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STATE OF INDIANA

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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County of LAKE ~

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99 OCT 21 AM 9:25  
SURVIVORSHIP AFFIDAVIT

OCT 20 1999

~ SVEA TRACY, of full legal age, being first duly sworn upon his/her oath, deposes and says that  
1. That MARQUERITE V. WILLARD is the owner in fee simple of the following real estate located in Lake County, Indiana:

Lots 13 and 14 in Block 3 in 7th Addition to New Chicago, as per plat thereof, recorded in Plat Book 7 page 30, in the Office of the Recorder of Lake County, Indiana.

Key 21-63-13+14

2. That said Real Estate was formerly owned as ~tenants by entireties by CODY WILLARD and MARQUERITE V. WILLARD, ~spouse as acquired by deed of conveyance recorded ~ as Instrument Number ~ in the office of the Recorder of Lake County, Indiana.

3. ~ CODY WILLARD died on 2-2-84 ~ leaving ~ a ~ no will, and:

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(A) XX The marital relationship, which existed between CODY WILLARD, husband, and MARQUERITE V. WILLARD ~, wife, remained continuously and unbroken from the time they acquired title of said Real Estate until CODY WILLARD'S death.

(B) \_\_\_\_\_ Upon the death of ~, Affiant became the sole owner of the fee simple title to said Real Estate as ~ heir ~ surviving tenancy by the entireties ~ surviving joint tenant.

(C) \_\_\_\_\_ ~ and ~ were divorced on ~ under cause number ~ in ~ County, ~.

4. The total value of ~ estate, taking into consideration in the evaluation thereof, the value of all his/her gifts in contemplation of death, including all gifts made by him/her in the three (3) years next preceding his/her death, together with the value of all his/her investments in joint properties and estates by entireties, including the Real Estate above described, plus the proceeds of all insurance on his/her life, did not equal or exceed the sum subject to Federal Estate Tax. All funeral expenses, debts of the estate and inheritance tax have been paid.

5. Affiant makes this affidavit for the sole purpose of clarifying the title to the above described real estate and to induce the Auditor of Lake County to correct the records to show that title is in the name of MARQUERITE V. WILLARD and to induce TICOR TITLE INSURANCE COMPANY to provide title insurance for the above described ~ Real Estate ~ Mortgage Security.

Further Affiant saith not.

Svea Tracy  
SVEA TRACY, DAUGHTER-IN-LAW

001800

STATE OF INDIANA, COUNTY OF LAKE SS:

Subscribed and sworn to before me, a Notary Public on this 18TH day of OCTOBER, 1999.

Jacalyn L. Smith  
JACALYN L. SMITH Notary

14.06  
E.P.  
Ti

My Commission Expires: 12-08-99  
County of Residence: LAKE

This document prepared by: SVEA TRACY



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

Below for State Office Use

A \_\_\_\_\_  
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THIS IS A TRUE AND  
CORRECT COPY OF THE  
CERTIFICATE OF DEATH.  
ON FILE WITH THE LAKE  
COUNTY HEALTH DEPT.  
FEB 7 1984

EMBALMER'S NAME W. L. K. JONES LICENSE No. 2256

FUNERAL HOME 306  
FUNERAL DIRECTOR'S SIGNATURE Peter Benjamin  
FUNERAL DIRECTOR'S LICENSE No. 306

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

Local No. 36054 State No. \_\_\_\_\_

DECEASED - NAME 1 <b>CODY W. WILLARD</b>		SEX 2 <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>February 2, 1984</b>
RACE 4 <b>White</b>	AGE - Last Birthday (MO Y) 5a <b>57</b>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
CITY, TOWN OR LOCATION OF DEATH 7a <b>Hobart</b>		HOSPITAL OR OTHER INSTITUTION 7c <b>St. Mary's Medical Center</b>	IF HOSP OR INST indicates ICD-9 7d <b>Inpatient</b>
STATE OF BIRTH (or that of U.S. if name is foreign) 9 <b>Iowa</b>	CITIZEN OF WHAT COUNTRY 8 <b>U.S.A.</b>	MARRIED OR NEVER MARRIED? 10 <b>Married</b>	WIDOWED, DIVORCED, SEPARATED, SPLIT? 11 <b>Marguerite V. Clark</b>
SOCIAL SECURITY NUMBER 13 <b>355-14-5115</b>		USUAL OCCUPATION (Give a kind of work done during most of working life, or most of life) 14a <b>Boilermaker</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Local 374</b>
RESIDENCE - STATE 15a <b>IN</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>Hobart</b>	
STREET AND NUMBER 15d <b>3117 Michigan Street</b>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 <b>Charles O. Willard, (dec.)</b>		MOTHER - MAIDEN NAME 17 <b>Mabel Snyder</b>	
INFORMANT - NAME (Page or page) 18a <b>Marguerite V. Willard, Wife</b>	RELATIONSHIP 18b <b>Wife</b>	MAILING ADDRESS 18c <b>3117 Michigan Street, Hobart, Indiana 46342</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>	CEMETERY OR CREMATORY 19b <b>Willard Grove Cemetery</b>	LOCATION 19c <b>Channahon, Illinois</b>	
DATE (MONTH DAY YEAR) 20a <b>February 6, 1984</b>	FUNERAL HOME - NAME AND ADDRESS 20b <b>Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN</b>		
To the best of my knowledge, death occurred during the time, date and place and due to the condition stated. 21a <b>Fernando Rivera, M.D.</b>		DATE SIGNED (MO DAY YEAR) 21b <b>2/10/84</b>	HOUR OF DEATH 21c <b>46342-4198 7:23 p.</b>
MAILING ADDRESS - PHYSICIAN 21a <b>3099 Central Avenue, Lake Station, Indiana 46405</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22a <b>2-11-84</b>	
HEALTH OFFICER SIGNATURE 22a <b>Peter Benjamin M.D.</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO UNDERLYING CAUSE STATING THE UNDERLYING CAUSE LAST			
PART I (a) <b>Acute respiratory and Cardiac failure</b>		Interval between onset and death	
(b) <b>Septicemia</b>		Interval between onset and death	
(c) _____		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I.)		AUTOPSY (Specify Yes or No) 24 <b>Yes</b>	

SBH 06-003 State Form 35430  
REV. 10/77

PETER BENJAMIN  
LAKE COUNTY AUDITOR

001281

**FILED**

OCT 20 1999