STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97082102

97 DEC -2 AM 10: 15

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

H494692 LD

FILED

DEC 01 1997

SAM ORLICH
AUDITOR LAKE COUNTY

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 I. 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

Chicago Title Insurance Company

1100

ISSUED BY MARION COUNTY HEALTH DEPARTMENT

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 096015 ... State No. ...

6015

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

TYPE/PRINT IN PERMANENT BLACK INK

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DECEDENT

H494692

1 DECEASED—NAME (First, Middle, Last): ELMER ADAMSON
2. SEX: MALE
3a TIME OF DEATH: 8:15A M
3b. DATE OF DEATH (Month, Day, Yr): AUGUST 4, 1996
4. *SOCIAL SECURITY NUMBER: 527-12-9835
5a AGE—Last Birthday (Years): 74
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6 DATE OF BIRTH (Mo. Day Yr): MAR. 22, 1922
7. BIRTHPLACE (City and State or Foreign Country): MATTOON, ILLINOIS
8a WAS DECEDENT A US VETERAN?: YES
8b YEAR LAST SERVED IN US ARMED FORCES?: 1945
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number): VENCOR HOSPITAL
9c CITY, TOWN OR LOCATION OF DEATH: INDIANAPOLIS
9d COUNTY OF DEATH: MARION
10 MARITAL STATUS (Specify): WIDOWED
11 SURVIVING SPOUSE (If wife, give maiden name): NONE
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SELF-EMPLOYED
12b. KIND OF BUSINESS/INDUSTRY: TRUCK REPAIR
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 [X] Yes
13g ON A FARM?: [X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] 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): ; College (1-4 or 5+): 2

PARENTS

18 FATHER'S NAME (First, Middle, Last): CLAUDE ADAMSON
19 MOTHER'S NAME (First, Middle, Maiden Surname): EMMA JUNKEN

INFORMANT

20a INFORMANT'S NAME (Type/Print): MRS. INEZ MARTIN
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip): 5802 E. CHALMERS RD., MONTICELLO, 47960
20c. Relationship: DAUGHTER-IN-LAW

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Entombment [ ] Donation [ ] Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): AUGUST 7, 1996 DARWIN CEMETERY
21c LOCATION—City or Town, State: WEST UNION, ILLINOIS
22a EMBALMER'S NAME: Michael D. Gerber
22b EMBALMER'S LICENSE NO.: 8601501
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 463

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Chronic Obstructive Pulmonary Disease	years
DUE TO (OR AS A CONSEQUENCE OF)	Pneumonia	1/mo
DUE TO (OR AS A CONSEQUENCE OF)	Peripheral Vascular Disease	years
DUE TO (OR AS A CONSEQUENCE OF)		

Conditions, if any, giving rise to the immediate cause, stating the underlying cause last

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SAM ORLICH AUDITOR LAKE COUNTY

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): N/A
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

CERTIFIER

29a CERTIFIER (Check only one):
[X] 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 D. Pike
29c MEDICAL LICENSE NO: 01000970
29d DATE SIGNED (Month, Day, Year): 8/7/96
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 3266 N. MERIDIAN ST #501 INDPLS, IN. 46208

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Virginia A. Caine, M.D.
32. DATE FILED (Month, Day, Year): AUG 23 1996

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.

000033

NOT VALID UNLESS MACHINE NUMBERED AND SIGNED WITH MULTICOLOR RIBBON ON THE REVERSE SIDE