

98051805

98051805

08-09-1988 12:07

212 883 1424

LAWERS TITLE CROWN POINT

P. 03

#35-361-13

**SURVIVORSHIP AFFIDAVIT**

**NOT OFFICIAL**

Hammond, INDIANA  
(City)

STATE OF INDIANA, COUNTY OF Lake, ss:

Dorothy M. Blythe, being first duly sworn, on oath states that she is of lawful age and resides in the County of Lake, State of Indiana, that she is the surviving spouse of Arthur W. Blythe who died on the 12 day of January, 1987, and that as such surviving spouse, is the owner of the following real estate located in Lake County, Indiana:

Lot 12, Block 8, Remans 1st Addition to Hammond, as shown in Plat Book 20, page 24, Lake County, Indiana.

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That the decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.

7-1-98

Date

Dorothy M. Blythe  
Affiant

Before me, Kathleen M. Wells a Notary Public in and for said County, personally appeared Dorothy M. Blythe this 1 day of July, 1998 and acknowledged the foregoing document to be his/her voluntary act and deed.

Kathleen M. Wells  
Notary Public

My commission expires: 03/19/2001  
Resident of LAKE County

This document prepared by: CMB MORTGAGE

**FILED**

JUL 02 1998

SAM OHLICH  
AUDITOR LAKE COUNTY

000200

11.06  
CM  
LY

64697

LAWERS TITLE AND LAND  
ONE PROFESSIONAL CENTER  
SUITE 215  
CROWN POINT, IN 46001

08/28/88 MON 10:55 FAX  
 JUN-28-88 11:18am From-CSI  
 CMD  
 9185134872 T-921 P.01/01 F-243

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- M \_\_\_\_\_
- N \_\_\_\_\_
- O \_\_\_\_\_
- P \_\_\_\_\_
- Q \_\_\_\_\_
- R \_\_\_\_\_
- S \_\_\_\_\_
- T \_\_\_\_\_
- U \_\_\_\_\_
- V \_\_\_\_\_
- W \_\_\_\_\_
- X \_\_\_\_\_
- Y \_\_\_\_\_
- Z \_\_\_\_\_

JUN 04 1988

Alexander  
 1225 COLONY HILL

Lewis

TON

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 74-87

FUNERAL HOME No. 280

LICENSE No. 1380  
 FUNERAL DIRECTOR LICENSE No. 7863

Signature: *John C. Ault*  
 Signature: *John C. Ault*

1. DECEASED - NAME <b>Arthur Wayne Blythe</b>		SEX <b>Male</b>		DATE OF BIRTH (MM/DD/YYYY) <b>January 12, 1987</b>	
2. RACE <b>White</b>		3. AGE <b>61</b>		4. PLACE OF BIRTH (City, State) <b>Lake</b>	
5. CITY, TOWN OR VILLAGE OF DEATH <b>Avon</b>		6. HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED <b>Community Hospital</b>		7. OCCUPATION <b>inpatient</b>	
8. STATE OF BIRTH (MM/DD/YYYY) <b>Kentucky</b>		9. COUNTRY OF BIRTH <b>USA</b>		10. MARITAL STATUS <b>Married</b>	
11. SOCIAL SECURITY NUMBER <b>407-21-533</b>		12. OCCUPATION <b>Car Inspector</b>		13. EMPLOYER <b>Norfolk &amp; Western Railroad</b>	
14. RESIDENCE - HOME <b>Indiana</b>		15. CITY, TOWN OR VILLAGE <b>Lake</b>		16. COUNTY <b>Harmond</b>	
17. HOME ADDRESS <b>7539 Marshall</b>		18. ZIP CODE <b>46323</b>		19. PHONE NUMBER <b>463</b>	
20. IN CASE OF AN UNEXPECTED DEATH, IF THE DEATH OCCURRED WHILE THE DECEASED WAS AT WORK, LIST THE NAME OF THE EMPLOYER AND THE ADDRESS AND PHONE NUMBER OF THE EMPLOYER.					
21. FATHER'S NAME <b>William</b>		22. MOTHER'S NAME <b>Blythe</b>		23. SISTER'S NAME <b>Sally</b>	
24. MARRIAGE - DATE OF MARRIAGE <b>Mrs. Dorothy Maxine Blythe (Wife)</b>		25. MARRIAGE - PLACE OF MARRIAGE <b>7539 Marshall Harmond, Indiana 46323</b>		26. MARRIAGE - TYPE OF MARRIAGE <b>46323</b>	
27. BURIAL - PLACE OF BURIAL <b>Burial</b>		28. BURIAL - CEMETERY <b>Colonel Park Cemetery</b>		29. BURIAL - LOCATION <b>Merrillville, Indiana</b>	
30. DATE OF BURIAL <b>January 15, 1987</b>		31. FUNERAL HOME - NAME AND ADDRESS <b>Bochen Funeral Home, Inc. 7082 Kennedy Ave. Harmond, Ind.</b>		32. FUNERAL HOME - PHONE NUMBER <b>46323</b>	
33. SIGNATURE OF ATTENDING PHYSICIAN <i>Prakash Mahan, A.D.</i>		34. DATE OF SIGNATURE <b>1-14-87</b>		35. SIGNATURE OF DECEASED <b>46323</b>	
36. SIGNATURE OF APPROVER <i>Paul Johnson</i>		37. DATE OF SIGNATURE <b>1-14-87</b>		38. SIGNATURE OF DECEASED	
39. SIGNATURE OF APPROVER <i>Arthur Blythe</i>		40. DATE OF SIGNATURE		41. SIGNATURE OF DECEASED	
42. SIGNATURE OF APPROVER <i>Jerry Card...</i>		43. DATE OF SIGNATURE		44. SIGNATURE OF DECEASED	

ISH 08-83 State Form 28400  
 REV. 1977