

2000 006059

2000 JAN 28 AM 8:50

MORRIS W. CARTER
RECORDER

FILED

JAN 26 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this January 11, 2000 before me personally appeared Shirley J. Bradley
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Jerry D. Bradley and Shirley J. Bradley;
4. Said Jerry D. Bradley
(fill in name of co-tenant who died)
died on May 6, 1995
leaving a will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Lot 11 in Block 11 in Forestdale, in the City of Hammond, as per plat thereof, recorded in Plat Book 20 page 16, in the Office of the Recorder of Lake County, Indiana.

6. Is there Federal Estate or State Inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

↓
Lake Federal Savings & Loan
P.O. Box 2277
Hammond, In 46323

01539

131203
CL# 130872

1/300

BB

7. Where this affidavit relates to a tenancy by the entreties, were the parties ever divorced?

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was wife

Signature: Shirley J. Bradley

Printed Name Shirley J. Bradley

Address: 6836 Schneider Avenue

Hammond, Indiana 46323

Subscribed and sworn to before me by the affiant

this January 11, 2000

(Insert date)

Cecelia Szeplakay
Notary Public

Printed Name Cecelia Szeplakay

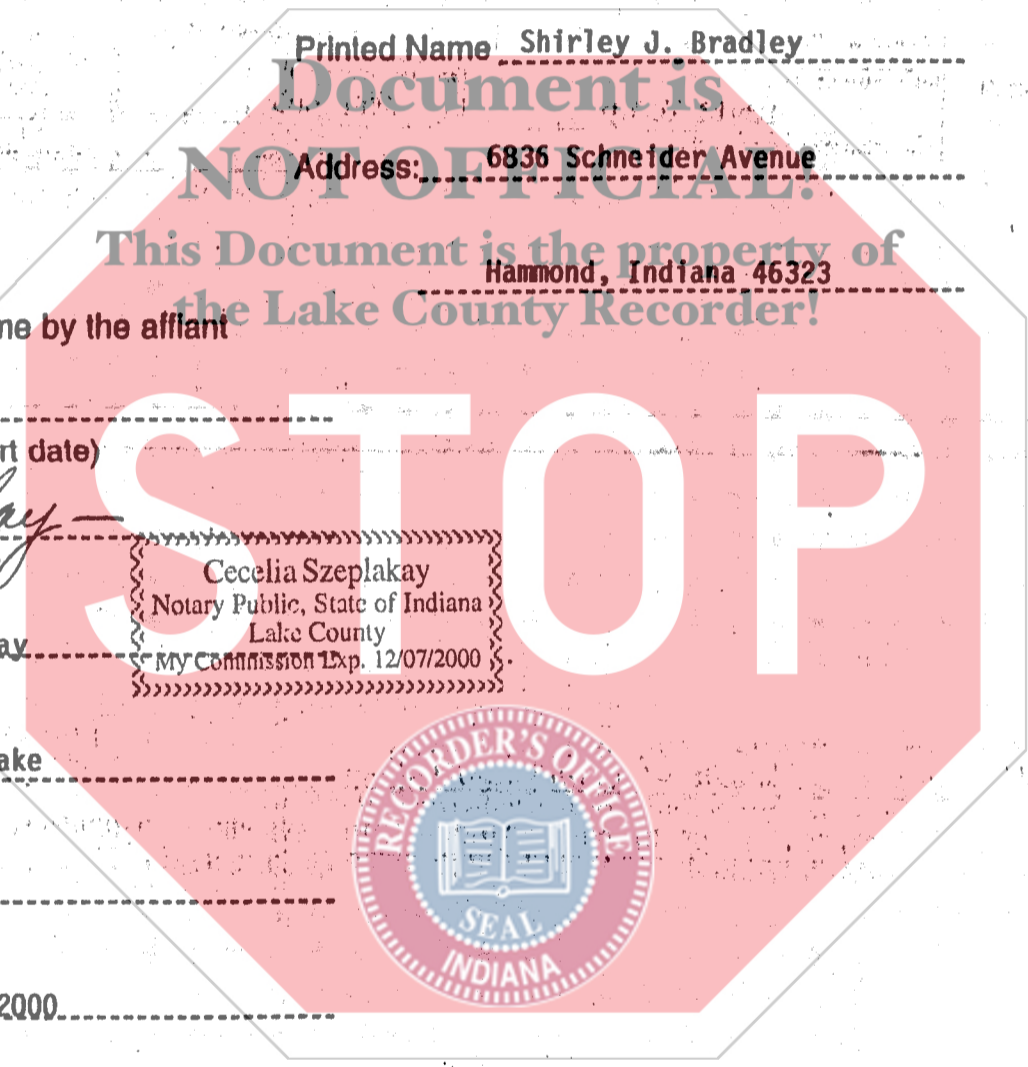
Cecelia Szeplakay
Notary Public, State of Indiana
Lake County
MY COMMISSION Exp. 12/07/2000

