



Chicago Title Insurance Company

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

62-3908 LD

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA 2000 070419
COUNTY OF LAKE

2000 SEP 27 AM 9:46

S. S.

MORRIS W. CARTER
RECORDER

Jacob L. Potts

On this 9-22-00 before me personally appeared _____
(insert date)

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. Affiant is owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Jacob L. Potts and Ursula H. Potts

4. Said Ursula H. Potts
(in name of co-tenant who died)
died on 1-12-69
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
The South 30 feet of Lot 35, all of Lots 36 and the North 10 feet of Lot 37 in Vane Howard's Subdivision of Woodman, in the City of Hammond, as per plat thereof, recorded in Plat Book 28 page 73 in the office of the Recorder of Lake County, Indiana
6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No

FILED

SEP 26 2000

8. Affiant's relationship to the deceased was Spouse PETER BENJAMIN
LAKE COUNTY AUDITOR

Signature: Jacob L. Potts
Address: 7279 Melrose Merrillville IN 46410

Subscribed and sworn to before me by the affiant

this 9-22-00
(insert date)
Shirley R. Kasper
Notary Public

SHIRLEY R. KASPER
Notary Public, State of Indiana
County of Lake
My Commission Expires Jul 31, 2008

My Commission Expires _____

This instrument prepared by Jacob L. Potts CF

Chicago Title Insurance Company

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HEALTH DEPT.

JAN 14 1969

Date issued

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME..... **GEORGE A. BURNS**

FUNERAL DIRECTOR'S LICENSE No. **906**

LICENSE No. **2,989**

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

Local No. **53-51**

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST URSULA POTTS			SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 1-12-69
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) WHITE		2. AGE—LAST BIRTHDAY (YEARS) 5a. 42	3. UNDER 1 YEAR MOS. DAYS 5b.	4. UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 3/10/1926	COUNTY OF DEATH LAKE
4. CITY, TOWN, OR LOCATION OF DEATH HAMMOND		7b. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ST. MARGARETS HOSPITAL		
5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) GERMANY		6. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) JACOB POTTS
8. SOCIAL SECURITY NUMBER 146-30-7592		9. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) HOUSEWIFE		13b. KIND OF BUSINESS OR INDUSTRY OWN HOME		
12. RESIDENCE—STATE INDIANA		14b. COUNTY LAKE		14c. CITY, TOWN OR LOCATION HAMMOND		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES
14a. STREET AND NUMBER 7531 WOODMAR AVENUE		14e. TOWNSHIP NORTH		14g. IS RESIDENCE ON A FARM? 14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
15. FATHER—NAME FIRST MIDDLE LAST ALBERT DRECHSLER		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST HELENE KUPFER		17a. INFORMANT—NAME JACOB POTTS		
17b. RELATIONSHIP HUSBAND		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 7531 WOODMAR HAMMOND, IND.				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Sub arachnoid Hemorrhage				2 days
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST		(b) Cranio-pharyngeoma				
CAUSE		(c)				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY (YES OR NO) 19a. YES
IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19b.						
20a. DEATH OCCURRED (HOUR) 8:30 A.M.		20b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR Jan. 12, 1969		21a. DATE SIGNED (MONTH, DAY, YEAR) 1-13-69		
22a. CERTIFIER—NAME (TYPE OR PRINT) L.E. Bombar, M.D.		22b. SIGNATURE L.E. Bombar MD				
23. MAILING ADDRESS—CERTIFIER 7905 Calumet Avenue		STREET OR R.F.D. NO		CITY OR TOWN Munster		STATE Indiana
23. ZIP 46321		24a. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION		24b. CEMETERY, CREMATORY, FUNERAL HOME OAKLAND MEMORY LANE		24c. LOCATION DOLTON, ILLINOIS
24d. DATE (MONTH, DAY, YEAR) JAN. 16, 1969		24e. FUNERAL HOME—NAME AND ADDRESS BURNS FUNERAL HOME		24f. (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 8415 CALUMET AVE. MUNSTER, IND.		
25a. FUNERAL DIRECTOR—SIGNATURE George A. Burns		25b. HEALTH OFFICER—SIGNATURE G. E. Ironbawbi		25c. DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 14 1969		

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No