

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

980465668

Irene Adams, being first duly sworn upon oath, deposes and says:

1. That your affiant resides at 11620 West 121st Place Cedar Lake, IN 46303.

2. That Norbert G. Adams died on the 26th day of January, 1994.

3. That your affiant states that the decedent was and legally married to Gloria L. Adams on the 23rd day of September 1986 and that they acquired title as husband and

wife to the following-described real estate located in Lake County, Indiana:

Lot 2 in Brinwood Manor Addition to the Town of Griffith, Lake County, Indiana, as recorded in Plat Book 32, Page 99, in the Office of the Recorder of Lake County, Indiana

FILED

JUN 22 1998

and commonly known as 118 Manor Drive, Griffith, Indiana

SAM ORLICH
RECORDER LAKE COUNTY

4. 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 Gloria L. Adams' death.

5. That all funeral expenses, Indiana inheritance taxes and federal estate taxes, if any, in connection with the death of decedent will be determined and paid in full in connection with the estate administration of decedent's estate in the Lake Superior Court, Hammond, Indiana.

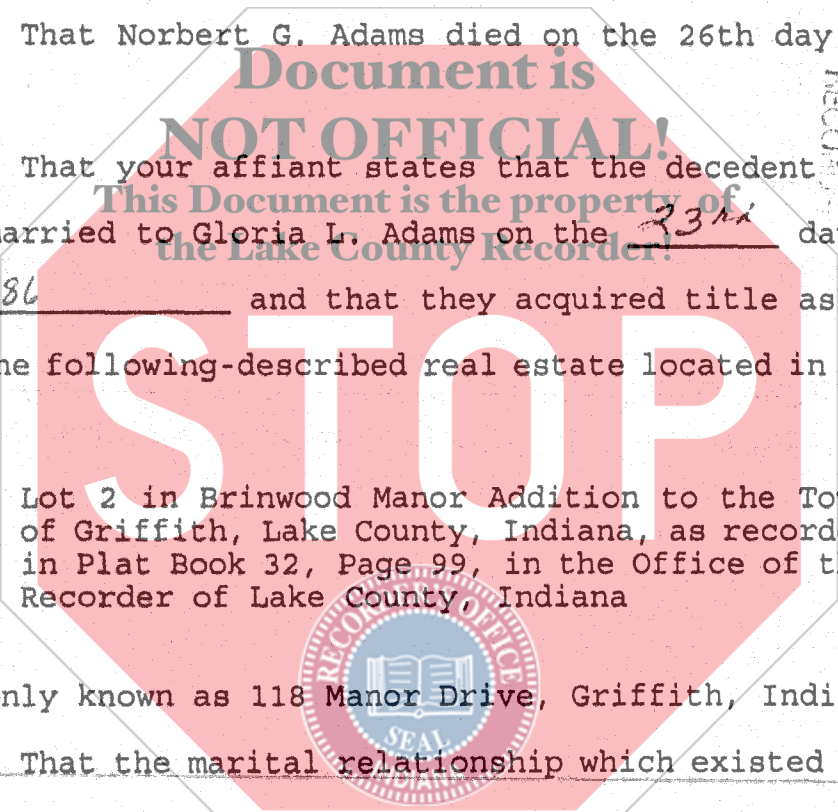
①

FA 24316

HOLD FOR FIRST AMERICAN TITLE

001606

400
1/25
EP



ADRIAN W. COOPER
RECORDER OF LAKE COUNTY
STATE OF INDIANA
FILED FOR REC'D
JUN 22 1998

6. That your affiant makes this Affidavit for purpose of clearing title to the above-described real estate in the names of Norbert G. Adams and Gloria L. Adams.

FURTHER, YOUR AFFIANT SAITH NOT.

Gene Adams

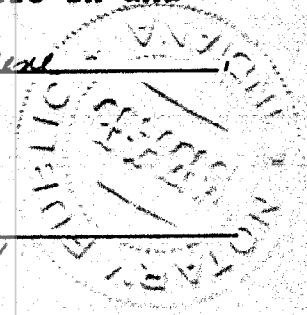
STATE OF INDIANA)
COUNTY OF LAKE)

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State, this 9th day of June 1998.

Elizabeth J. Nielsen
ELIZABETH J. NIELSEN
NOTARY PUBLIC

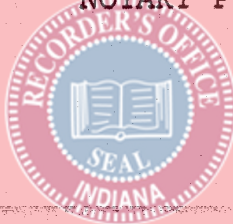


My Commission Expires:

3-1-99

County of Residence:

Lake



TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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EMBALMER'S NAME LAWRENCE MILLER LICENSE No. 601

FUNERAL HOME No. 25
FUNERAL DIRECTOR'S LICENSE No. 1322
FUNERAL DIRECTOR'S SIGNATURE [Signature]

Local No. 2700-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1 GLORIA L. ADAMS		SEX 2 Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 Sep 23, 1986
RACE—(a) White, Black, American Indian, etc. (Specify) 4 WHITE	AGE—Last Birthday (Mo.) 5a 48	DATE OF BIRTH (Mo., Day, Yr.) 6 Nov 13, 1937	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b GRIFFITH		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c 118 MANOR DR., GRIFF. IN.	
STATE OF BIRTH (If not in U.S.A. name country) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 NORBERT ADAMS
SOCIAL SECURITY NUMBER 12 315-38-7944		USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) 13a HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY 14a OWN HOME
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c GRIFFITH	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15e 118 MANOR DR.		IS RESIDENCE ON A FARM? 15d 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. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 RICHARD McCURDY		MOTHER—MAIDEN NAME 17 KATHERINE SHORT	
INFORMANT—NAME (If not informant, name of person) 18 NORBERT ADAMS, HUSBAND		RELATIONSHIP 18 HUSBAND	
MAILING ADDRESS 19a 118 MANOR DR., GRIFFITH, INDIANA 46319		CITY OR TOWN 19b GRIFFITH, INDIANA	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19c Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19d CHAPEL LAWN CEMETERY	
DATE (MONTH, DAY, YEAR) 20a Sep 24, 1986		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Fagen-Miller Funeral Gardens, 2828 HWY AVE., HIGH., IN 46322	
M.D. OR D.O. 21a MISHOULAN		DATE SIGNED (Mo., Day, Yr.) 21b _____	
NAME OF ATTENDING PHYSICIAN (If not a Priest) 21a MISHOULAN		HOUR OF DEATH 21c _____	
MAILING ADDRESS—PHYSICIAN 21a CALUMET AVE, MUNSTER, INDIANA		DATE RECEIVED BY LOCAL HEALTH OFFICER 22a FILED 25-86	
HEALTH OFFICER—Signature 21a <u>[Signature]</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22a FILED 25-86	
22b _____			
PART I 23 Respiratory Arrest		23 JUN 22 1988	
DUE TO OR AS A CONSEQUENCE OF 23 Metastatic endometrial carcinoma		23 JUN 22 1988	
DUE TO OR AS A CONSEQUENCE OF 23 _____		23 _____	
PART II 23 _____		23 _____	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a)		23 _____	
CAUSE		24 No	