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 12-07-2000

This instrument prepared by Shirley J. Bradley



ATTENTION STATE: This Social Security card is being requested by the State Agency in order to insure the 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. 1073-95

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-16.3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (Print Middle Initial) JERRY D. BRADLEY		2. SEX MALE	3. TIME OF DEATH 2:26 PM	4. DATE OF DEATH (Month, Day, Year) MAY 6, 1995
5. SOCIAL SECURITY NUMBER 417-40-7149	6. AGE—Last Birthday (Year) 60	7. DATE OF BIRTH (Month, Day, Year) AUG. 24, 1934	8. BIRTHPLACE (City, State & County) Leeds, Alabama	
9. WAS DECEDENT A U.S. VETERAN? No	10. YEAR LAST SERVED IN U.S. ARMED FORCES? none	11. PLACE OF DEATH (Name of and No. of Institution) HOSPITAL: <input type="checkbox"/> HOME: <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>		
12. FACILITY NAME (If not institution give address and number) THE COMMUNITY HOSPITAL		13. CITY, TOWN OR LOCATION OF DEATH MUNSTER		14. COUNTY OF DEATH LAKE
15. MARITAL STATUS Married	16. SURVIVING SPOUSE (If wife give maiden name) Shirley Alvey	17. DECEASED'S USUAL OCCUPATION (Last one if 2 or 3) HOOKER OPER. BRIDGE		18. RANK OF BUSINESS/INDUSTRY 150 Hockett, Engineer, Ind.
19. RESIDENCE—STATE Indiana		20. COUNTY Lake	21. CITY, TOWN OR LOCATION Hammond	22. STREET AND NUMBER 6836 Schneider Avenue
23. ZIP CODE 46323	24. INSIDE CITY LIMITS <input checked="" type="checkbox"/> OR <input type="checkbox"/> ON A FARM	25. COUNTRY OF BIRTH U.S.A.	26. RACE White	27. DECEASED'S EDUCATION 10
28. FATHER'S NAME (Print Middle Initial) J.D. Bradley		29. MOTHER'S NAME (Print Middle Initial) Bertie Calvert		
30. INFORMANT'S NAME (Type/Print) Mrs. Shirley Bradley		31. MARITAL ADDRESS (Street, City, State, Zip) 6836 Schneider Ave. Hammond, IN 46323		32. RELATIONSHIP TO DECEASED Wife
33. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		34. DATE AND PLACE OF DISPOSITION (Name of cemetery, church, & other place) May 9, 1995 Elmwood Cemetery		35. LOCATION—City & Town Hammond, Indiana
36. EMBALMER'S NAME David McCoy		37. EMBALMER'S LICENSE NO. ED08700581	38. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
39. SIGNATURE OF FUNERAL DIRECTOR <i>David McCoy</i>		40. LICENSE NUMBER (If Licensed) ED08700581	41. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Hockett Funeral Home, Inc. 7042 Kennedy Ave. Hammond, IN 46323	
42. PART I THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH AS FILED WITH THE LAKE COUNTY HEALTH DEPT. MAY 10 1995		43. PART II CARDIAC ARREST CARDIAC DYSRHYTHMIA CORONARY ARTERY DISEASE		44. AMOUNT OF TIME ELAPSED FROM DEATH TO REPORTING 10 YRS
45. PART III LAKE COUNTY HEALTH DEPT. APPROVED		46. WAS DECEDENT PREVIOUSLY IN A HOSPITAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	47. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	48. TIME OF DEATH TO BE FILLED IN BY DEPARTMENT OF HEALTH
49. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		50. SIGNATURE AND TITLE OF CERTIFIER <i>Steven A. Corse, MD</i>		51. MEDICAL LICENSE NO. 00688
52. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Print/Type) STEVEN A. CORSE, MD 3100 - 45TH AVENUE HIGHLAND, INDIANA 46322		53. DATE SIGNED (Month, Day, Year) MAY 9, 1995		
54. HEALTH OFFICER'S SIGNATURE <i>Alvan B. Williams, M.D.</i>		55. DATE FILED (Month, Day, Year) May 10, 1995		
56. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined		57. DATE OF INJURY (Month, Day, Year)	58. TIME OF INJURY (Year & AM)	59. DESCRIBE HOW INJURY OCCURRED
60. PLACE OF INJURY—At home, farm, school, factory, office, building, etc. (Specify)		61. LOCATION (Street and Number and Address Number, City & Town, State)		
62. DATE PRONOUNCED DEAD (Month, Day, Year)		63. MOTOR VEHICLE ACCIDENT? (Yes & No) If yes, specify date, time, place, direction		