being first duly sworn upon oath, deposes and says that she is the daughter-in-law of Elmer Adamson and Pearl Adamson, husband and wife, and is well and truly acquainted with the facts herein recited:

1. That Elmer Adamson and Pearl Adamson were husband and wife and during coverture they did acquire by Warranty Deed dated August 17, 1978 recorded as document no. 486986 on August 28, 1978 fee simple title as tenants by the entireties of a certain parcel of real estate located in the County of Lake, State of Indiana, more particularly described as follows:

   The South 30 feet of Lot 27 and the North 10 feet of Lot 28 in Block 1 in Park View Addition to Hammond, as per plat thereof, recorded in Plat Book 18, page 19, in the Office of the Recorder of Lake County, Indiana, bearing tax key number 35-220-28, more commonly known and described as 1325 Parkview Avenue, Hammond, Whiting PO, Indiana.

2. That this affiant's mother-in-law, Pearl Adamson, a/k/a Pearl P. Adamson, died on the 16st day of June, 1996 and that by operation of law the title in the above described real estate then vested in Elmer Adamson solely.

3. That the decedent's estate was not subject to federal estate tax or to Indiana inheritance tax.

4. That this affiant makes this affidavit for the purpose of showing that the title to the above described real estate is now vested in Elmer Adamson solely and for the purpose of inducing the Auditor of Newton County to change the land transfer records to show ownership in Elmer Adamson solely.

Further affiant sayeth not.

Opel Inez Martin
Opel Inez Martin

Subscribed and sworn to before me this 25th day of November, 1997.
My Commission expires:
August 21, 1998

Donald L. Gray
Donald L. Gray, Notary Public
A Lake County Resident

This instrument prepared by Attorney Donald L. Gray, 1244-119th Street, Whiting, Indiana 46394

000031

11.00 ck

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

ocal No. 484

# INDI A STATE DEPARTMENT OF HE TH

## CERTIFICATE OF DEATH

THE FOLLOWING IS A TRUE COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

St Jun 18, 1996 Date Issued — Hammond Health Commissioner

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

YPE/PRINT IN ERMANENT BLACK INK

**ECEDENT** H494692

| Field | Entry |
|---|---|
| 1 DECEASED—NAME (First Middle Last) | Pearl P. Adamson |
| 2 SEX | Female |
| 3a TIME OF DEATH | 4:06 p M |
| 3b DATE OF DEATH (Month Day Yr) | June 16, 1996 |
| 4 SOCIAL SECURITY NUMBER | 420-20-8272 |
| 5a AGE—Last Birthday (Years) | 77 |
| 5b UNDER 1 YEAR (Months / Days) | |
| 5c UNDER 1 DAY (Hours / Minutes) | |
| 6 DATE OF BIRTH (Mo Day Yr) | Dec. 11, 1918 |
| 7 BIRTHPLACE (City and State or Foreign Country) | Russellville, Alabama |
| 8a WAS DECEDENT A US VETERAN? | No |
| 8b YEAR LAST SERVED IN US ARMED FORCES? | N/A |
| 9a 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) | St. Margaret Mercy Healthcare Center |
| 9c CITY, TOWN OR LOCATION OF DEATH | Hammond |
| 9d COUNTY OF DEATH | Lake |
| 10 MARITAL STATUS (Specify) | Married |
| 11 SURVIVING SPOUSE (If wife give maiden name) | Elmer Adamson |
| 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 | Own Home |
| 13a RESIDENCE—STATE | Indiana |
| 13b COUNTY | Lake |
| 13c CITY, TOWN OR LOCATION | Hammond (Whiting P.O.) |
| 13d STREET AND NUMBER | 1325 Parkview Avenue |
| 13e ZIP CODE | 46394 |
| 13f INSIDE CITY LIMITS | ☐ No ☒ Yes |
| 13g ON A FARM? | ☒ No ☐ Yes |
| 14 CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 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) / College (1-4 or 5+) | 1 / |

**ARENTS**

| Field | Entry |
|---|---|
| 18 FATHER'S NAME (First Middle Last) | Lee Lindsey |
| 19 MOTHER'S NAME (First Middle Maiden Surname) | Rose E. Shooks |

**IFORMANT**

| Field | Entry |
|---|---|
| 20a INFORMANT'S NAME (Type/Print) | Mr. Elmer Adamson |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) | 1325 Parkview Ave., Whiting, IN 46394 |
| 20c Relationship | Husband |

**ISPOSITION**

| Field | Entry |
|---|---|
| 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) | June 19, 1996 Darwin Cemetery |
| 21c LOCATION—City or Town State | West Union, Illinois |
| 22a EMBALMER'S NAME | Martin A. Dybel |
| 22b EMBALMER'S LICENSE NO | FDE01019456 |
| 23 WAS DEATH REPORTED TO CORONER? | ☒ No ☐ Yes |
| 24a SIGNATURE OF FUNERAL DIRECTOR | [signature] |
| 24b LICENSE NUMBER (of Licensee) | FDE01019456 |
| 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME | Baran & Son, Inc., FDH83007267 1235-119th St., Whiting, IN 46394 |

**AUSE OF EATH**

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 | Cardiac Arrhythmia [handwritten] | |
| 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

| Field | Entry |
|---|---|
| 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) | N/A |

**ERTIFIER**

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

| Field | Entry |
|---|---|
| 29b SIGNATURE AND TITLE OF CERTIFIER | [signature] |
| 29c MEDICAL LICENSE NO | 35532 |
| 29d DATE SIGNED (Month Day Year) | June 18, 1996 |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) | S. Salgan, M. D. 13419 S. Baltimore Avenue, Chicago, Illinois 60633 |

**EALTH FFICER**

| Field | Entry |
|---|---|
| 31 HEALTH OFFICER'S SIGNATURE | Franklin F. Oremuda M.D. |
| 32 DATE FILED (Month Day Year) | JUN 18 1996 |

| Field | Entry |
|---|---|
| 33 MANNER OF DEATH | ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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 | |