

2

98075915

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98 SEP 24 PM 12:07

MORRIS W. CARTER  
RECORDER

SURVIVORSHIP AFFIDAVIT

LAWYERS TITLE INS. CORP.  
ONE PROFESSIONAL CENTER  
SUITE 215  
CROWN POINT, IN 46307 Crown Point, INDIANA  
(City)

64720  
STATE OF INDIANA, COUNTY OF LAKE, SS:

Kenneth W. Kain, being first duly sworn, on oath  
states that HE is of lawful age and resides in the County of

Marion, State of INDIANA. That he is the  
surviving <sup>grandson</sup> spouse of O. Glen Kain AKA Glen Kain

who died on the 23 day of November, 19 79 and that as such  
surviving spouse, is the owner of the following real estate located  
in LAKE County, Indiana:

The West twenty (20) feet of Lot Two (2) and the East thirty  
(30) feet of Lot Three (3), in Block Three (3), in Sunset  
View Addition to the City of Crown Point, Indiana, as marked  
and laid down on the recorded plat thereof.

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.

9/17/98  
Date

Kenneth W. Kain  
Affiant

Before me, Lori L. Shelby, a Notary Public in and for  
said County, personally appeared Kenneth W. Kain  
this 17<sup>th</sup> day of September, 1998  
and acknowledged the foregoing document to be his/her voluntary act  
and deed.

Lori L. Shelby  
Lori L. Shelby Notary Public

My commission expires: 11-11-99  
Resident of Polker County

This document prepared by: Kenneth W. Kain

001406

1100  
5  
4

①

PRINT WITH INK

Use

4419

LICENSE No.

EMBALMER'S NAME Bernard E. Little

FUNERAL HOME FUNERAL DIRECTOR'S NAME

FUNERAL DIRECTOR'S NAME E. Little

SIGNATURE

Local No. 615-72

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

DISPOSITION

**INDIANA STATE BOARD OF HEALTH**  
**MEDICAL CERTIFICATE OF DEATH**

615-72

State No. ....

1. DECEASED—NAME FIRST MIDDLE LAST **O. Glen Kain** 2. SEX **Male** 3. DATE OF DEATH (MONTH, DAY, YEAR) **November 23, 1972**

4. RACE **White** 5a. AGE—LAST BIRTHDAY (YEARS) **70** 5b. UNDER 1 YEAR MOS. DAYS 5c. UNDER 1 DAY HOURS MIN. 6. DATE OF BIRTH (MONTH, DAY, YEAR) **5-30-02** 7a. COUNTY OF DEATH **Lake**

7b. CITY, TOWN, OR LOCATION OF DEATH **Dyer** 7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) **Yes** 7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Our Lady of Mercy Hospital**

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Missouri** 9. CITIZEN OF WHAT COUNTRY **USA** 10. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **Annabelle Cochran**

11. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Millwright** 12. SOCIAL SECURITY NUMBER **312-16-4457** 13a. USUAL OCCUPATION (GIVE KIND OF BUSINESS OR INDUSTRY) **US Steel Corp.**

13b. RESIDENCE—STATE **Indiana** COUNTY **Lake** CITY, TOWN OR LOCATION **Crown Point** 13c. INSIDE CITY LIMITS (SPECIFY YES OR NO) **Yes** TOWNSHIP **Center**

14a. STREET AND NUMBER **616 Porter St.** 14b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **No** 14c. IS RESIDENCE ON A FARM? YES  NO

15. FATHER—NAME FIRST MIDDLE LAST **Luther Kain** 16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST **Jenny Tipton**

17a. INFORMANT—NAME **Annabelle Kain** RELATIONSHIP **wife** 17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **616 W. Porter, Crown Point, Indiana**

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) IMMEDIATE CAUSE (a) **cerebral Vascular Accident** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **AUG 25 1998**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) (c)

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES  NO  IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. YES  NO

20. DATE & TIME OF DEATH MONTH DAY YEAR HOUR **November 23, 1972 7:45 P.M.** 21a. DATE SIGNED MONTH DAY YEAR **November 25, 1972**

22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE **Cesar Gomez** 22b. SIGNATURE OF PHYSICIAN **Cesar Gomez, M.D.** PHY. CODE NO.

23. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP **430 Conkey St. Hammond Indiana**

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 24b. CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE **Asbury Cemetery Milan Missouri**

25a. DATE (MONTH, DAY, YEAR) **Nov. 27, 1972** 25b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **Merrian-Little Fun. Home, 302 S. Main St., Crown Point, IN**

26a. HEALTH OFFICER—SIGNATURE **Peter Stecy, M.D.** 26b. DATE RECEIVED BY LOCAL HEALTH OFFICER **November 28, 1972**

113-3

SEP 21 1978 001407

EMERALD

25x10

32x10