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FILED

OCT 26 1999

STATE OF INDIANA  
SURVIVORSHIP AFFIDAVIT

99087856

PETER BENJAMIN  
LAKE COUNTY AUDITOR

COMES NOW the affiant, RUTH SIMS, who being first sworn and upon his/her oath and under the penalties for perjury, solemnly swears and states that:

OCT 26 AM 10:16  
M. J. CARTER  
RECORDER

1. He/She is the legal title owner of the real estate located at 633 VIRGINIA STREET GARY IN 46402, more particularly described as  
SEE APPENDIX A

2. He/She acquired title to the afore-mentioned real estate with his/her husband/wife by Warranty Deed dated MARCH 3, 1974, and recorded APRIL 10, 1974, Instrument No. 246752, in the office of the Recorder of LAKE county, Indiana.

3. He/She and his/her husband/wife, JOHN SIMS, held title by the entireties until the date of his/her death on 8/22/76.

4. By virtue of the operation of law in the he/she is the survivor of them, the affiant should now be shown as the sole owner of the real estate.

5. The total value of my late husband's/wife's estate, including the proceeds of life insurance, and interest in jointly owned real estate, was not large enough to be subject to federal estate tax.

Affiant makes these statements to induce the appropriate governmental authorities to cause the title to the real estate to be shown in the sole name of the affiant and that all tax records be shown accordingly.

10/19/99  
Date

Amy Ruth Sims  
Print Name

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



Before me, a Notary Public, in and-for said State and County, personally appeared the affiant herein, RUTH SIMS, who acknowledged the truthfulness of the contents herein.

Done this 19th day of OCTOBER, 1999.

My Commission Expires: 5/15/00

[Signature]  
Notary Public

Resident of LAKE County

Prepared by: RUTH SIMS

Official Seal  
PATRICK D. BERGS  
Notary Public  
State of Indiana  
My Commission Expires 5/15/00

001690

14.00  
E.P.  
Hold N/A  
# 51327

IN 20262

LOT NINE (9), IN BLOCK SIXTY-SIX (66), IN GARY LAND COMPANY'S FIRST  
SUB-DIVISION IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK  
6 PAGE 15, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



3 jets 10

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. **76-0766**

State No. \_\_\_\_\_

EMBALMER'S NAME: **Ede Warner**  
FUNERAL DIRECTOR'S SIGNATURE: **Ede Warner**  
LICENSE No. **4260**  
FUNERAL HOME: **FUNERAL HOME No. 248**  
FUNERAL DIRECTOR'S LICENSE No. **1984**

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME 1. <b>John Wesley Sims</b>			SEX 7. <b>male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>August 22, 1976</b>
BACE 4. <b>Amer. Blk.</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>57</b>	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>March 15, 1919</b>	COUNTY OF DEATH 7c. <b>Lake</b>	
DECEASED 7b. <b>Gary</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. <b>yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7e. <b>St. Mary Mercy Medical Center</b>			
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 12. <b>344-24-6128</b>		CITIZEN OF WHAT COUNTRY 9. <b>U.S. A.</b>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <b>Amy Ruth Rutledge</b>		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
SOCIAL SECURITY NUMBER 12. <b>344-24-6128</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13. <b>Steelworker</b>		INDUSTRY 13b. <b>U. S. Steel</b>		
RESIDENCE—STATE 14a. <b>Indiana</b>		CITY, TOWN OR LOCATION 14b. <b>Lake</b>	CITY, TOWN OR LOCATION 14c. <b>Gary</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>yes</b>	TOWNSHIP 14e. <b>Calumet</b>	
STREET AND NUMBER 14f. <b>633 Virginia Street</b>		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown (If yes, give war or dates of service)) <b>yes WWII</b>		14h. IS RESIDENCE ON A FARM? <b>NO</b>		
FATHER—NAME 15. <b>John Wesley Sims</b>			MOTHER—MAIDEN NAME 16. <b>Fannie Gooden</b>			
INFORMANT—NAME 17a. <b>Amy Ruth Sims</b>			RELATIONSHIP 17b. <b>wife</b>	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. <b>633 Virginia St. Gary, Indiana 46404</b>		
PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
18. IMMEDIATE CAUSE		(a) <b>COLON MARY DECISION</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>15 M-7</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) <b>Atherosclerotic Heart Disease</b>				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (a)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AUTOPSY 19. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH 20. <b>8 22 76 3:45 PM</b>		DATE SIGNED 21a. <b>8 24 76</b>				
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. <b>T. R. ESTY</b>		SIGNATURE OF PHYSICIAN 22b. <i>[Signature]</i>			PHY. CODE NO.	
MAILING ADDRESS—PHYSICIAN 23. <b>1901 Bluff</b>		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>607 Gary IN 46404</b>				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY, CALMATORY, FUNERAL HOME 24b. <b>Fern Oak</b>		LOCATION CITY OR TOWN STATE 24c. <b>Griffith Indiana</b>		
DISPOSITION DATE (MONTH, DAY, YEAR) 24. <b>August 27, 1976</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25. <b>Smith, Bizzell, &amp; Warner 229 1/2 Washington Gary, Indiana 46407</b>				
HEALTH OFFICER—SIGNATURE 26. <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 27. <b>AUG 24 1976</b>				