STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2004 039212

2004 MAY 13 AM 9: 07

MORRIS W. CARTER

TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

COUNTY OF: Lake On this May 7, 2004 May 7, 2004 Onnalee R. Akers 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 Onnalee R. Akers 3. Said premises desortibed as follows: Lot 44 in Actna Estates in the City of Gary as per per plat thereof, recorded in Plat Book 31 page 42, in the Office of the Recorder of Lake County, Indiana. 41-892-94 (25) This Document is the property of the Recorder of Lake County, Indiana. 41-892-94 (25) This Document is the property of the Recorder of Lake County, Indiana. 41-892-94 (25) This Document is the property of the Recorder of Lake County, Indiana. 41-892-94 (25) This Document is the property of the Recorder of Lake County, Indiana. 41-892-94 (25) This Document is the property of the Recorder of Lake County, Indiana. 41-892-94 (25) This Document is the property of the Recorder of Lake County, Indiana. 41-892-94 (25) This Document is the property of the Recorder of Lake County, Indiana. 41-892-94 (25) This Document is the property of the County Recorder of Lake County and States of the County Recorder of Lake Indiana	STATI										
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INDIANA STATE DEPARTMENT OF HEALTH

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1 1	296. SIGNATURE A	TITLE OF CENTIL	AFIER A	On the basis of examination	IN SNOVOI III.	vestigation, in my	opinion, death o	occurred at the			CAL LICENSE NO.				
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<u> </u>	31. HEALTH OFFICE	GR'S SIGNATURE	6,	1474711		1600	SLot	Ke K	on	1 cve	, //e/	Lon.	7,76	U.	
OFFICER	<i>∞\</i>	any L.	· 10V	ton no									() September 1	FILED (Mon	M. Day John
F	33. MANNER OF DEA	ATH	342	(Month, Day, Year)	34b	Ib. TIME OF INJURY	34c. INJUR (Yes or	JRY AT WORK?	.7	34d DE	ESCRIBE HOW IF	INJURY (OCCUPATED	MV -	Hr w
ļ	☐ Natural [Pending				N COLL	,	no,							
	Accident	Investigation	3/	T COF OF IN FIDY											
	Suicide [Could not be	""	4e. PLACE OF INJURY - building, etc. (S	— At home Specify)	e, farm, street	, factory, offic	34 34 €	4f. LOC	CATION (Stree	at and Number o	or Rural I	Route Number, C	City or Town, 5	State)
Ļ	☐ Homicide	Determined			-			-							
34	1g. DATE PRONOUN	UNCED DEAD (Mont	th, Day, Ye	ser) 34h. MOTOR V	/EHCLE AC	CCIDENT? (Yes or	x No) If yes, sp	ecify driver, p	esseng	ger, pedestriar	n, etc.				