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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD SUBJ
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

DEC 11 1997
MORRIS W. CARTER
RECORDER
SAM ORLICH
AUDITOR LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

PEOPLES BANK, SB, by Stephan A. Ziemba, being first duly sworn upon oath, deposes and says:

1. That Peoples Bank, SB is the duly Court appointed guardian of Melvin Howell, having been so appointed on November 9, 1993 in the Lake Superior Court, Room Three under cause number GG 84-182.

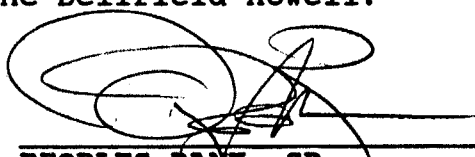
2. That Geraldine Bellfield Howell, spouse of Melvin Howell, died on May 21, 1987 at Gary, Indiana, as evidenced by the Certificate of Death attached hereto.

3. That Melvin Howell and Geraldine Bellfield Howell were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The South 27 feet of Lot 26 and the North 13 feet of Lot 27, in Block 5, in The Wilson Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 19, page 1, in the Office of the Recorder of Lake County, Indiana.

4. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of death of Geraldine Bellfield Howell.

FURTHER, AFFIANT SAYETH NOT.



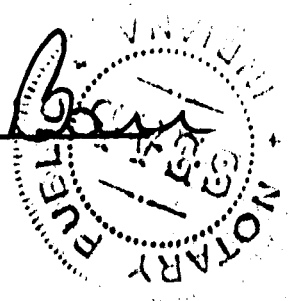
PEOPLES BANK, SB
BY: Stephan A. Ziemba
Assistant Vice-President
and Trust Officer

000740

1300
su
#48129

SUBSCRIBED AND SWORN TO BEFORE me, a Notary Public, this 1st day of December, 1997.

Joyce M. Brown
Notary Public



My Commission Expires: 3-11-98
County of Residence: LAKE

**INSTRUMENT PREPARED BY: Ronald F. Layer, Esq., 5832 Hohman Ave.,
Hammond, IN 46320**

**MAIL TO: Ronald F. Layer, Esq., 5832 Hohman Ave., Hammond, IN
46320**



PRINT
WITH
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Office Use

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

87-0338

Local No.

FUNERAL HOME
No. FDH 3002487

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.D.
OR
D.O.

CAUSE

DECEASED NAME Geraldine Bellfield Howell				SEX Female	DATE OF DEATH (MONTH DAY YEAR) May 21, 1987
RACE (e.g. White, Black, American Indian or Alaskan) Amer. Blk.	AGE Last Birthday 48	UNDER 1 YEAR MAY 1 DAY 5b	UNDER 1 DAY HOURS 5c	DATE OF BIRTH (Mo. Day Year) Oct. 30, 1938	COUNTY OF DEATH Lake
CITY TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number) St. Mary Medical Center Gary		IF HOSP OR INST (Indicate DOD # (D) Emg. Am. Institution/Specialty) Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) North Carolina	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 married	SURVIVING SPOUSE (If male give maiden name) 11 Melvin Howell		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify by type of unit) 12 no
SOCIAL SECURITY NUMBER 13 245-58-3622		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a disabled steel worker		KIND OF BUSINESS OR INDUSTRY 14b Bethlehem Steel Co.	
RESIDENCE - STATE 16a Indiana	COUNTY 16b Lake	CITY TOWN OR LOCATION 15c Gary		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 2007 Georgia Street			INSIDE CITY LIMITS (Specify Yes or No) 15f Yes		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER NAME FIRST MIDDLE LAST 16 Edward Lee Bellfield			MOTHER MAIDEN NAME FIRST MIDDLE LAST 17 Rosetta Patterson		
INFORMANT NAME (Type or print) 18a Mayme Lattimore		RELATIONSHIP sister	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 2074 Georgia Gary, In. 46407		
BURIAL CREMATION REMOVAL OTHER (Specify) 19a burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Evergreen		LOCATION CITY OR TOWN STATE 19c Hobart, In.	
DATE (MONTH DAY YEAR) 20a May 28, 1987		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind. 46407			
To the best of my knowledge, death occurred on this date and place and due to the (Cause) stated. 21a (Signature)			DATE SIGNED (Mo. Day Year) 21b	HOUR OF DEATH 21c	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. Shreyas Desai, M.D.					
MAILING ADDRESS PHYSICIAN 21e 1400 Broadway Gary, Indiana 46402					
LOCAL HEALTH OFFICER (Type or Print) James T. Hedrick				DATE RECEIVED BY LOCAL HEALTH OFFICER 27b MAY 29 1987	
CAUSE OF DEATH (Type or Print) 22a Cancer of the lungs with brain metastasis					
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) 22b					
MULTIPLE (Specify Yes or No) 24 NO					

LICENSE No. FDE 1016254

EMBALMER'S NAME Sherman G. Banks III

FUNERAL DIRECTOR'S
LICENSE No. FDE 1016254

SIGNATURE