

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 078057

2000 OCT 26 AM 9:02

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP AND IDENTITY

Daniel W. Oman being first duly sworn upon his oath, deposes and says as follows:

1. This Affidavit is made with reference to the Real Estate commonly known as 7500 W. 129th Place, Cedar Lake, Lake County, Indiana, which is legally described as follows, to-wit:

Lots numbered thirty-four (34) and thirty-five (35) in block one (1), as marked and laid down on the recorded plat of Plat "AA", The Shades, Cedar Lake, a subdivision of the West half of Lot No. 2, in the Southwest quarter of Section 23, Township 34 North, Range 9 West of the 2nd P.M., in Lake County, Indiana, as the same appears of record in Plat Book 12, page 33, in the Recorder's Office of Lake County, Indiana. (Key No.: 31-25-0167-0035)

2. That your Affiant is a surviving son of the Deceased, Harold W. Oman, also known as Harald Walter Oman, and is familiar with the affairs of the aforementioned Harold W. Oman, a/k/a Harald Walter Oman and the death of said Decedent.

3. That Harold W. Oman, a/k/a Harald Walter Oman died on June 8, 1971, a resident of Cedar Lake, Lake County, Indiana, and his address at the time of death was 7500 W. 129th Place, Cedar Lake, Indiana.

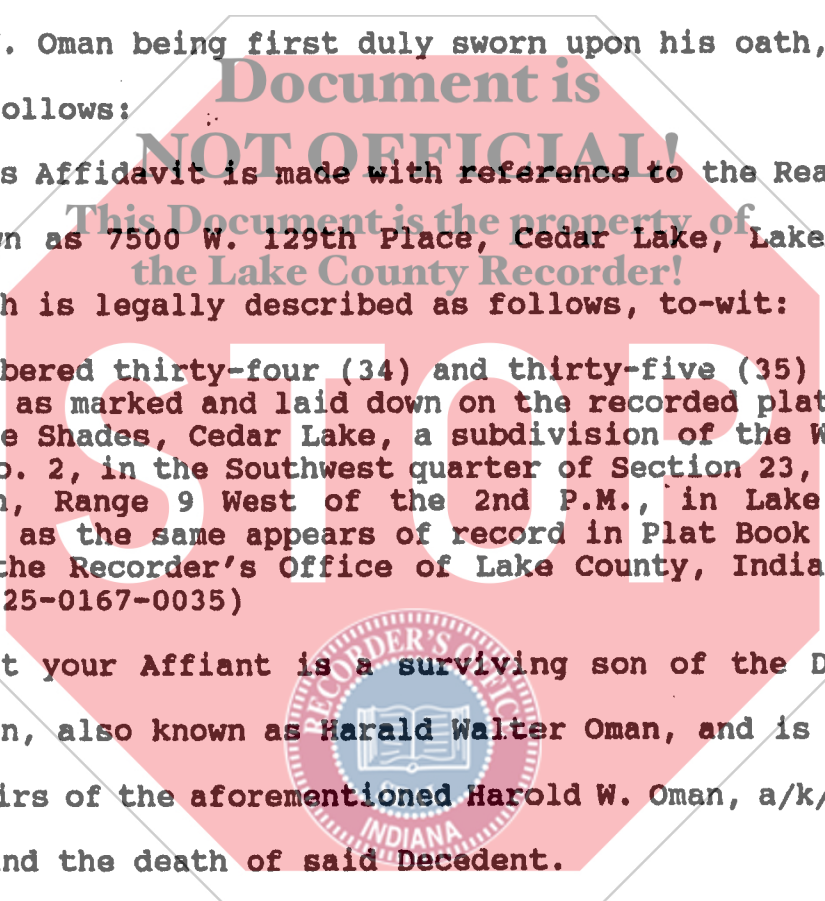
4. That the Decedent died leaving a Last Will and Testament

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

OCT 26 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

02201 : 1300
8437
DS



but the Decedent's estate, including the above described Real Estate was not subject to probate administration, Indiana Inheritance Tax or Federal Estate Tax.

5. That Harold W. Oman, a/k/a Harald Walter Oman and Tessie F. Oman were husband and wife at the time they acquired title to the above described Real Estate and remained so until the death of Harold W. Oman, a/k/a Harald Walter Oman.

6. That at all relevant times herein, Harold W. Oman was also known as Harald Walter Oman and that said person is one and the same person.

7. That attached hereto and incorporated herein by reference is a certified copy of the Death Certificate of Harold W. Oman, who is one and the same person as Harald Walter Oman.

FURTHER AFFIANT SAYS NOT.


DANIEL W. OMAN

Subscribed and sworn to before me, a Notary Public, this 23rd day of OCTOBER, 2000.


Notary Public: David J. Sims

My Commission Expires:
November 1, 2001

County of Residence:
Lake

realestate2diskomanwalt.oas

This Instrument Prepared By: David J. Sims, Attorney At Law, 11108 W. 133rd Avenue, P.O. Box 88, Cedar Lake, IN, 46303.

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106983

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

SBH 113-3

State No. _____

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

FILED
Local No. 336-71

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. HAROLD WALTER OMAN 2. MALE 3. 6-8-71

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. WHITE 5a. 57 5b. 5c. 6. 2-13-14 7a. LAKE

AUDITOR LAKE COUNTY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
8. DYER 7c. YES 7d. OUR LADY OF MERCY

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
9. IND 9. U.S.A. 10. MARRIED 11. TESSIE KLINEDINST.

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. 307-01-1996 13a. WEIGH GUARD 13b. OIL REFINERY

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. IND 14b. LAKE 14c. CEDAR LAKE 14d. YES 14e. HANOVER

STREET AND NUMBER IS RESIDENCE ON A FARM?
14f. 7500-W-129TH PL 14g. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. GUSTAVE - OMAN 16. ELLA - HACKER

PREDECESSOR—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. TESSIE OMAN 17b. WIFE 17c. 7500-W-129TH PL, CEDAR LAKE IND 46303

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) Bronchopneumonia 48 hrs

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO IMMEDIATE CAUSE

STATE OF INDIANA'S 57th LAKE COUNTY JUL 6 11 1971

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO IMMEDIATE CAUSE (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
Generalized arteriosclerosis
Atherosclerosis of heart
JUL 6 11 1971 YES

DEATH OCCURRED (HOUR) M. 20b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH) DAY YEAR HOUR M. DATE SIGNED (MONTH, DAY, YEAR)
70a. June 8 71 71 21 June 9 1971

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)
22a. G.A. Babcoke MD Andrew J. Hicenko RECORDER

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23. 13963 Morse St Cedar Lake Ind. 46303

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER
24a. BURIAL 24b. CALUMET PARK 24c. MERRILLVILLE IND #82

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 6-12-71 25a. ELLER-GRADY FUNERAL HOME 8510 LAKE SHORE DR CEDAR LAKE IND 46303

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. Tom Wicks 25c. G.A. Babcoke June 8, 1971

Disposition Permit Issued
Provisional Certificate
 Yes No

Shades Add. Cedar Lake Flat AA L.34 & 35 Blk.1
Keys 25-167-34 & 35
LAKE COUNTY HEALTH COMMISSIONER
PETER BENJAMIN
LAKE COUNTY AUDITOR
02015

EMBALMER'S NAME: John Stokes
JUN 8 1971
OCT 26 2000
FURNACE DIRECTOR: [Signature]

COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT

SEE ABOVE IS A TRUE AND CORRECT COPY

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