

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 017032

2000 MAR 15 AM 8-57

MORRIS M. CARTER
CLERK

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 5th day of March, 2000, before me personally appeared, Nancy Spencer to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below the affiant's signature;
2. Affiant is the daughter of Lloyd Richmond who formerly resided at 2355 Vigo Street, Lake Station, Indiana, which real estate was owned by Lloyd Richmond and Nancy Spencer as joint tenants with rights of survivorship.
(state interest of affiant in the above premises as owner)
3. Said real estate is legally described as follows:

Lot Twenty-Five (25), Block Eight (8), in Elliott's Park Addition to the City of Lake Station, according to the recorded plat thereof. (More commonly known as 2355 Vigo Street, Lake Station, Indiana 46405). Key No. 19-109-25.

Lloyd Richmond died February 19, 2000 leaving a Will.

4. Lloyd Richmond reserved unto himself a life estate in said real estate. Attached hereto is a certified copy of the death certificate of Lloyd Richmond for the purposes of extinguishing said life estate.
5. Further affiant saith not.

Affiant's Signature Nancy Spencer
 Name Printed Nancy Spencer
 Address 6028 Old Porter Road
Portage, Indiana 46368

FILED

MAR 08 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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8107

Subscribed and sworn before me by the affiant

this 6th day of March, 2000.
(insert date)

William B. Davis
(Notary Public)

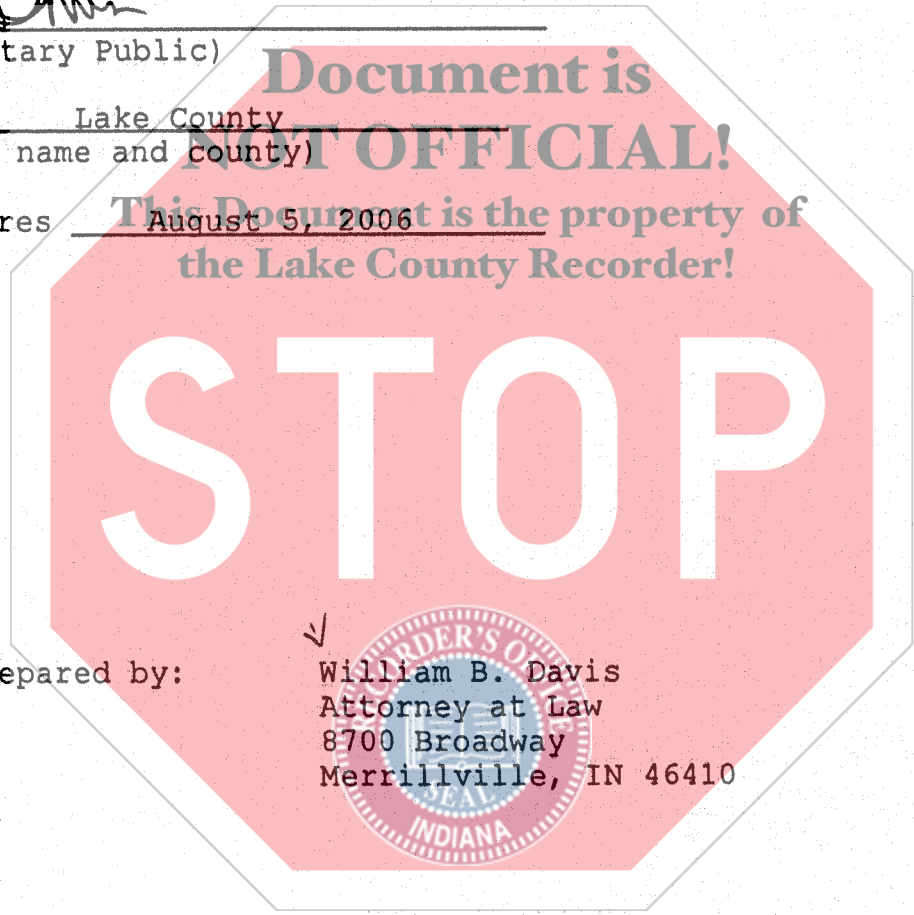
William B. Davis Lake County
(printed name and county)

My commission expires August 5, 2006

27617.1
14,736

This Instrument Prepared by:

✓
William B. Davis
Attorney at Law
8700 Broadway
Merrillville, IN 46410



This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED-NAME (First Middle Last) EARL LLOYD RICHMOND		2. SEX Male		3a. TIME OF DEATH 7:45PM		3b. DATE OF DEATH (Month Day Yr) February 19, 2000	
4. SOCIAL SECURITY NUMBER 316-22-9425		5a. AGE - Last Birthday (Years) 91		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) October 19, 1908		7. BIRTHPLACE (City and State or Foreign Country) Manteno, IL					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Mary E. Bartz Hospice Ctr.				9c. CITY TOWN OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver		12b. KIND OF BUSINESS INDUSTRY Trucking	
13a. RESIDENCE - STATE IN		13b. COUNTY Porter		13c. CITY TOWN OR LOCATION Portage		13d. STREET AND NUMBER 3444 Swanson Road	
13e. ZIP CODE 46368		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
16. FATHER'S NAME (First, Middle, Last) Amos Richmond		17. MOTHER'S NAME (First, Middle, Maiden Surname) Grace Grimes		18. RACE - American Indian, Black, White, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+)	
20a. INFORMANT'S NAME (Type/Print) Nancy Spencer		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6028 Old Porter Road, Portage, IN 46368				20c. Relationship Daughter	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) February 22, 2000 McCool Cemetery		21c. LOCATION - City or Town State Portage, IN			
22a. EMBALMER'S NAME JAMES J. KRAUSE		22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Michael L. Reed</i>		24b. LICENSE NUMBER (of Licensee) FDO8600270		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 83005613 Rees Funeral Home, Olson Chapel 5341 Central Avenue, Portage, IN 46368			
26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Myocardial Infarction</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>Coronary artery disease</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any which gave rise to the immediate cause stating the underlying cause last		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. <u>C.O.P.D.</u>							
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. 01045170		29d. DATE SIGNED (Month Day Year) 2.22.00	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Kimberly F. Perry, 3630 Willowcreek Rd., Portage, IN 46368							
31. HEALTH OFFICER'S SIGNATURE <i>Gary A. Gebelke</i>		32. DATE FILED (Month Day Year) February 24, 2000					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year) FILED MAR 08 2000		34b. INJURY AT WORK? (Yes or no)		34c. DESCRIBE HOW INJURY OCCURRED	
34d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) MAR 08 2000		34e. LOCATION (Street and Number or Rural Route Number City or Town State) 5384					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. PETER BENJAMIN If yes specify driver, passenger, pedestrian, etc. LAKE COUNTY AUDITOR					