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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

99085845

99 OCT 19 AM 9:35

MORRIS W. CARTER  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

GEORGE LEONARD, being first duly sworn upon his oath, deposes and says:

1. That Affiant's wife, MINA MAE LEONARD, died on January 17, 1996 at Gary, Indiana.

2. That he and his wife, MINA MAE LEONARD, were duly and legally married at the time they acquired titled as husband and wife to the following described real estate:

Lot 5, Block 6, J. R. Brant's 45<sup>th</sup> Avenue Gardens, as shown in Plat Book 21, page 19, in Lake County, Indiana.

Key No.: Commonly known as 4327 Calhoun Street,  
Gary, Indiana 46408

3. That the marital relationship which existed between Affiant and his wife at the time they acquired title to said real estate remained in effect and unbroken until the date of his wife's death, and that by operation of law, he then became owner of the above-described real estate in fee simple title absolute, free and clear of any Indiana transfer tax.

4. That all funeral expenses in connection with the death of Affiant's wife have been paid in full.

5. That no federal estate taxes, nor Indiana inheritance taxes, became due as a result of the death of MINA MAE LEONARD.

6. Further Affiant saith not.

**FILED**  
OCT 15 1999  
PETER BENJAMIN  
LAKE COUNTY AUDITOR

*George Leonard*  
\_\_\_\_\_  
GEORGE LEONARD

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13.00  
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STATE OF INDIANA     )  
                                  )SS:  
COUNTY OF LAKE     )

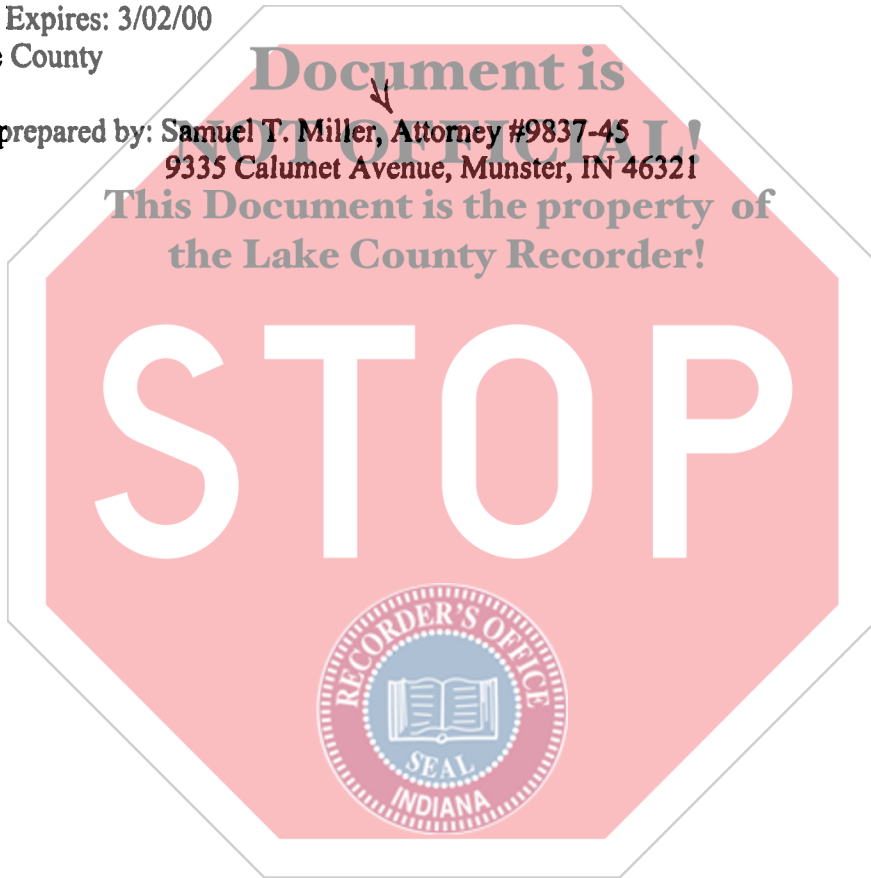
Subscribed and sworn to before me, a Notary Public in and for said County and State,  
this 9th day of October, 1999.

  
\_\_\_\_\_  
SAMUEL T. MILLER - Notary Public

My Commission Expires: 3/02/00  
Resident of Lake County

This instrument prepared by: Samuel T. Miller, Attorney #9837-45  
9335 Calumet Avenue, Munster, IN 46321

**This Document is the property of  
the Lake County Recorder!**



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. 0128-96

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Mina Mae Leonard</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>1:00p.m.</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>January 17, 1996</b>	
4. SOCIAL SECURITY NUMBER <b>310-32-3357</b>	5a. AGE—Last Birthday (Years) <b>61</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>May 31, 1934</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Michigan</b>	8. PLACE OF DEATH (Check only one. See instructions.)				
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			
9a. FACILITY NAME (If not institution, give street and number) <b>4327 Calhoun St.</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>Calumet Township</b>	9c. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>George Leonard</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Clerk</b>	12b. KIND OF BUSINESS/INDUSTRY <b>St. Margaret South</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Calumet Township</b>	13d. STREET AND NUMBER <b>4327 Calhoun St.</b>		
13e. ZIP CODE <b>46408</b>	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+)	18. FATHER'S NAME (First, Middle, Last) <b>Leo C. Gaynor</b>				
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Edith Ward</b>		20a. INFORMANT'S NAME (Type/Print) <b>George Leonard</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4327 Calhoun St. Gary, IN 46408</b>		20c. Relationship <b>Husband</b>			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input checked="" 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) <b>Jan. 19, 1996 Calumet Park Crematory</b>		21c. LOCATION—City or Town, State <b>Merrillville, Ind.</b>	
22a. EMBALMER'S NAME <b>N/A</b>		22b. EMBALMER'S LICENSE NO. <b>N/A</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthonny S. Rendina</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01010402</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In 46408</b>		
26. PART I. Enter the disease, 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.					
IMMEDIATE CAUSE OF DEATH: ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.			Approximate Interval Between Onset and Death <b>5/22/95</b>		
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Complications contributing to death but not previously stated in Part I. <b>Dissected Aortic Aneurysm - 12</b> <b>LAKE COUNTY HEALTH COMMISSIONER</b>					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
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>[Signature]</i>			29c. MEDICAL LICENSE NO. <b>01041301</b>	29d. DATE SIGNED (Month, Day, Year) <b>1/18/96</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) <b>Gregory D. Morgan - INTER, M.D. 1630 47th St. Muncie, IN</b>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) <b>January 19, 1996</b>	
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 <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
		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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

