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Please Return To:

ARNOLD KREVITZ
Attorney At Law
500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

RHODA MANUSHAW, being first duly sworn upon her oath, deposes and says:

1. That she was married to ALEXANDER J. MANUSHAW, who died a resident of Gary, Lake County, Indiana, on October 18, 1997, as evidenced by a Certified Death Certificate attached hereto and made a part hereof.

2. That at the time of his death, ALEXANDER J. MANUSHAW and RHODA MANUSHAW, Husband and Wife, held title under a Warranty Deed to the following-described Real Estate, to-wit:

Lots 41, 42 and 43, Block 5, Lake Shore Addition to East Chicago, in the City of Gary, as per plat thereof, recorded in Plat Book 2, page 17, in the Office of the Recorder of Lake County, Indiana. More commonly known as 1136 North Warrick Street, Gary, Indiana.

045784

25-45-245-48+49

3. That the Affiant and the Decedent, ALEXANDER J. MANUSHAW, were Husband and Wife continuously from the date they acquired title to the above-described Real Estate to the date of his death on October 18, 1997.

4. That the Estate of ALEXANDER J. MANUSHAW, decedent, was not of sufficient value to be subject to Federal Estate Tax or Indiana Inheritance Taxes.

FURTHER AFFIANT SAYETH NOT.

Rhoda Manushaw
RHODA MANUSHAW

STATE OF INDIANA
LAKE COUNTY
OFFICE OF THE RECORDER OF DEEDS
JUN 18 1998
10:22 AM

11th day of June, 1998. Subscribed and sworn to before me, a Notary Public, this

Dolores E. Wilczynski
DOLORES E. WILCZYNSKI, Notary Public
Resident of Lake County

My Commission Expires:
11/16/99

This Instrument Prepared by:

ARNOLD KREVITZ, Attorney At Law
500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

FILED

JUN 17 1998

SAM ORLICH
AUDITOR LAKE COUNTY

001300

12.00
f3

1 NO.

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS

STATE FILE NUMBER

617010

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

0013100

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
ALEXANDER J. MANUSHAW 2 MALE 3 OCTOBER 18, 1997

OCT 21 1997

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR)
COOK 68 5d. AUGUST 29, 1929

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OPEREM. P.M. INPATIENT (SPECIFY)
CHICAGO 6a. THE UNIVERSITY OF CHICAGO HOSPITALS 6c. INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO)
7 YOUNGSTOWN, OHIO 8a. MARRIED 8b. RHODA BERMAN 9.

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 280-24-6125 11a. SELF EMPLOYED 11b. CONTRACTOR 12. 3

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES-NO) COUNTY
13a. 1136 WARRICK STREET 13b. GARY 13c. YES 13d. LAKE

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13a. INDIANA 13c. 46403 14a. WHITE 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. ALEXANDER MANUSHAW 16. ELEANOR KAMINSKY

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP HOSPITAL MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. ZINNICK COOPER 17b. RECORDS 17c. CHICAGO, ILLINOIS 60637

18. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, 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) (a) **LYMPHOMA**
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(b) DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES-NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES-NO)
19a. NO 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO

1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES-NO) HOUR OF DEATH
21a. OCTOBER 18, 1997 21b. NO 21c. 8:20 PM.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE Andrew Schriber MD 22b. OCTOBER 19, 1997

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. ANDREW SCHRIBER, MD 22d. 125-034737

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. RUSSELL B. HALL, MD

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. BURIAL 24b. TEMPLE ISRAEL 24c. PORTAGE, INDIANA 24d. 10-21-1997

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. MRAZEK & RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60647

FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25b. 25c. 034-014579 25d. OCT 21 1997

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. 26b. OCT 21 1997

Sheila Lyne

FILED

JUN 17 1998

**SAM ORLICH
UNION LAKE COUNTY**

**THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.**