

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97087780 **TICOR TITLE INSURANCE**

MORRIS W. CARTER
RECORDER
AFFIDAVIT

FILED

DEC 19 1997

**SAM ORLICH
AUDITOR LAKE COUNTY**

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Lela Similton, being first duly sworn upon oath, deposes and says:

1. That Riley Similton died on September 15, 1984 at St. Mary's Medical Center.

2. That Riley Similton and Lela Similton were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lots 41, 42, 43 and the West 5.25 feet of Lot 44 in Block 3 in Husak's Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 6 page 28, in the Office of the Recorder of Lake County, Indiana.

3. 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 (his) ~~(her)~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Lela Similton
Lela Similton

Subscribed and sworn to before me, a Notary Public, this 16th day of December, 1997.

Linda J. McBride
Linda J. McBride Notary Public

My Commission expires:

1-26-99

County of Residence:

Lake

This Instrument prepared by Lela Similton

001166

0
11
11

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. **8A-0618**

State No. _____

DECEASED—NAME 1 Riley Similton		SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 Sept, 15, 1984
RACE—(See 18a) Black	AGE—(Last birthday) 78	DATE OF BIRTH (Mo., Day, Yr.) 4 10/2/1905	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Gary		HOSPITAL OR OTHER INSTITUTION—(Name of institution, give street and number) 7c St. Mary's Medical Center	IF HOSP OR INST. (Specify DOA or other inst. Department (Specify)) 7d
STATE OF BIRTH (If not in U.S. give name of country) 8 Alabama	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Lela
SOCIAL SECURITY NUMBER 13 416-16-7471		USUAL OCCUPATION (Give kind of work done during most of working life, name of business) 14a Retired	KIND OF BUSINESS OR INDUSTRY 14b Budd Co.
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	
STREET AND NUMBER 15d 2939 West 10th Ave.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 16 Unknown		MOTHER—MAIDEN NAME 17 Nicie	
INFORMANT—NAME (If you or grand) 18 Lela Similton (Wife)		RELATIONSHIP 18b 2939 West 10th Ave. Gary, Indiana 46404	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Fern Oaks Cemetery	
DATE (MONTH, DAY, YEAR) 20a 9/19/84		LOCATION 19c Griffith, Indiana	
FUNERAL HOME—NAME AND ADDRESS 20b Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.		STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP	
To the best of my knowledge, death occurred at the time, date and place and that in the current record 21a (Signature) Sandra Gadson M.D.		DATE SIGNED (Mo., Day, Yr.) 21b 9/19/84	HOUR OF DEATH 21c 2:30 p.m.
NAME OF ATTENDING PHYSICIAN (If you or friend) 21d Sandra Gadson, M.D.			
MAILING ADDRESS—PHYSICIAN 21e 2200 Grant St. Ste. 201, Gary, Ind. 46404			
HEALTH OFFICER—SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b SEP 25 1984	
CONDITIONS IN ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IN AND IN) (a) Myocardial Infarction		Interval between onset and death	
(b) Arteriosclerotic Heart Disease		Interval between onset and death	
(c) Hypertension		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Constrictive Heart Failure, Renal Failure		AUTOPSY (Specify Yes or No) 24	

FUNERAL HOME
 LICENSE No. 770
 FUNERAL DIRECTOR'S
 LICENSE No. 270
 FUNERAL DIRECTOR'S
 SIGNATURE *Sandra Gadson*

M.D.
OR
D.O.

CAUSE