2000 058510

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 AUG 15 PM 12: 37

MORRIS W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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On this 28 day of July, 2000, before me personally appeared RAE RUTH DORSEY, to me personally known, whom being duly sworn upon her oath did say that:

1. Affiant resides at 6520 Jackson Ave., Hammond, Indiana 46324
2. Affiant is the widow of John Walter Dorsey, deceased;
3. The premises located at 6520 Jackson Ave., Hammond, Indiana 46324, were formerly owned by John Walter Dorsey and Rae Ruth Dorsey, husband and wife, as tenants by the entireties;
4. That John Walter Dorsey died on April 2, 1991;
5. The Legal description of the premises in question is:
   Lots 25 and 26, Block 1, F.B. Hall's Subdivision to the City of Hammond, Lake County, Indiana, as recorded in Plat Book 3, page 17, in the Office of the Recorder, in Lake County, Indiana, together with all improvements located thereon: (Commonly known as: 6520 Jackson Ave., Hammond, IN 46324; Key # 34-1-15);
6. That Affiant states that there was never an estate probated concerning the death of her Husband, John Walter Dorsey, that there were no claims filed as a result of the death of John Walter Dorsey, and that the funeral expenses and all expenses of illness due at the time of her Husband's death have been fully paid.
7. That (as a result of the death of John Walter Dorsey) there were no State of Indiana inheritance taxes or United States estate taxes that were due,
8. Affiant further states that John Walter Dorsey and Rae Ruth Dorsey were never divorced and continued to be married until the death of John Walter Dorsey and that Rae Ruth Dorsey did not remarry after her Husband's death.
9. Affiant's relationship to the decedent is that of surviving spouse.

Further, Affiant sayeth not.

Rae Ruth Dorsey
Rae Ruth Dorsey

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared Rae Ruth Dorsey, and acknowledged the execution of said Survivorship Affidavit to be her voluntary act and deed for the uses and purposes expressed therein.

FILED
AUG 15 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

WITNESS MY HAND AND SEAL this 28 day of July, 2000.

Christan L. Munoz
Christan L. Munoz

My Commission Expires: 10-23-01
County of Residence: Lake

11
9m
Cash

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

AUG. 15, 2000 [signature]
Date Issued — Hammond Health Commissioner

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 263

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TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): JOHN W. DORSEY
2. SEX: Male
3a. TIME OF DEATH: 10:50 P.M.
3b. DATE OF DEATH (Month, Day, Yr): APRIL 2, 1991
4. SOCIAL SECURITY NUMBER: 313-20-8895
5a. AGE—Last Birthday (Years): 65
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): Jan. 17, 1926
7. BIRTHPLACE (City and State or Foreign Country): Hammond, IN
8a. WAS DECEDENT A U S VETERAN?: Yes
8b. YEAR LAST SERVED IN U S ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [XX] Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Margaret Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Rae Ladwein
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Hair Dresser
12b. KIND OF BUSINESS/INDUSTRY: Self-Employed
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d. STREET AND NUMBER: 6520 Jackson St.
13e. ZIP CODE: 46324
13f. INSIDE CITY LIMITS: ☐ No [X] Yes
13g. ON A FARM?: [XX] No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: [X] No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

18. FATHER'S NAME (First, Middle, Last): Francis J. Dorsey
19. MOTHER'S NAME (First, Middle, Maiden Surname): Florence Ramsey

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Rae Dorsey
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6520 Jackson St. Hammond, In 46324
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial [X] Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 6, 1991 Oakland Memory Lane
21c. LOCATION—City or Town, State: Dolton, IL
22a. EMBALMER'S NAME: James Porras
22b. EMBALMER'S LICENSE NO: 1045964
23. WAS DEATH REPORTED TO CORONER?: ☐ No [X] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Thomas J. Burns
24b. LICENSE NUMBER (of Licensee): 1045184
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home#3002819 5840 Hohman Ave. hammond, IN

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. LEAKING ABDOMINAL ANEURYSM	UNKNOWN
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF) ADENOCARCINOMA OF COLON	
	c. DUE TO (OR AS A CONSEQUENCE OF)	
	d. DUE TO (OR AS A CONSEQUENCE OF)	

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I:

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

CERTIFIER

29a. CERTIFIER (Check only one):
☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
[XX] 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: Daniel D. Thomas MD
29c. MEDICAL LICENSE NO: 16120
29d. DATE SIGNED (Month, Day, Year): APRIL 3, 1991
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN, CROWN POINT, INDIANA 46307

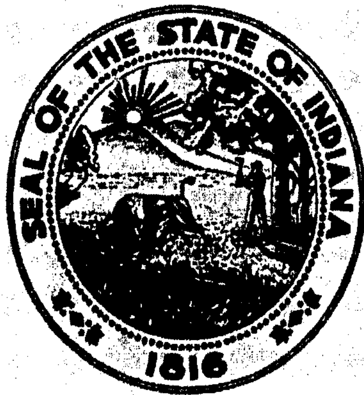
HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.
32. DATE FILED (Month, Day, Year): APR 04 1991

CORONER USE ONLY

33. MANNER OF DEATH: [X] Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year): APRIL 2, 1991
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.:

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD I



Official Stamp

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MORRIS W. CARTER
RECORDER

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This is where you want the recorded document sent back to when it has completed the recording process.

Name RAE R. DORSEY
Address 6520 JACKSON AV.
City St Zip HAMMOND IN 46324
Telephone 931-6556
Signature Printed RAE R. DORSEY
Signature Written Rae R. Dorsey
Date of Signature 8/15/00
Check Number
Check Amount

Office Use Only

Check Equals Amount Due ☐ Yes ☐ No
Total
Initials