

STATE OF INDIANA)

COUNTY OF LAKE

98068786

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 JUN 30 AM 10:00

MORRIS W. GILL
RECORDER

3

AFFIDAVIT OF SURVIVORSHIP

Comes now LORRAINE OYSTER, being duly sworn upon her oath and states as follows:

That JAMES R. OYSTER (decedent) died on May 14, 1998.

That LORRAINE OYSTER is, by operation of law, owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 124, 125, 129, 130, 131, and that part of Lot 132 lying Easterly of the Easterly line of Lot 123 if extended North to the Grand Calumet River on the same course as the Easterly line of said Lot 123, Stafford and Trankle's Grove Addition to Hammond, as shown in Plat Book 5, page 20, in Lake County, Indiana

Commonly known as 5210 Howard Avenue, Hammond, Indiana

That JAMES R. OYSTER's address and domicile upon his death was 13104 81st Ave., Dyer, Indiana, 46311.

That the affiant and the decedent were husband and wife on October 24, 1975, the date that they acquired title, as tenants by the entireties, to said real estate.

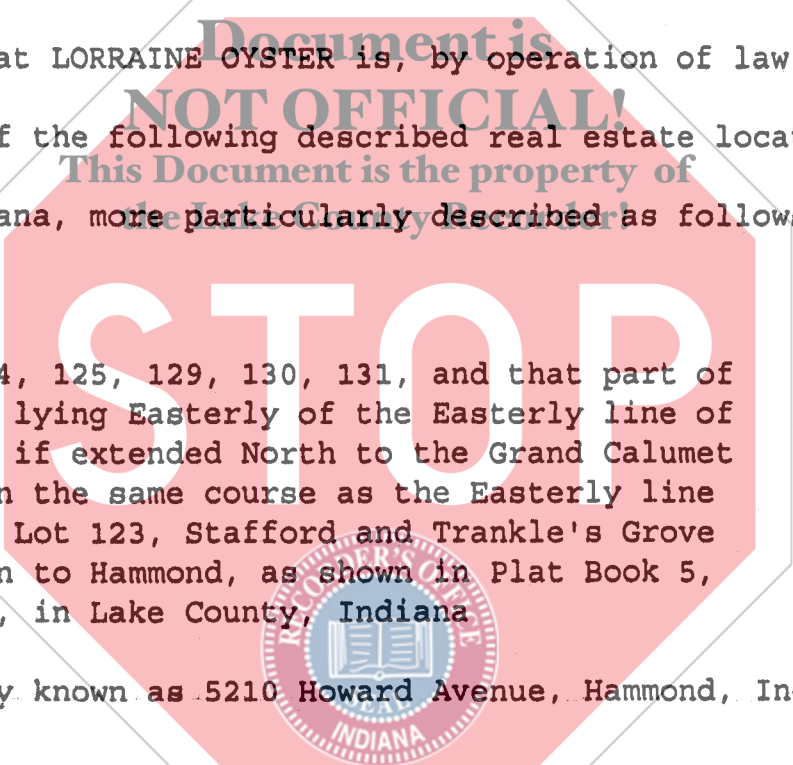
DULY ENTERED FOR TAXATION SUBJECT TO
ORIGINAL STATE TRANSFER.

JUN 30 1998

SAM ORLICH
AUDITOR LAKE COUNTY

002116

CK# 14242



. That the marital relationship which existed between the affiant LORRAINE OYSTER and JAMES R. OYSTER, her husband, continued unbroken from the time they so acquired title to said real estate until the death of JAMES R. OYSTER on the 14th day of May, 1998, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

. That the estate of the decedent, JAMES R. OYSTER, was not subject to Federal Estate Tax.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
Lorraine Oyster
LORRAINE OYSTER, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared LORRAINE OYSTER, who acknowledged the execution of the foregoing Affidavit of Survivorship.

WITNESS my hand and Notarial seal, this 12th day of June, 1998.

[SEAL]

Com. Exp: Sept. 18, 1998

County of Res: Lake

Brian L. Goins
Notary Public

Brian L. Goins
Name (printed)

This Document Prepared by Brian L. Goins, Attorney at Law,
707 Ridge Road, Munster, Indiana, 46321, Attorney No. 1816-45.

