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SURVIVORSHIP AFFIDAVIT

2000 046301

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

I, the affiant, Lucille P. Dunn, state that:

1. I reside at 2344 Polk St., Gary, Indiana.

2. I am the surviving spouse of William S. Dunn.

3. The premises located at 2344 Polk St., Gary, Indiana were formerly owned by William S. Dunn and Lucille P. Dunn, husband and wife, as tenants by the entireties.

4. The legal description of the property in question is:

The South 20 feet (S.20') of Lot No. Twelve (12), all of Lot No. Thirteen (13), in Block No. One (1) as marked and laid down on the recorded plat to Gary Park Addition to Gary, Lake County, Indiana, as the same appears of record in Plat Book 6, Page 25, in the Recorder's Office, Lake County, Indiana.

Key #: 43-220-12.

5. William S. Dunn and I were never divorced and continued to be married until his death and I did not remarry after his death.

2006
PETER BENJAMIN
LAKE COUNTY AUDITOR

Further Affiant sayeth not.

I SWEAR, under the penalties for perjury, that the foregoing statements are true.

Date: 6/28/00

Lucille P. Dunn
Lucille P. Dunn

George Parks Jr
3708 Johnson
Gary, In. 46408

02325

11:00
AM
Cash

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

617306

REGISTERED NUMBER

April 23, 1984

DECEASED - NAME WILLIAM S. DUNN SEX MALE DATE OF DEATH AUGUST 17, 1982

RACE - BLACK ORIGIN OR DESCENT American AGE - LAST BIRTHDAY 77 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH JUNE 19, 1905 COUNTY OF DEATH Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago HOSPITAL OR OTHER INSTITUTION - NAME VA WEST SIDE MEDICAL CENTER IF HOSP OR INST INDICATE OOA, OP, EATER OR INPATIENT INPATIENT

STATE OF BIRTH ARKANSAS CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED NAME OF SURVIVING SPOUSE Mildred Hamilton

SOCIAL SECURITY NUMBER 710-03-6492 USUAL OCCUPATION PORTER KIND OF BUSINESS OR INDUSTRY GENERAL U.S. WAR VETERAN YES WAR OR DATES OF SERVICE WW II

RESIDENCE STREET AND NUMBER 2344 POLK ST. CITY, TOWN, TWP. OR ROAD DISTRICT NO. GARY INSIDE CITY YES COUNTY LAKE STATE INDIANA

FATHER - NAME JULIUS S. DUNN MOTHER - MAIDEN NAME MILDRED HAMILTON

INFORMANT SIGNATURE RIMVYDAS F. MILTAUSKAS RELATIONSHIP HOSPITAL RECORDS MAILING ADDRESS 820 S. DAMEN AVE., CHICAGO, IL 60612

DEATH WAS CAUSED BY: (a) Pulmonary Infarction (b) (c) Unknown

PART II. OTHER SIGNIFICANT CONDITIONS. Severe Occlusive Coronary Atherosclerosis

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

ATTENDED THE DECEASED FROM 7-22-82 TO 8-17-82 AND LAST SAW HIM, HER ALIVE ON AUGUST 17, 1982 HOUR OF DEATH 5:55 P.M.

SIGNATURE Vasilios Doumazos DATE SIGNED August 18, 1982

NAME AND ADDRESS OF CERTIFIER VASILIOS DOUMAZOS, M.D. 820 S. DAMEN AVE., CHICAGO, IL 60612 ILLINOIS LICENSE NUMBER Permit

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL - CREMATION, DATE, CEMETERY OR CREMATORY - NAME, LOCATION, CITY OR TOWN, STATE, DATE

FUNERAL HOME, FUNERAL DIRECTOR'S SIGNATURE, FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

LOCAL REGISTRAR'S SIGNATURE, CHICAGO DEPT. OF HEALTH, DATE RECD BY LOCAL REGISTRAR

LOCAL REGISTRAR'S SIGNATURE, CHICAGO DEPT. OF HEALTH, DATE RECD BY LOCAL REGISTRAR

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND ORDINANCES OF THE CITY OF CHICAGO THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF THE RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH - CITY OF CHICAGO

