

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99029931

99 APR -8 AM 10:48

MORRIS W. CARTER  
RECORDER

66094

SURVIVORSHIP AFFIDAVIT

LAWYERS TITLE INS. CORP.  
ONE PROFESSIONAL CENTER  
SUITE 215  
CROWN POINT, IN 46307

Hammond, INDIANA  
(City)

STATE OF INDIANA, COUNTY OF LAKE, SS:

Susan L. Biel, 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 John A. Biel who died on the 27th day of June, 1977, and that as such surviving spouse, is the owner of the following real estate located in LAKE County, Indiana:

Lot 21, Block 1, Lake Addition to Hammond, as shown in Plat Book 17, page 6, Lake County, Indiana.

34-240-21

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.

~~March 29, 1999~~  
Date

*Susan L. Biel by John M. Biel*  
Susan L. Biel by John M. Biel Affiant

Before me, Lori L. Shelby, a Notary Public in and for said County, personally appeared John M. Biel Attorney in Fact for Susan L. Biel this 29th day of March 1999, 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 Porter County

This document prepared by: John M. Biel **FILED**

APR 06 1999

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PETER BENJAMIN  
LAKE COUNTY AUDITOR  
11.00  
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D

REGISTRATION DISTRICT NO. 16.0 STATE OF ILLINOIS 04200 STATE FILE NUMBER

### MEDICAL CERTIFICATE OF DEATH

77-034198

DECEASED—NAME <b>John A. Biel</b>		SEX <b>Male</b>	DATE OF DEATH <b>June 27, 1977</b>
RACE <b>White</b>		DATE OF BIRTH <b>February 25, 1912</b>	PLACE OF BIRTH <b>Homewood Cook</b>
BIRTHPLACE (state or foreign country) <b>IND</b>		NAME OF SURVIVING SPOUSE (include name, if alive) <b>Susan Hender</b>	
SOCIAL SECURITY NUMBER <b>336-07-0770</b>		U.S. WAR VETERAN (yes/no) <b>NO</b>	
RESIDENCE <b>IN LAKE WHITING</b>		STREET AND NUMBER <b>2141 LINCOLN</b>	
FATHER—NAME <b>GEORGE BIEL</b>		MOTHER—MAIDEN NAME <b>ELIZABETH STRANA</b>	
INFORMANT'S SIGNATURE <b>Dolly Coon</b>		RELATIONSHIP <b>Daughter</b>	
DEATH WAS CAUSED BY:		ADDRESS <b>1700 South Halsted Homewood</b>	
(a) <b>Myocardial Infarction</b> (b) <b>Arteriosclerosis</b>		DURATION OF ILLNESS <b>8 hours</b>	
OTHER SIGNIFICANT CONDITIONS		AUTOPSY (yes/no) <b>NO</b>	
MAJOR FINDINGS OF OPERATION		HOUR OF DEATH <b>6:20 P.M.</b>	
ATTENDED THE DECEASED FROM <b>6-24-77</b> TO <b>6-26-77</b>		HOUR OF DEATH <b>6:20 P.M.</b>	
SIGNATURE <b>J. Wilkin</b>		DATE SIGNED <b>June 27, 1977</b>	
RESIDING ADDRESS—CERTIFIED <b>15643 Lincoln Avenue Harvey, ILLINOIS 60436</b>		ILLINOIS LICENSE NUMBER <b>36-222-71</b>	
FUNERAL HOME <b>OWENS FUNERAL HOME, 1122 1/2 WHITING, IN 46394</b>		DATE <b>6-29-77</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Owens</b>		ILLINOIS LICENSE NUMBER <b>31-7694</b>	
REGISTRAR'S SIGNATURE <b>Barthelme H. Wilkins</b>		DATE RECORDED BY LOCAL REGISTRAR <b>June 29, 1977</b>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the Statutes of Illinois.

NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND IMPRINTED SIGNATURE OF THE DEPUTY STATE REGISTRAR