

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

99082618

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DOCUMENT NO. 99082191

99 OCT -7 AM 9:29 **FILED**

MORRIS W. CARTER
RECORDER OCT 04 1999

On this 13th day of September, 1999, before me personally

appeared JOYCE T. MORGAN, to me personally known, who being duly sworn on oath before **PETER BENJAMIN
LAKE COUNTY AUDITOR**

that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner of the following described real estate:
East 5 feet of Lot 35, all of Lots 36, 37 and 38, H. A. Vossler's 2nd Addition to the City of Gary, as shown in Plat Book 9, page 27, in Lake County, Indiana.
3. Said premises were formerly owned as tenants by the entireties by Randall C. Morgan, Sr. and Joyce T. Morgan, husband and wife;
4. Said Randall C. Morgan, Sr., died a resident of Lake County, Indiana, on the 18th day of April, 1995;
5. Affiant is the surviving spouse of Randall C. Morgan, Sr., and at the time of his death they were not divorced and were living together as husband and wife;
6. That the real estate described above is not subject to inheritance tax liability or state tax liability.

47-196-36, 37, 38

SIGNATURE:

Joyce T. Morgan
JOYCE T. MORGAN

ADDRESS:

101 W. 87th Avenue, #126
Merrillville, Indiana 46410

Subscribed and sworn to before me by the Affiant this 13th day of Sept., 1999.

Ruth E. Madzler
, Notary Public

My Commission Expires: 6/16/07
My County of Residence: Lake

000280

This instrument was prepared by Elizabeth P. Moening, Attorney at Law, 8585 Broadway, Suite 600, Merrillville, IN 46410.

I:\MER\PROBATE\AFFIDAVIMORGAN.SUR

12.00
54089

THIS DOCUMENT NOT
VALID UNLESS STAMPED
ON REVERSE SIDE

PORTER COUNTY BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEDENT-NAME (First Middle Last) Randall C. Morgan SR.		2. SEX Male		3a. TIME OF DEATH 3:30AM		3b. DATE OF DEATH (Month Day Year) April 18, 1995	
4. SOCIAL SECURITY NUMBER 342-12-6237		5a. AGE - Last Birthday (Years) 77		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) Aug 31, 1917		7. BIRTHPLACE (City and State or Foreign Country) Natchez, MS 39121					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1946		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/>			
9b. FACILITY NAME (If not institution, give street and number) Valparaiso				9c. CITY TOWN OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Joyce T. Tatum		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Medical Administration		12b. KIND OF BUSINESS INDUSTRY The Orthopedic Centers	
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Gary		13d. STREET AND NUMBER 2383 West 20th Place	
13e. ZIP CODE 46404		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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.)	
15a. RACE - American Indian, Black, White, etc. (Specify) Afro Amer		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+) 4			
18. FATHER'S NAME (First Middle Last) Delvin Leonard Morgan				19. MOTHER'S NAME (First Middle, Maiden Surname) Lillie Wheaton			
20a. INFORMANT'S NAME (Type/Print) Joyce T. Morgan				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 2383 West 20th Place, Gary, IN 46404		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"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Apr 21, 1995 Fern Oak Cemetery		21c. LOCATION - City or Town State Griffith, IN			
22a. EMBALMER'S NAME Sherman G. Banks		22b. EMBALMER'S LICENSE NO. FDE1016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John D. Auler</i>		24b. LICENSE NUMBER (of Licensee) FDO1011822		24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH88900011 Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408			
25. PART I Enter the disease, injuries or complications that caused the death. Do not enter non-specific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Septic</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Multiple Decubiti</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>mid stage Parkinsons disease</i> DUE TO (OR AS A CONSEQUENCE OF) d.		26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 98 OCT 16 AM 9:00		27. STATE OF INDIANA LAKE COUNTY DEPT OF HEALTH FILED FOR RECORDING			
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) 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) No				29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, 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 at the time, 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 at the time, date, and place and due to the cause(s) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Joel Hull</i>		29c. MEDICAL LICENSE NO. 01020457		29d. DATE SIGNED (Month Day Year) 4/28/95			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Dr. Joel Hull, 950 Dickinson Road, Chesterson, IN 46304							
31. HEALTH OFFICER'S SIGNATURE <i>Ray A. Balicota MD</i>						32. DATE FILED (Month Day Year) April 28, 1995	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no) No	
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) CU 19 300		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 000816			
35a. DATE PRONOUNCED DEAD (Month Day Year)		35b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No					

Durke, Cantary, Lippy
8585 Broadway Ste 606 Newb. 46410

#47-196-36,37,38 CK# 51364 CP

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No. **590273**

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**PORTER COUNTY HEALTH DEPT.
VALPARAISO, INDIANA**

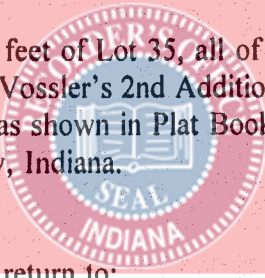
**THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.**

STOP

Mary A. Babcock, MD
HEALTH OFFICER

Document No.: **98082191**

East 5 feet of Lot 35, all of Lots 36, 37 and 38,
H. A. Vossler's 2nd Addition to the City of
Gary, as shown in Plat Book 9, page 27, in Lake
County, Indiana.



Please return to:

**Attorney Elizabeth P. Moening
8585 Broadway, Suite 600
Merrillville, Indiana 46410**