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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 046234

2005 JUN -6 PM 3:25

STATE OF INDIANA)
)
COUNTY OF LAKE)

Key No. 24-30-0616-009
MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

I, Marjorie B. Thilmont, being first duly sworn state:

1. I reside at 4233 Elm Street, East Chicago, Indiana.
2. My father, Michael E. Benson died on August 10, 1974.
3. As a result of my father's death, his life estate interest was extinguished.
4. My brother, William M. Benson died on January 14, 2005.
5. At the time of William M. Benson's death, William M. Benson and I were the

joint owners of the following described real estate in Lake County, Indiana:

Lot Nine (9), Block Five (5), Prairie Park Unit No. 1, a subdivision in the City of East Chicago, Lake County, Indiana, as shown in Plat Book 35, page 7, and as corrected by Certificate of Engineer, dated October 11, 1961 and recorded October 14, 1961, in Miscellaneous Record 816, page 4, in Lake County, Indiana; subject to a life estate reserved in the Michael E. Benson, grantor herein. ("Property")

6. I, Marjorie B. Thilmont, am the surviving joint owner of the Property.
7. This Affidavit is made by the undersigned to confirm ownership in the Property is

FILED

JUN - 6 2005

STEPHEN R. STIGLICH
COUNTY AUDITOR

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now vested in Marjorie B. Thilmont and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Marjorie B. Thilmont
Marjorie B. Thilmont

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

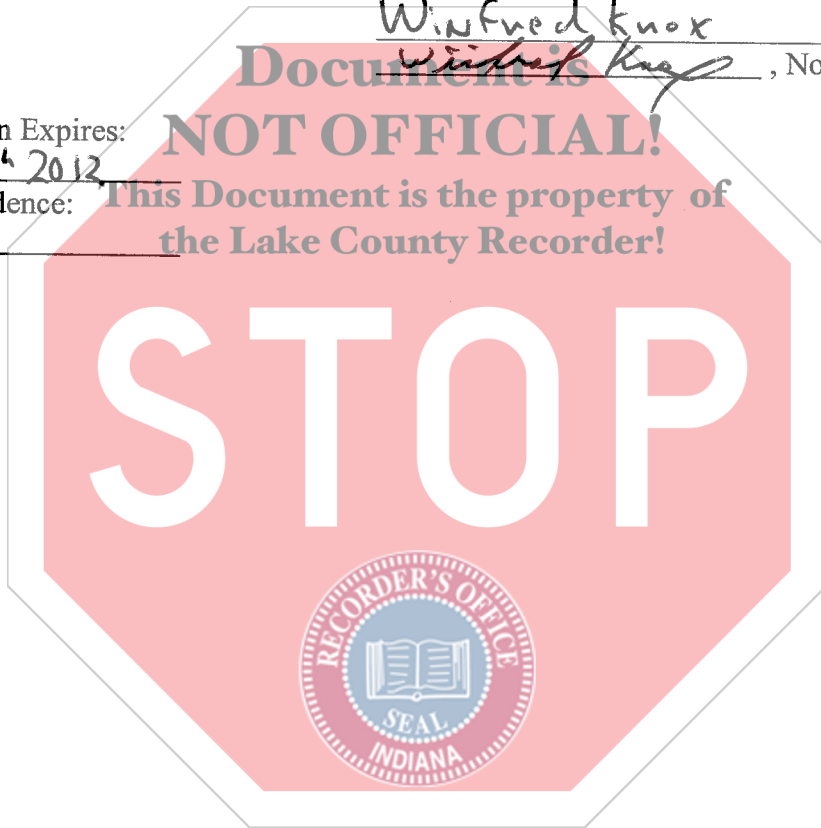
SUBSCRIBED and SWORN to before me, a Notary Public, by Marjorie B. Thilmont, this 27 day of May, 2005.

Winfred Knox
Winfred Knox, Notary Public

My Commission Expires: September 9th 2012

County of Residence: lake

Document is King
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!



THIS INSTRUMENT PREPARED BY: Alissa F. Resop, Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, IN 46320

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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT

Jan 19 2005
Date Issued Hammond Health Commissioner

Local No. 31

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) William M. Benson		2 SEX Male	3a. TIME OF DEATH 12:30a	3b. DATE OF DEATH (Month, Day, Yr) January 14, 2005	
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Feb. 10, 1923	
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. WAS DECEDENT A U.S. VETERAN? Yes				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Hammond-Whiting Care Center		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Never Married	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mail Service		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago		13d. STREET AND NUMBER 4233 Elm Street	
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 2 College (1-4 or 5+) 2		18. FATHER'S NAME (First, Middle, Last) Mike Benson			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Kane			20. INFORMANT'S NAME (Type/Print) Marjorie B. Thilmont		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4233 Elm Street, East Chicago, IND 46312		20c. Relationship Sister			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 17, 2005 Calvary Cemetery		21c. LOCATION—City or Town, State Portage, Indiana	
22a. EMBALMER'S NAME James H. Fife		22b. EMBALMER'S LICENSE NO. FD01010795	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b. LICENSE NUMBER (of Licensee) FD01020366	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. colorectal cancer DUE TO (OR AS A CONSEQUENCE OF): b. obesity DUE TO (OR AS A CONSEQUENCE OF): c. myocardial infarction DUE TO (OR AS A CONSEQUENCE OF): d. congestive heart failure Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				Approximate Interval Between Onset and Death	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29c. MEDICAL LICENSE NO. 01046859A	29d. DATE SIGNED (Month, Day, Year) 1-19-05	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) W. Abdala 7400 Potomac Ave Hammond IN 46324					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) January 19, 2005	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			