

LAKE COUNTY
FILED FOR RECORD
2000 JAN 28 AM 10:2
NOTARY RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake
Hold For:
intercounty Title Co.
2050 45th Avenue
Highland, IN 46322

S. S.

On this 1-19-2000 before me personally appeared _____
(insert date)

Lucille DeMure

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 WIFE
(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

Lucille DeMure and Pat DeMure

4. Said Pat DeMure aka Patsy DeMure
(fill in name of co-tenant who died)

died on Nov. 7, 1978

leaving No will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Lot No. 6, a Subdivision of Lot 4, of Mina F. Becker Subdivision in Hammond, as shown in Plat Book 21, page 46, in Lake County, IN.

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

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

8. Affiant's relationship to the deceased was SURVIVING SPOUSE

Signature: Lucille L. DeMure
Lucille L. DeMure

Address: 8629 MANOR AV
HUNSTER, IN.

Subscribed and sworn to before me by the affiant

this 19 day of Nov, 2000
(insert date)

Janice L. Maddox
Notary Public

My Commission Expires 1-26-08

Resident of Lake County, IN

This instrument prepared by 192

Lucille L. DeMure

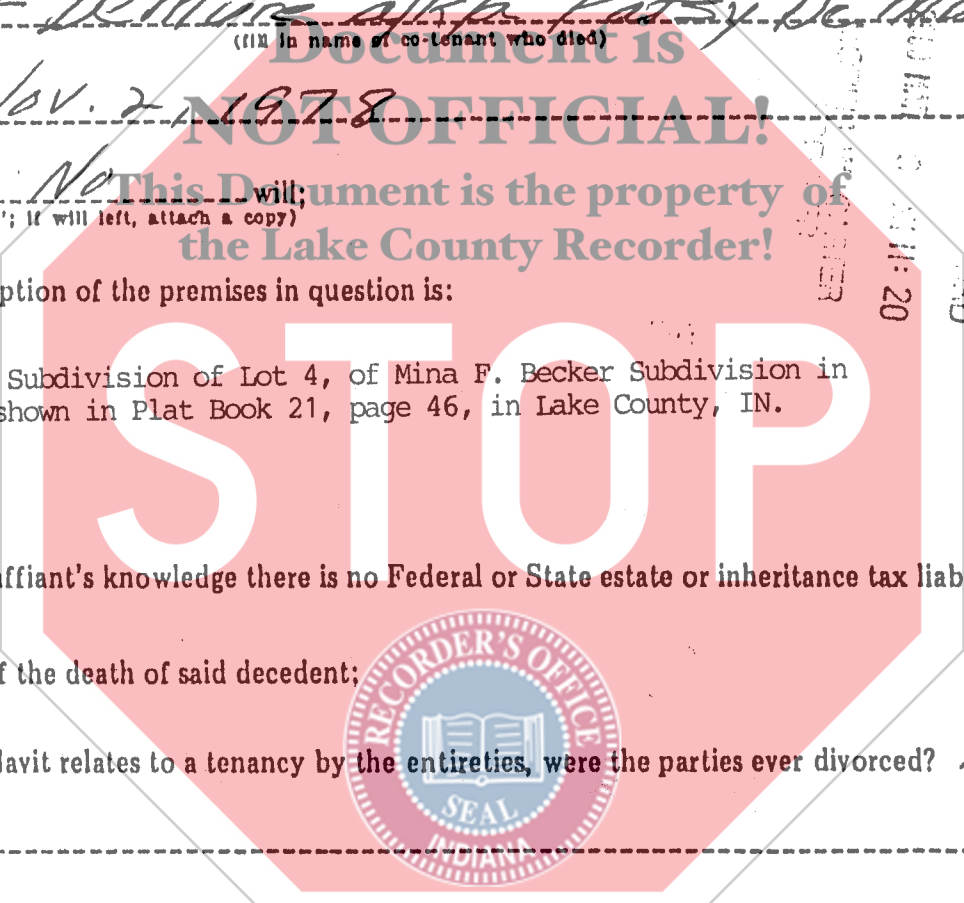
Re-Recording to include Notary Signature.

1692

chk# 200518

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1300
77.00
E.P.



2000 016724

STATE OF INDIANA
LAKE COUNTY
FILED
2000 JAN 28 AM 11:20

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
NOV 3 1978
Date issued

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME Anthony Solan
FUNERAL DIRECTOR'S SIGNATURE Anthony Solan
LICENSE No. 5184
FUNERAL HOME LICENSE No. 2141
FUNERAL HOME No. 289
HAMMOND HEALTH COMMISSIONER

Local No. 825

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

1. DECEASED—NAME FIRST MIDDLE LAST Pat DeMure		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Nov. 2, 1978
2. RACE—(a) White, (b) Black, (c) American Indian, (d) Other (Specify)	4. White	3. AGE—Last birthday (Yrs.) 62	5. DATE OF BIRTH (MONTH, DAY, YEAR) Mar. 1, 1916
6. CITY, TOWN OR LOCATION OF DEATH Hammond	7a. COUNTY OF DEATH Lake	7b. HOSPITAL OR OTHER INSTITUTION—(Name, full name or other, give street and number) St. Margaret Hospital	7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Department (Specify) Inpatient
8. STATE OF BIRTH (a) Ind. or U.S.A. (Specify) Indiana	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (a) wife, (b) husband, name Lucille (Davis)
12. SOCIAL SECURITY NUMBER 346-07-6387	13. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 13a. RESIDENCE—STATE Indiana 13b. COUNTY Lake 13c. CITY, TOWN OR LOCATION Hammond	14. USUAL OCCUPATION (Give kind of work done during most of working life, state if constant) Metallurgist	14a. KIND OF BUSINESS OR INDUSTRY Inter-Lake Steel Inc.
15. STREET AND NUMBER 7519 Jefferson Avenue	15a. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15b. INSIDE CITY LIMITS (Specify YES OR NO) yes	
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16. FATHER—NAME FIRST MIDDLE LAST Alphons DeMure		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Lydia Carsella
18a. INFORMANT—NAME (Type or print) Lucille DeMure	18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7519 Jefferson Ave., Hammond, Indiana 46324		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	19b. CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn Cemetery	19c. LOCATION CITY OR TOWN STATE Scherverville, Ind.	
20a. DATE (MONTH, DAY, YEAR) Nov. 4, 1978	20b. FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind. 46324		
21a. (Signature) James H. Greenwald, M.D.	21b. DATE SIGNED (MONTH, DAY, YEAR) Nov. 2, 1978	21c. HOUR OF DEATH 5:07 A.	
21d. MAILING ADDRESS—PHYSICIAN 5231 Hohman Ave., Hammond, Indiana 46320	22a. HEALTH OFFICER'S SIGNATURE Premudas		
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER NOV 3 1978	23. IMMEDIATE CAUSE (SEE INSTRUCTIONS ON REVERSE) PART I (a) (b) (c) Diabetic Mellitus End Stage Renal Disease Comp. Heart Failure		
24. CAUSE OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I) NO	24. AUTOPSY (Specify Yes or No) NO		

25 X 10