

STATE OF INDIANA
LAKE COUNTY
FILED RECORD

2000 016220

2000 MAR -8 AM 8:59

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MONTGOMERY W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now MARY C. STEWART, being duly sworn upon her oath and states as follows:

1. That Mary C. Stewart is the surviving spouse of Paul E. Stewart, now deceased.
2. That Paul E. Stewart died on the 18th day of November, 1975, a resident of Lake County, State of Indiana, a copy of the death certificate of Paul E. Stewart is attached as Exhibit "A" hereto.
3. That Paul E. Stewart and Mary C. Stewart were husband and wife at the time of acquiring title to land, and they remained so until Paul E. Stewart's death.
4. That the statements made in this Affidavit are true and complete insofar as the Affiant knows and are made for the purpose of establishing that Mary C. Stewart survived Paul E. Stewart.

Further, this Affiant saith not.

MARY C. STEWART

FILED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



MAR 6 2000

I, the undersigned, a Notary Public in and for said County, in the State of Indiana, do hereby certify that on this day personally appeared before me, MARY C. STEWART, personally known to me to be the same person whose name is subscribed to the foregoing Instrument and personally known to me, and acknowledged that she signed, sealed and delivered the said Instrument as her free and voluntary act, for the uses and purposes therein set forth.

PETER BENJAMIN
LAKE COUNTY AUDITOR

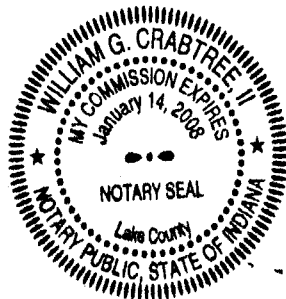
Given under my hand and notarial seal this 1st day of March, 2000.

Signed:

William G. Crabtree II

William G. Crabtree II (Notary Public)

My Commission Expires: 1-14-2008
My County of Residence: LAKE



11.06
P.P.
002229
William G. Crabtree

6:00

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 942

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE MEDICAL CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

NOV 20 1975

HAMMOND HEALTH COMMISSIONER

Date issued

EMBALMERS NAME: C. William McC

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*

No. 284

LICENSE No. 295

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
		1. PAUL		B.	STEWART	2. Male	3. November 18, 1975		
RACE		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White		5a. 68		5b.	5c.	6. 12/8/1906		7a. Lake	
DECEASED		7b. Hammond		7c. YES		7d. St. Margaret Hospital			
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		8. Ohio		9. U. S. A.		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		11. Mary Christianson	
SOCIAL SECURITY NUMBER		12. 312-34-8773		13a. Retired owner		13b. Welding supplies			
RESIDENCE—STATE		14a. Indiana		14b. Lake		14c. Hammond		14d. North	
STREET AND NUMBER		14f. 6428 Forest Avenue		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		14e. NO		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PARENTS		15. Charles		16. B. Stewart		17. Missour		18. Catherine Hull	
INFORMANT—NAME		17a. Mrs. Mary Stewart		17b. wife		17c. 6428 Forest Ave., Hammond, Ind. 46324			
PART I.		DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
CAUSE		18. IMMEDIATE CAUSE		(a) Cancer' lung - (Terminat)					
		CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A). STATING THE UNDER- LYING CAUSE LAST		(b) DUE TO, OR AS A CONSEQUENCE OF:					
				(c) DUE TO, OR AS A CONSEQUENCE OF:					
PART II.		OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		19b. IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19a. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH		MONTH		DAY		YEAR		HOUR	
20.									
M. D. OR D. O.		PHYSICIAN'S NAME (TYPE OR PRINT)		LAST IN ATTENDANCE		21a. SIGNATURE OF PHYSICIAN		PHY. CODE NO.	
		22a. Dr. C. Gomez				22b. <i>[Signature]</i>			
		MAILING ADDRESS—PHYSICIAN		STREET OR R. F. D. NO		CITY OR TOWN		STATE ZIP	
		430 Conkey Street		Hammond		IN		46320	
DISPOSITION		23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. Oak Hill Cemetery		24c. 227 Kenwood Street, Hammond, Indiana			
		24a. Burial		24d. Nov. 21, 1975		24e. Hemmerling-Paddack Chapel, 6020 Hohman Ave., Hammond, Indiana 46320			
		DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)			
				25a. Hemmerling-Paddack Chapel, 6020 Hohman Ave., Hammond, Indiana 46320		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	
				25b. <i>[Signature]</i>		26a. <i>[Signature]</i>		26b. NOV 20 1975	

113-3

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