

2000-065261

STATE OF INDIANA)

COUNTY OF LAKE)

) SS:

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR

2000 SEP -8 AM 8:46

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JOHN T. WHITE, being first duly sworn upon his oath, deposes and says as

RECORDED

follows:

1. That he is the adult son of John W. White, deceased, and Daisy White.

2. That the John W. White and Daisy White were husband and wife and the owners of the following described real estate:

Lot 11 and North 4.5 feet of Lot 12, in Block 3, including the South 10 feet of the vacated alley lying immediately North of said Lot 11, Forsyth Highlands Addition, Hammond, Lake County, Indiana. Commonly known as 6715 Waveland Avenue, Hammond, Indiana, 46324.

3. That John W. White died a resident of Lake County, Indiana on October 3, 1970, as evidenced by the Medical Certificate of Death attached hereto as Exhibit "A", and that no probate proceedings have been commenced nor are any contemplated.

4. That the John W. White and Daisy White lived as husband and wife until the time of his death.

FURTHER AFFIANT SAITH NOT.

John T. White

JOHN T. WHITE

SUBSCRIBED AND SWORN to before me, a Notary Public, this 1 day of September, 2000.

William J. Moran

William J. Moran, Notary Public

My Commission Expires: 06/16/08

County of Residence: Lake

This instrument prepared by: **WILLIAM J. MORAN**, 9006 Indianapolis Boulevard, Highland, Indiana 46322 (219) 838-1333.

FILED

SEP 6 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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

SDH 113-3

State No.

284

| | | | | | | |
|--|--|--|---|--|--|---|
| DECEASED | | 1. NAME - FIRST <i>John</i> | MIDDLE <i>W.</i> | LAST <i>White</i> | 2. SEX <i>Male</i> | 3. DATE OF DEATH (MONTH, DAY, YEAR) <i>10-3-70</i> |
| 4. RACE <i>White</i> | 5. AGE - LAST BIRTHDAY (YEARS) <i>66</i> | 6. UNDER 1 YEAR MOS <i>11</i> | 7. UNDER 1 DAY HOURS <i>11</i> | 8. MIN <i>11</i> | 9. DATE OF BIRTH (MONTH, DAY, YEAR) <i>6-11-04</i> | 10. COUNTY OF DEATH <i>Lake</i> |
| 11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <i>Kansas</i> | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | 13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>MARRIED</i> | 14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <i>Daisy McMurray</i> | | | |
| 15. SOCIAL SECURITY NUMBER <i>306-01-8917-A</i> | 16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <i>Retired</i> | 17. KIND OF BUSINESS OR INDUSTRY <i>Oil Refinery</i> | | | | |
| 18. RESIDENCE - STATE <i>Indiana</i> | 19. COUNTY <i>Lake</i> | 20. CITY, TOWN OR LOCATION <i>Hammond</i> | 21. INSIDE CITY LIMITS (SPECIFY YES OR NO) <i>Yes</i> | 22. TOWNSHIP <i>North</i> | | |
| 23. STREET AND NUMBER <i>6715 Waveland Ave.</i> | | 24. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| 25. FATHER - FIRST <i>John</i> | MIDDLE <i>J.</i> | LAST <i>White</i> | 26. MOTHER - MAIDEN NAME <i>Margaret</i> | FIRST <i>Shoop</i> | MIDDLE <i>Shoop</i> | LAST <i>Shoop</i> |
| 27. MOTHER - FIRST <i>Daisy</i> | MIDDLE <i>White</i> | LAST <i>White</i> | 28. RELATIONSHIP <i>Wife</i> | 29. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <i>6715 Waveland Ave., Hammond, Ind.</i> | | |
| 30. PART I. CAUSE WAS CAUSED BY: | | 31. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | 32. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 33. IMMEDIATE CAUSE <i>Cancer metastases</i> | | 34. DUE TO, OR AS A CONSEQUENCE OF: <i>Cancer carcinoma thyroid gland?</i> | | | 35. <i>6 months</i> | |
| 36. CAUSE Not in Part I (a) | | 37. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE | | | 38. AUTOPSY (YES OR NO) <i>NO</i> | |
| 39. PATH OBTAINED <i>415 P.M.</i> | | 40. THE DECEASED WAS PROHIBITED DEAD MTH DAY YEAR <i>10-3-70</i> | | | 41. DATE SIGNED (MONTH, DAY, YEAR) <i>10-5-70</i> | |
| 42. SIGNATURE <i>[Signature]</i> | | 43. SIGNATURE <i>[Signature]</i> | | | 44. SIGNATURE <i>[Signature]</i> | |
| 45. CITY, TOWN, STATE, ZIP <i>Hammond, Indiana 46324</i> | | 46. CITY, TOWN, STATE, ZIP <i>Hammond, Indiana 46324</i> | | | 47. FUNERAL HOME NUMBER <i>285</i> | |
| 48. MONTH, DAY, YEAR <i>10-4-70</i> | | 49. FUNERAL HOME NAME AND ADDRESS <i>C. J. Huber, 722-105th St., Hammond, Indiana 46324</i> | | | 50. DATE RECEIVED BY LOCAL HEALTH OFFICER <i>OCT 6 1970</i> | |

NO OFFICIAL DOCUMENTS
STOP

EXHIBIT
A

FILED

SEP 6 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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