

SURVIVORSHIP AFFIDAVIT

STATE OF
COUNTY OF

STATE OF INDIANA
S. S. FILED

RETURN TO: ASSOCIATES F.N.
101 N. Main
Crown Point, IN
46307

2000 036074

2000 MAY 23 PM 12:45

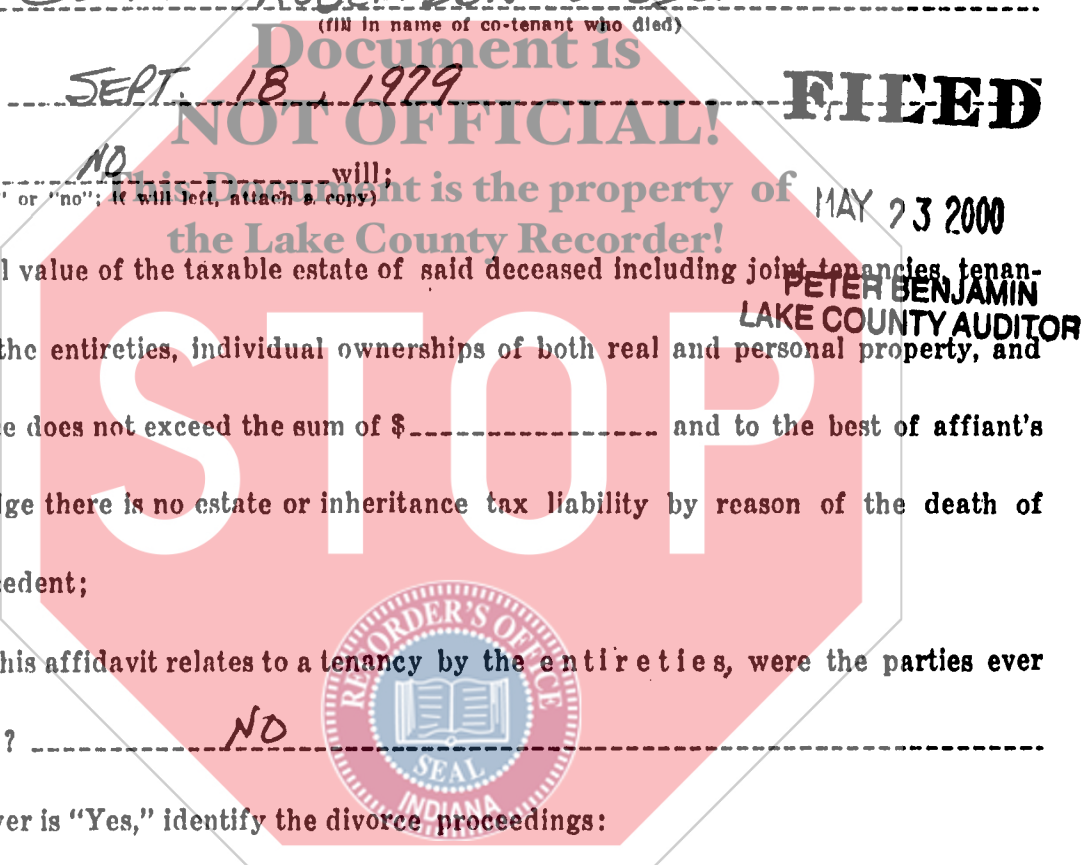
On this 12TH MAY, 2000 before me personally appeared

MARY LOU WILSON

MORRIS W. CARTER
RECORDER

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

- Affiant resides at the address given below affiant's signature; 01-39-299-12
- Affiant is OWNER (state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by GEORGE ROBERTSON WILSON and MARY LOU WILSON;
- Said GEORGE ROBERTSON WILSON (fill in name of co-tenant who died) died on SEPT. 18, 1979 leaving NO will; (Insert "a" or "no": if will left, attach a copy)
- The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO (If answer is "Yes," identify the divorce proceedings:)
- Affiant's relationship to the deceased was WIFE



Signature: Mary Lou Wilson
Address: 2024 W. 49th Ave

Subscribed and sworn to before me by the affiant
this 12TH DAY OF FEB. (insert date)

STEPHEN P. TRIPP Stephen P. Tripp 02408
Notary Public

My Commission Expires MY COMMISSION EXP. APR. 4, 2008

This instrument prepared by MELINDA R. Capozzi

CK# 8687
472-01630

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: Anthony S: Rendina Jr.

