3

Key No. 26-32-2-6

SURVIVORSHIP AFFIDAVIT

2000 019129

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this 21st day of February, 2000, before me personally appeared SHIRLEY J. WILSON, to me personally known, who being duly sworn on oath did state that:

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2000 MAR 21 AM 11:24

1. Affiant resides at the address given below affiant's signature;

2. Affiant is the surviving widow of DONALD E. WILSON and, prior to the death of said DONALD E. WILSON, owned jointly with him the following described real estate :

> Lot 6 in Block 2 in Avondale, in the City of Hammond, as per plat thereof, recorded in Plat Book 20 page 7 in the Office of the Recorder of Lake County, Indiana.

more commonly known as 7141 Schneider in Hammond, Lake County, Indiana.

RECORDER'S OFFICE SEAL INDIANA

3. Said DONALD E. WILSON died a resident of Lake County, Indiana, on December 23, 1966.

4. Affiant is the surviving and exclusive owner of the above-described parcel of real property.

5. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid DONALD E. WILSON.

FILED

MAR 21 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

00411

13.00 CASH

6. Said real estate described above is not subject to inheritance tax liability or state tax liability.

SIGNATURE: Shirley J. Wilson

ADDRESS: 7141 Schneider Avenue
Hammond, Indiana 46323

Subscribed and sworn to before me by the Affiant this 21st day of ~~January~~ February, 2000.

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Notary Pubic Patrick P. Devine

My Commission Expires: 6/30/07
My County of Residence: Lake

This instrument was prepared by PATRICK P. DEVINE, Esq., Hand Wilk & Hand, 3235 - 45th Street, Highland, Indiana 46322-3284

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TYPE OR PRINT PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 1043 State No.

Field	Value
1. Place of Death a. County	Lake
b. City, Town, or Location	Hammond
c. Length of Stay in 1b	D.O.A.
d. Name of Hospital or Institution	St.Margaret Hospital
e. Is place of death inside city limits?	Yes
2. Usual Residence a. State	Indiana
b. County	Lake
c. City, Town, or Location	Hammond
d. Street Address	7141 Schneider Ave.
e. Is residence inside city limits?	Yes
f. Is residence on a farm?	No
3. Name of Deceased (First, Middle, Last)	DONald Eugene WILSON
4. Date of Death (Month, Day, Year)	12 23 66
5. Sex	Male
6. Color or Race	White
7. Married / Never Married / Widowed / Divorced	Married
8. Date of Birth	April 19 1927
9. Age (in years last birthday)	39
If under 1 year (Months / Days)	8 / 4
10a. Usual Occupation	Steel Fitter
10b. Kind of Business or Industry	Structural Steel
11. Birthplace	Hammond, Ind.
12. Citizen of what country?	U.S.A.
13. Father's Name	Milton Wilson
14. Mother's Maiden Name	Alma Campbell
15. Was deceased ever in U.S. Armed Forces?	Yes — W W 2
16. Social Security No.	
17a. Informant's Name	Mrs. Shirley J. Wilson
17b. Informant's Address	7141 Schneider, Ave. Hammond, Ind.
17c. Relationship to Deceased	Wife

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) [handwritten, illegible] — Interval between onset and death: [illegible]
Conditions, if any, which gave rise to above cause (a) stating the under-lying cause last. DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from 12/10/66 to 12/23/66 and last saw him alive on 12/14/66. Death occurred at 11:45 P. M on the date stated above; and to the best of my knowledge, from the causes stated.
22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at ___ M from causes stated and on above date.
23a. Signature of Attending Physician or Health Officer: [signature]
23b. Address: 800 State Line - [illegible]
23c. Date Signed: 12/24/66
24a. Burial, Cremation, Removal (Specify): Burial
24b. Date: 12/27/66
24c. Name of Cemetery or Crematory: Blachly Cemetery
24d. Location: Valparaiso, Ind.
Date Rec'd by Local Health Officer: 12-27-66
Signature of Health Officer: Franklin I. [illegible] M.D.
25. Funeral Director / Address: Johnson-Royce, Funeral Home. Griffith, Ind.

Embalmer's Name: Raymond J. Royce — License No. 5149
Funeral Director's License No. 2136

Below for State Office Use: A B C D E F G H I J 1 2 3 4 5

Disposition Permit Issued / / — Provisional Certificate ☐ Yes ☐ No

S.B.H.—6-24-2—Revised 1955 U.S. Department Health, Education and Welfare Form Approved Budget Bureau No. 68-R376

EXHIBIT A