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STATE OF INDIANA)
COUNTY OF LAKE)

SS:

98023010

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 APR -2 AM 9:16

**AFFIDAVIT AS TO
JOINT TENANCY WITH RIGHT OF SURVIVORSHIP**

LORI A. GOERS, being first duly sworn upon oath, deposes and says:

That she is an adult and the daughter of GEORGE SWEARINGEN, who died on December 14, 1997 (death certificate attached hereto).

That they were owners as joint tenants of the following described real estate, to wit:

The East 7.5 feet of Lot 15, Lot 16, except the East 12.5 feet, Block 5, Homestead Gardens Addition to Hammond, 1704-171st Street, Lake County, Indiana
Commonly known as: 1704-171st St., Hammond, IN
(Key # 34-340-16)

That said real estate was originally conveyed solely to Lori Goers from her Mother, by Deed recorded on July 21, 1986 as Document # 865083. Thereafter, on November 16, 1993, Lori Goers added her Father, George Swearingen as a joint tenant on her property, for convenience only, by Deed recorded on November 18, 1993 as Document # 93077051.

That the affiant claims that the real estate was the property of the affiant herein and not that of the decedent and that it never belonged to the deceased joint owner, George Swearingen.

Lori A. Goers
LORI GOERS
Affiant

Subscribed and sworn to before me, a Notary Public residing in Lake County, Indiana, on this 5th day of March, 1998.

Kathryn M. Murphy
KATHRYN M. MURPHY
Notary Public

My Commission Expires: 4-27-2000
My County of Residence: Lake

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

This Instrument Prepared By: MAR 31 1998

WILLIAM J. CUNNINGHAM #3471-45
HILBRICH, CUNNINGHAM & SCHWERD
2637 - 45th Street
Highland, IN 46322
Phone: (219) 924-2427

SAM ORLICH
AUDITOR LAKE COUNTY

001500

1100
Km
#21054

* 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

State No.

Local No. 2642-97
256559

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First Middle Last) GEORGE W. SWEARINGEN		2. SEX MALE	3a. TIME OF DEATH 3:32 P.M.	3b. DATE OF DEATH (Month Day, Yr) DECEMBER 18, 1997	
4. SOCIAL SECURITY NUMBER 312-16-0062	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) July 19, 1923	
7. BIRTHPLACE (City and State or Foreign Country) Terre Haute, IN	8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9. 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) THE COMMUNITY HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER, INDIANA		9d. COUNTY OF DEATH LAKE COUNTY	
10. MARITAL STATUS (Specify) Divorced	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) Battalion Chief		12b. KIND OF BUSINESS/INDUSTRY Hammond Fire Dept.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 1704-171st Street		
13e. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12			
18. FATHER'S NAME (First Middle Last) George W. Swearingen		19. MOTHER'S NAME (First Middle, Maiden Surname) Anna MacDonald			
20a. INFORMANT'S NAME (Type/Print) Lori A. Goers		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1704-171st Street, Hammond, IN 46324		20c. Relationship Daughter	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal 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 18, 1997 Heritage Crematory		21c. LOCATION—City or Town, State Portage, IN	
22a. EMBALMER'S NAME		22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eldon B. ...</i>		24b. LICENSE NUMBER (of Licensee) F001000857	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc., FH19400005 6955 Southeastern Ave., Hammond, IN 46324		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Bowel obstruction</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>Acute Peritonitis</u> DUE TO (OR AS A CONSEQUENCE OF) c. <u>Chronic obstructive lung disease</u> DUE TO (OR AS A CONSEQUENCE OF) d. _____ PART II: Other significant conditions. Conditions contributing to death but not previously stated in Part I.				Approximate Interval Between Onset and Death	
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no)? NO		28. WAS DEATH REPORTED TO CORONER? NO	29. WERE AUTOPSY 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 on the date, at the 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 on the date, at the 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 on the date, at the place, and due to the cause(s) and manner as stated.		29b. SIGNATURE (AND TITLE) OF CERTIFIER <i>Edward F. Fara</i>			
29c. MEDICAL LICENSE NO. 01033200		29d. DATE SIGNED (Month, Day, Year) 12/16/1997			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR EDWARD F. FARA 761-45TH STREET MUNSTER INDIANA 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>				32. DATE FILED (Month, Day, Year) December 17, 1997	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED 001500
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.			