

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
SURVIVORSHIP AFFIDAVIT

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97 DEC 15 AM 11:18

On this 8th day of December, 1997 before me personally appeared Jean Streeter, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is 53 years old;
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by

Alvin C. Streeter, Sr. and Mildred Streeter;

4. Said Alvin C. Streeter, Sr. died on June 29, 1971, leaving no Will;
5. The legal description of the premises in question is:

Lots 15, 16 and the South half of Lot 17, Block 3, Woodlawn 2nd Subdivision, as shown in Plat Book 21, page 47, Lake County, Indiana.

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

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: N/A;

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

FILED

DEC 12 1997

SEAL ORIGIN
NOTARY PUBLIC
LAKE COUNTY

Jean Streeter
Jean Streeter
748 Timberline Parkway
Valparaiso, IN 46385

Subscribed and sworn to before me, a Notary Public, this 8th day of December, 1997.

Sherri W. Linsenmann
Sherri W. Linsenmann, Notary Public

My Commission Expires: June 20, 2001

My County of Residence: Porter

THIS INSTRUMENT PREPARED BY:

Peter G. Koransky
Spangler, Jennings & Dougherty, P.C.
8396 Mississippi Street
Merrillville, IN 46410
(219) 769-2323

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INDIANA STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

State No.

Local No. **71-0970**

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST Alvin C. Streeter Sr.			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) June 29, 1971
RACE White	AGE—LAST BIRTHDAY (YEARS) 51	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH APR 22, 1920	COUNTY OF DEATH Lake	
CITY, TOWN, OR LOCATION OF DEATH Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Methodist Hospital			
DECEASED STATE OF BIRTH (IF NOT IN U.S.) Louisiana	CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Mildred E. Epley		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	SOCIAL SECURITY NUMBER 437 20 2339	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Welder	KIND OF BUSINESS OR INDUSTRY Union Tank Car Corp.			
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	TOWNSHIP Calumet		
STREET AND NUMBER 3780 Taney Street		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.W.II		14h. IS RESIDENCE ON A FARM? X		
FATHER—NAME FIRST MIDDLE LAST Ollie Streeter		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Nannie Bell Stewart				
INFORMANT—NAME Mildred Streeter		RELATIONSHIP Wife	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 3780 Taney St. Gary, Ind.			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18	IMMEDIATE CAUSE (a) Cardiac arrest	minutes
	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) Anemia	days
	CAUSE (c) Malignant lymphoma	2 or 3 months

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19a.	AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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DATE & TIME OF DEATH 20	MONTH DAY YEAR HOUR M.	DATE SIGNED 21a.	MONTH DAY YEAR
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. Dr. Alfred M. ...	STREET OR R.F.D. NO. 6540 Broadway Street	SIGNATURE OF PHYSICIAN 22b. Alfred M. ...	(DEGREE OR TITLE)
BURIAL, CREMATION, REMOVAL 23a. Burial	CEMETERY, CREMATORY, FUNERAL HOME 23b. Calumet Park Cem.	LOCATION 24a. Merrillville, Indiana	CITY OR TOWN STATE
DISPOSITION 24b. July 2, 1971	FUNERAL HOME—NAME AND ADDRESS 25a. Stillinovich & Palmer 4213 Broadway Gary, Ind. 46409	DATE RECEIVED BY LOCAL HEALTH OFFICER 25b. ...	

STANLEY JENNINGS

12/10/97 WED 10:35 FAX 219 769 5007

BALMERS VALLEY FUNERAL HOME
 LICENSE No. 5371
 ERWIN B. COOK
 FUNERAL DIRECTOR
 LICENSE No. 1286
 NATURE: George Schmarck

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

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-10-3

PE/PRINT IN PERMANENT LACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Mildred Streeter		2. SEX Female	3a. TIME OF DEATH 1:00pm	3b. DATE OF DEATH (Month, Day, Yr) December 13, 1996	
4. SOCIAL SECURITY NUMBER 308-16-4864	5a. AGE—Last Birthday (Years) 76	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Month, Day, Yr) 3-7-1920	
7. BIRTHPLACE (City and State or Foreign Country) Owensboro, Kentucky					
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) Porter Memorial		9b. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9c. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If with, give maiden name) None	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 Self	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Porter Lake	13c. CITY, TOWN, OR LOCATION Valparaiso Gary	13d. STREET AND NUMBER 3780 Taney Street		
13e. ZIP CODE 46383-46408	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Harry Epley			
19. MOTHER'S NAME (First, Middle, Last) Ruth Boykin		20. INFORMANT'S NAME (Type/Print) PEAR Streeter			
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 748 Timberline Parkway Valparaiso, IN		20b. Relationship Daughter			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Returned from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 16, 1996 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN.	
22a. EMBALMER'S NAME Leonard Gregorczyk		22b. EMBALMER'S LICENSE NO. FD08800305	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR Robert C. Wiatrolak		24b. LICENSE NUMBER (of Licensee) FD01001293	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilinovich & Wiatrolik FH83004455 7535 Taft St. Merrillville, IN 46410		
26. PART I. State the disease, 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. CVA					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of) AFib - rhythm					
Conditions, if any, which gave rise to the immediate cause, listing 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. Pneumonia					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPEY PERFORMED? (Yes or no) NO	28b. WERE AUTOPEY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		
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 [Signature]			29c. MEDICAL LICENSE NO. 01024990	29d. DATE SIGNED (Month, Day, Year) December 14, 1996	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26 (Type/Print) Dr. Swarner 1101 E. Glendale Valparaiso, IN. 464-9054					
31. HEALTH OFFICER'S SIGNATURE Gary A. Bolander				32. DATE FILED (Month, Day, Year) December 18, 1996	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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—As 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.			