H:\WP.DAT\TRUST\BRIAN\OYSTER.SUR

Citizens Financial Ser.
707 Ridge Rd. Munster IN 46321

* 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. 1177-48

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

2018/4
TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) James Randall Oyster Sr.		2 SEX Male	3a TIME OF DEATH 3:08 P.	3b DATE OF DEATH (Month Day Yr) May 14, 1998	
4 SOCIAL SECURITY NUMBER 313-20-8673	5a AGE—Last Birthday (Years) 73	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) March 5, 1925	
7a WAS DECEDENT A U.S. VETERAN? Yes	7b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. 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) St. Margaret Mercy South		9b CITY, TOWN OR LOCATION OF DEATH Dyer	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Lorraine Kroll	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Clerk	12b KIND OF BUSINESS/INDUSTRY Steel		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Dyer	13d STREET AND NUMBER 13104 81st Ave.		
13e ZIP CODE 46311	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) 12 College (1-4 or 5+) 3		18 FATHER'S NAME (First Middle Last) Randall S. Oyster			
19 MOTHER'S NAME (First Middle Maiden Surname) Mary Butler		20a INFORMANT'S NAME (Type/Print) Lorraine Oyster			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13104 81st Ave, Dyer, Indiana 46311		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) May 18, 1998 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, Indiana	
22a EMBALMER'S NAME Henry Blake		22b EMBALMER'S LICENSE NO. FD01019406	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Sam Orlich</i>		24b LICENSE NUMBER (of Licensee) FD01006015	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Home 1920 Hart St. Dyer, Indiana FH83001504		
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) a. ACUTE CARDIAC ARREST					
b. ARTERIOSECTIC HEART DISEASE					
c. DIABET MELLITUS					
d.					
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) No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred on the date and 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 and 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 and place, and due to the cause(s) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>Sam Orlich</i> JUN 30 1998			
29c MEDICAL LICENSE NO.		29d DATE SIGNED (Month Day Year) 5-15-98			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SAM ORLICH, MD 1326 W. UB Rt. 30 Schererville, IN 46375					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams MD</i> MAY 18 1998					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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 (Check one box with the LAKE COUNTY HEALTH DEPT) MAY 18 1998
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) MAY 18 1998		
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. 002115 LAKE COUNTY HEALTH COMMISSIONER			

DECEDENT

PARENTS

INFORMANT

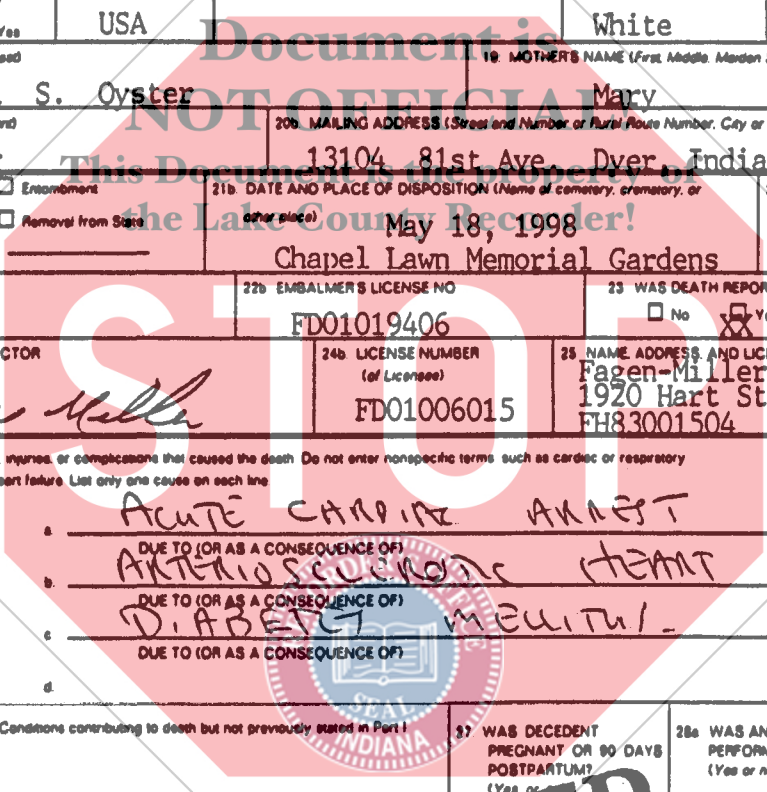
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

36-140-43,44, 47, 48, 49, 50



FILED JUN 30 1998