LICENSE No. 1040

FUNERAL DIRECTOR'S
SIGNATURE: *Anthony S. Rendina Jr.*

FUNERAL DIRECTOR'S
LICENSE No. 2424

FUNERAL HOME
No. 781

Local No. **79-0733**

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State
No. _____

DECEASED—NAME 1 George R. Wilson			SEX Male	DATE OF DEATH (MONTH DAY YEAR) Sept. 18, 1979	
RACE—(If of Indian Stock, American Indian, etc. (Specify)) 4 Cau	AGE—Last Birthday (Spec.) 5a 46	UNDER 1 YEAR 5b MOS. DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) Feb. 23, 1933	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH 7a Gary		HOSPITAL OR OTHER INSTITUTION—(Name, St. No. or other, give street and number) 7c 41st & Cleveland St.		IF HOSP OR INST. indicates DOA (Specify) (See Instructions) (Specify) 7d None	
STATE OF BIRTH (If not in U.S.A. name country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Mary Lou Hubbard		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes
SOCIAL SECURITY NUMBER 13 312-30-2503		USUAL OCCUPATION (Give kind of work done during most of working life, or as of recent) 14a Steelworker		KIND OF BUSINESS OR INDUSTRY 14b Jones & Laughlin Steel Co	
RESIDENCE—STATE 15a Ind.	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f No
STREET AND NUMBER 15d 2024 W. 49th Ave.		IF DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME (FIRST MIDDLE LAST) 16 Alexander Wilson		MOTHER—NAME (FIRST MIDDLE LAST) 17 Jean Porteous			
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Mary Lou Wilson		MAILING ADDRESS (STREET OR R.F.D. NO.) 18b 2024 W. 49th Ave. Gary, Indiana 46408		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Mt. Mercy Cemetery		LOCATION (CITY OR TOWN STATE) 19c Gary, Indiana	
DATE (MONTH, DAY, YEAR) 20a September 20, 1979		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Rendina Funeral Home, 5100 Cleveland St., Gary, Ind. 46408			
On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the causes stated.		DATE SIGNED (Mo., Day, Yr.) 21b 9/18/79		HOUR OF DEATH 21c _____ M _____ AM	
To be completed by CORONER ONLY		SIGNATURE 21a <i>Dr. A. T. Willard</i>		PROMOUNCED DEAD (Mo., Day, Yr.) 21d 9/18/79	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		HEALTH OFFICER (Type or Print) 22a <i>E. N. Caldwell, M.D.</i> Gary Indiana		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b SEP 19 1979	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST		23. IMMEDIATE CAUSE (GIVER ONLY ONE CAUSE PER LINE PART (a) AND (b)) PART (a) Laceration of brain; massive skull fracture; broken neck at 4th Cervical; other multiple injuries PART (b) Due to motorcycle/car accident		Interval between onset and death Undetermined	
PART (c) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART (a))		24 Yes		AUTOPSY (Specify Yes or No)	
ACC. SAUCIDE, HOMIC. UNDEF. OR PENDING INVEST. (Specify) 25a Accident	DATE OF INJURY (Mo., Day, Yr.) 25b 9/18/79	HOUR OF INJURY 25c _____ M _____ AM	DESCRIBE HOW INJURY OCCURRED 25d Motorcycle/car accident		
INJURY AT WORK (Specify Yes or No) 25e No	PLACE OF INJURY—(At home, farm, school, factory, office, building, etc. (Specify)) 25f Street	LOCATION (STREET OR R.F.D. NO. CITY OR TOWN STATE) 25g 41st & Cleveland, Gary, In.			

62409

FILED
MAY 9 3 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR