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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 JUN 16 8:

FILED

MORRIS W. CARTER
RECORDER

JUN 16 1998

SAM ORLICH
AUDITOR LAKE COUNTY

1729 Cleveland
Whiting, IN 46394

4

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On the 11th day of June, 1998, before me personally appeared JACQUELINE C. KOVACH, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 8356 Hawthorne Drive, Munster, Indiana.

2. Affiant is the adult daughter of JOHN J. DILLON and MARIE A. DILLON, the owners of the following described property:

Lot 12, Block 3, Central Park Addition to Whiting, in Lake County, Indiana, as the same appears of record in the Recorder's Office of Lake County, Indiana. (Commonly known as 1729 Cleveland, Whiting, IN)

3. Said premises were formerly owned as tenants with rights of survivorship by JOHN J. DILLON and MARIE A. DILLON, husband and wife.

4. Said JOHN J. DILLON died on February 6, 1987, leaving no will.

5. Said MARIE A. DILLON died on February 18, 1998, leaving a Will, which is being probated in the Lake Superior Court, Room Five, under Cause No. 45D05-9803-EU-072. A certified copy of her death certificate is attached hereto.

6. That to the best of the Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said JOHN J. DILLON; and all funeral expenses and expenses of last illness with respect to the death of JOHN J. DILLON have been paid in full.

15.00
CM
Ck #15045

001270

7. That JOHN J. DILLON and MARIE A. DILLON were never divorced, and this Affidavit is made for the purpose of clearing title to said property to MARIE A. DILLON, surviving tenant by the entireties.

JACQUELINE C. KOVACH

SUBSCRIBED and SWORN to before me, by the Affiant, on this 11th day of June, 1998.

JUDITH A.OSINSKI, Notary Public

My Commission Expires:
3/20/00

Resident of LAKE County.

THIS INSTRUMENT PREPARED BY:
THOMAS L. KIRSCH, Attorney at Law
131 Ridge Road, Munster, IN 46321
(219) 836-1384
Attorney No. 5224-45

PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

Local No. 352-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 001221

FUNERAL HOME No. 729

TYPE OR PRINT IN PERMANENT INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. Deceased—Name (First, Middle, Last)	John J. Dillon
2. Sex	M
3. Date of Death	2-6-87
4. Race	WHITE
5a. Age—Last Birthday (Years)	80
6. Date of Birth	4-20-06
7a. County of Death	LAKE
7b. City, Town or Location of Death	MUNSTER
7c. Hospital or Other Institution	COMMUNITY HOSP.
8. State of Birth	IN.
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	MARRIED
11. Surviving Spouse	MARIE
12. Was Decedent Ever in U.S. Armed Forces?	NO
13. Social Security Number	306-01-7843
14a. Usual Occupation	MANAGEMENT
14b. Kind of Business or Industry	ARCO OIL CO.

USUAL RESIDENCE

15a. Residence—State	IN.
15b. County	LK.
15c. City, Town or Location	WHITING
15d. Street and Number	1729 CLEVELAND AV.
15e. Inside City Limits	Yes
Inside on a Farm	No
15g. Is Deceased of Spanish Descent?	No

PARENTS

16. Father—Name	Michael [illegible]
17. Mother—Maiden Name	Mary Allen

18a. Informant—Name	Marie
Relationship	wife
18b. Mailing Address	1729 Cleveland Whiting In. 46394

DISPOSITION

19a. Burial, Cremation, Removal, Other	burial
19b. Cemetery or Crematory	CALVARY CEM.
19c. Location	PORTAGE, IN.
20a. Date	2/9/87
20b. Funeral Home—Name and Address	OWENS FUNERAL HOME 816-119th St. Whiting, In. 46394

M.D. OR D.O.

21a. Signature	[signature]
21b. Date Signed	4/23/87
21c. Hour of Death	
21d. Name of Attending Physician	JERED ABLER M.D.
21e. Mailing Address—Physician	800 [illegible] Blvd Suite 2 Munster Ind 46321
22a. Health Officer—Signature	[signature]
22b. Date Received by Local Health Officer	2-23-87

23. Part I (a) Immediate Cause: Cerebral vascular accident — 5 days
(b) [illegible] — 4 days
(c) [illegible]

LICENSE No. 104 — EMBALMER'S NAME: Thos. Owens

FUNERAL DIRECTOR'S LICENSE No. 965 — FUNERAL DIRECTOR'S SIGNATURE: [signature]

FILED JUN 16 1987 — SAM ORLICH AUDITOR LAKE COUNTY

* 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. 0442-98

State No. .....

256857

TYPE/PRINT IN PERMANENT BLACK INK

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

DECEDENT

1 DECEASED—NAME (First, Middle, Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr)
MARIE	A.	DILLON	FEMALE	1:10 A.M	FEBRUARY 18, 1998

4 *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
308-44-3192	88			November 20, 1909	WHITING, INDIANA

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions)
NO	N/A	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
THE COMMUNITY HOSPITAL	MUNSTER	LAKE

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
widowed	N/A	Homemaker	own home

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
INDIANA	LAKE	WHITING	1729 Cleveland Avenue

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46394	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	WHITE	10	

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
John Valovcin	Ann Buchanin

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Leatha Dillon	1836 So. River Dr., Munster, IN 46321	Daughter

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	February 21, 1998 Calvary Cemetery	Portage, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
THOS, OWENS	FDE 1001049	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Thos Owens	FDE1001049	OWENS FUNERAL HOME FDH3007291 816-119th St., Whiting, IN 46394

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsis	DAYS
a	DUE TO (OR AS A CONSEQUENCE OF) URINARY TRACT INFECTION	
b	DUE TO (OR AS A CONSEQUENCE OF)	
Conditions if any which gave rise to the immediate cause stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF)	

FEB 24 1998

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
Pneumonia Renal failure	NO	NO	

CERTIFIER

29a CERTIFIER (Check only one)

☒ 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.

FILED JUN 16 1998

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Michael Kemp MD Attending	01047261	FEBRUARY 20, 1998

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MICHAEL KEMP, M.D. 2450 169TH STREET, HAMMOND, INDIANA 46323

SAM ORLICH
HEALTH OFFICER, LAKE COUNTY

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Alexander S. Williams, M.D.	February 24, 1998

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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)
	001272

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1