

2

SURVIVORSHIP AFFIDAVIT

98046954

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 15 day of June, 1998 before me personally appeared, Hilda Swartz, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below the affiant's signature;
2. Affiant is the surviving joint owner of the real estate described below;
3. Said premises are described as follows:
Lot No. Seventeen (17), in Block No. Five (5), as marked and laid down on the recorded plat of Kelley-Semmes Boulevard Heights Addition to Gary, in Lake County, Indiana.
4. Said premises were formerly owned as joint tenants or as tenants by the entireties by Lloyd E. Swartz and Hilda Swartz;
5. Said Lloyd E. Swartz died on September 13, 1954 leaving no will;
6. Where this affidavit relates to a tenancy by the entireties, that the parties were never divorced;
7. Affiant's relationship to the deceased was spouse.

STATE OF INDIANA
CLERK OF SUPERIOR COURT
LAKE COUNTY RECORDS
JUN 15 9 10 AM
OPERATION CENTER
RECORDS DEPT

Affiant's Signature Hilda Swartz
Name Printed Hilda Swartz
Address 332 West 45th Avenue
Gary, Indiana

Subscribed and sworn to before me, a Notary Public, this 15 day of June, 1998.

Clyde D. Compton
Clyde D. Compton, Notary Public

My Commission Expires:

November 7, 2001
18939

A Resident of Porter County

This Instrument Prepared by: Clyde D. Compton
Attorney at Law
8700 Broadway
Merrillville, Indiana 46410



FILED

JUN 18 1998

SAM ORLICH
AUDITOR LAKE COUNTY

001381

1100 PM
6/17/98

INDIANA STATE BOARD OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

Local No. 54-906
Death No.

1. PLACE OF DEATH
a. COUNTY Lake
b. CITY OR TOWN Gary
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location)
Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived) If institution, residence before admission:
a. STATE Indiana
b. COUNTY Lake
c. CITY OR TOWN Gary
d. STREET ADDRESS (If rural, give location)
332 West 45th, Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) LLOYD
b. (Middle) E.
c. (Last) SWARTZ
4. DATE (Month) (Day) (Year)
Of DEATH Sept. 13, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married
8. DATE OF BIRTH July 26, 1899
9. AGE (In years) If under 1 year, if under 24 hrs
55 Months Days Hours Min

10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired)
Plant Protection
10b. KIND OF BUSINESS OR INDUSTRY
Tube Company
11. BIRTHPLACE (State or foreign country)
White Pigeon, Michigan
12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME Robert W. Swartz
14. MOTHER'S MAIDEN NAME Anna Hoak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or date of service
No
16. SOCIAL SECURITY No.
17. INFORMANT (NAME AND ADDRESS)
Mrs. Hilda Swartz as above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobes, right
INTERVAL BETWEEN ONSET AND DEATH 10 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
19c. AUTOPSY? Yes No

20. ACCIDENT (Specify) SUICIDE HOMICIDE
20b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)
20c. CITY, TOWN, OR TOWNSHIP AND COUNTY (STATE)
SAM ORLICH TOWNSHIP, LAKE COUNTY

21a. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY
21b. INJURY OCCURRED While at Not While at Work
21c. HOW DID INJURY OCCUR?

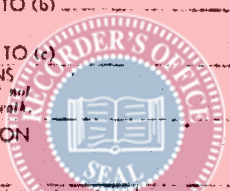
22a. ATTENDING PHYSICIAN
I certify that I attended the deceased from _____, 19____ to _____, 19____ and that death occurred at _____ M from causes stated and on above date.
22b. HEALTH OFFICER
I certify that I investigated cause of death of deceased and find that death occurred at _____ M from causes stated and on above date.

23a. Signature of Attending Physician and Health Officer
[Signature]
23b. ADDRESS
919 Broadway, Gary, Ind.
23c. DATE SIGNED
9/13/54

24a. SOCIAL CHIEF OF POLICE
24b. DATE
9-15-54
24c. NAME OF CEMETERY OR CREMATORY
White Pigeon, Michigan
24d. LOCATION
White Pigeon, Mich.

25. FUNERAL DIRECTOR
F. J. Kendrick, M.D.
25b. ADDRESS
Golsen Funeral Home Gary, Ind.

FEDERAL DIRECTOR'S LICENSE No. 364



FILED

JUN 18 1954

001382