

STATE OF INDIANA
LAKE COUNTY
FILED
99 OCT 27 PM 1:38
RECORDED

99088627

SURVIVORSHIP AFFIDAVIT

State of Indiana)
) SS
County of Lake)
**HOLD FOR
Title Express, Inc.
8585 Broadway • Ste. 680
March, Mo, 64112**

Clotee Harris, being of legal age, and duly sworn on her oath, deposes and says:

That Clotee Harris is the owner in fee simple title of the following decribed real estate located at 2225 Waite, Gary, Indiana in Lake County, Indiana to wit:

LOTS 41 AND 42, BLOCK 1, SECURITY REALTY COMPANY'S FIRST ADDITION TO GARY.

Parcel No. 25-47-29-41

Affiant further states she and now deceased spouse, Siseman Harris, were husband and wife at the time they aquired title to the aforesaid real estate and their marital relationship has remained unbroken until the death of Siseman Harris on May 31, 1983, at which time this affiant aquired title to said real estate as a surviving tenant by the entireties.

There has not been any administration upon the estate of Siseman Harris, deceased, nor is any administration contemplated.

The estate of Siseman Harris was not subject to any Federal Estate Tax.

Affiant makes this affidavit for the purpose of causing the proper transfer of real estate in the Office of the Auditor of Lake County, Indiana to Clotee Harris.

Clotee Harris
Clotee Harris

STATE OF INDIANA

COUNTY OF Lake

BEFORE ME, the undersigned, a Notary Public in and for said County and State, personally appeared Clotee Harris, and acknowledges the execution of the foregoing instrument and being first duly sworn by me upon his oath, said that the facts alleged under the pains and penalty of perjury are true.

Signed and sealed this 18th day of October, 1999

My commision expires: 12/2/2000

Jennifer M. Beyster
Jennifer M. Beyster, Notary Public
Residing in Porter County, Indiana

This instrument prepared by David M. Bengs, Attorney At Law

FILED
OCT 27 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

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11.00
CP

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83-0349

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No.

FUNERAL HOME No. 248
FUNERAL DIRECTOR'S LICENSE No. 1984
FUNERAL DIRECTOR'S SIGNATURE *Ede Warner*

EMBALMER'S NAME Ede Warner LICENSE No. 4260

DECEASED—NAME 1 Sishman M. Harris		SEX 2 male	DATE OF DEATH (MONTH, DAY, YEAR) 3 May 31, 1983
RACE—(a) White, Black, American Indian, etc. (Specify) 4 Amer Btk	AGE—Last Birthday 5a 58	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
CITY, TOWN OR LOCATION OF DEATH 7a Gary		HOSPITAL OR OTHER INSTITUTION—(Name if not in either, give street and number) 7c Gary Mercy	IF HOSP. OR INST. indicate ICD-9-CM or ICD-10-PCS 7d inpatient
STATE OF BIRTH (if not in U.S.A. name country) 9 Mississippi	CITIZEN OF WHAT COUNTRY 10 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 married	SURVIVING SPOUSE (if wife, give maiden name) 12 Clotee Hankins
SOCIAL SECURITY NUMBER 13 435-22-8847	USUAL OCCUPATION (Give kind of work done during most of working life, give # of seasons) 14a Steelworker	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Big Mill	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	
STREET AND NUMBER 15d 2225 Waite		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX	INSIDE CITY LIMITS (Specify YES or NO) 15f yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX			
FATHER—NAME 16 Jackson		MOTHER—MAIDEN NAME 17 Margaret Lee	
WIF OR MANT—NAME (Give or print) 18a Clotee Harris	RELATIONSHIP 18b wife	MAILING ADDRESS 18c 2225 Waite	CITY OR TOWN, STATE, ZIP 18d Gary, IN 46404
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Fern Oaks Cemetery	LOCATION, CITY OR TOWN, STATE 19c Griffith, Indiana
DATE (MONTH, DAY, YEAR) 20a June 4, 1983	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Smith Blizzell & Warner 2295 Washington Gary, In. 46407		
To the best of my knowledge, death occurred on the date, time and place (if any) so stated. 21a Signature <i>R. D. Hovenassian</i>		DATE SIGNED (MONTH, DAY, YEAR) 21b 6/1/83	
NAME OF ATTENDING PHYSICIAN (Give or Print) 21c Dr. R. Hovenassian Md.		PETER BERJAMIN LAKE COUNTY AUDITOR	
MAILING ADDRESS—PHYSICIAN 21d 7863 Broadway Merrillville, In. 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6/2/1983	
HEALTH OFFICER—SIGNATURE 22a <i>James L. ...</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6/2/1983	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE PART I (a) <i>ICARDIOALYOPATHY</i> (b) <i>Coronary heart failure</i> (c) <i>Coronary heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	