

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**SURVIVORSHIP AFFIDAVIT**

State of Indiana **2000 068092**

2000 SEP 19 AM 10:53

County of Porter )  
                                  ) ss

MORRIS W. CARTER  
RECORDER

On this 20th day of August, 2000, before me personally appeared Sandra L. Miller, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature.
2. Robert Beeler was joint tenant.
3. Said premises described as follows:

Lot 13 in Block 3 in Re-subdivision of Blocks 2 to 8 inc. Ridge Road Add. to Hobart, as per plat thereof, recorded October 24, 1924 in Plat Book 17 Page 21, in the Office of the Recorder of Lake County, Indiana.

4. Said premises were formerly owned as joint tenants or as tenants by the entireties by Robert Beeler and Alice Beeler, husband and wife.
5. Said Robert Beeler died on the 4<sup>th</sup> day of September, 1978, leaving a/no will.
6. Where this Affidavit relates to a tenancy by the entireties, were the parties ever divorced? No. If yes, identify the divorce proceedings:
7. Affiant's relationship to the deceased was step-daughter.

Sandra L. Miller

Sandra L. Miller  
787 Devonshire, Valparaiso, IN 46385

STATE OF INDIANA )  
                                  ) SS  
COUNTY OF PORTER )



**FILED**

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 20th day of August, 2000.

SEP 14 2000

Julia M. Hoham  
Julia M. Hoham, Notary Public

PETER BENJAMIN  
LAKE COUNTY AUDITOR

County of Residence: Porter  
My Commission Expires: 2-14-07

COMMUNITY TITLE COMPANY  
FILE NO X 19920 MV

00902

This instrument prepared by: Julia M. Hoham, 251 Indiana Ave., Valparaiso, IN 46383

CM  
18/11

Dec 14  
 TYPE OR PRINT  
 MAINLY WITH  
 UNFADING INK  
 THIS IS A  
 PERMANENT  
 RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
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THIS DOCUMENT NOT VALID  
 UNLESS STAMPED ON REVERSE SIDE

Disposition Permit  
 Issued / /

Provisional  
 Certificate  
 Yes  No

EMBALMER'S NAME..... J. Krause  
 LICENSE No..... 646  
 FUNERAL DIRECTOR'S  
 SIGNATURE..... *Donald V. Kelle*  
 LICENSE No..... 2012  
 FUNERAL HOME  
 No..... 306

## INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEASED—NAME FIRST MIDDLE LAST <b>Robert Beeler</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>September 4, 1978</b>
2. RACE <b>White</b>	3. AGE—Last birthday 4a. <b>68</b> 4b. UNDER 1 YEAR 4c. UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR) <b>2-10-1910</b>	COUNTY OF DEATH <b>Porter</b>	
6. CITY, TOWN OR LOCATION OF DEATH <b>Valparaiso</b>		7. HOSPITAL OR OTHER INSTITUTION—Name of institution <b>Porter Memorial Hospital</b>		7d. IF HOSP. OR INST. (Include D.O.A. of Law, etc., Inmate of State or County Prison) <b>Inpatient</b>
8. STATE OF BIRTH (If not in U.S.A. Name country) <b>Pennsylvania</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Part of Reg. 12.) <b>yes</b>
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		11. SURVIVING SPOUSE of wife give maiden name <b>Alice Oakes</b>		
12. SOCIAL SECURITY NUMBER <b>193-03-1563</b>		13. USUAL OCCUPATION (Give kind of work done during most of working life, name of employer) <b>Sporting Goods Mgr.</b>		14. KIND OF BUSINESS OR INDUSTRY <b>Goldblatts Co.</b>
15a. RESIDENCE—STATE <b>Indiana</b>		15b. COUNTY <b>Lake</b>		15c. CITY, TOWN OR LOCATION <b>Hobart</b>
16a. STREET AND NUMBER <b>4002 Willow Street</b>		15d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>
17. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
18. FATHER—NAME FIRST MIDDLE LAST <b>Charles Beeler (deceased)</b>		19. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Annie Manning (deceased)</b>		
20. INFIRMARY—NAME (If in prison) <b>Alice Beeler</b>		21. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>4002 Willow St., Hobart, IN 46342</b>		
22. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		23. CEMETERY OR CREMATORY—FUNERAL HOME <b>Chesterton Cemetery</b>		24. LOCATION CITY OR TOWN STATE <b>Chesterton, IN</b>
25. DATE (MONTH, DAY, YEAR) <b>9-6-1978</b>		26. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart IN 46342</b>		
27. To the best of the knowledge, belief and good faith of the declarant: 28a. NAME OF ATTENDING PHYSICIAN (If not known) <b>W. L. KILMER</b>		28b. DATE SIGNED (MO., DAY, YEAR) <b>Sept 6, 78</b>		28c. HOUR OF DEATH <b>9:45 A.</b>
29. MAILING ADDRESS—PHYSICIAN <b>Porter, Indiana, Porter, Ind. 46368</b>		30. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		
31. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>9-11-78</b>				
32. IMMEDIATE CAUSE (NUMBER ONLY ONE CAUSE PER LINE FOR IN AND OUT) PART I a. <b>Carcinomatous bowel obstruction</b> b. <b>and pulmonary and cerebral metastases</b> c. <b>Primary Colon Carcinoma biopsy 7/07/78</b> PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to above given in PART I (e.g.,) <b>None</b>				
33. AUTOPSY (Specify Yes or No) <b>No</b>				