

3

FILED FOR RECORD

2005 05/033

SURVIVORSHIP AFFIDAVIT

JUN 21 2005

INDIANA

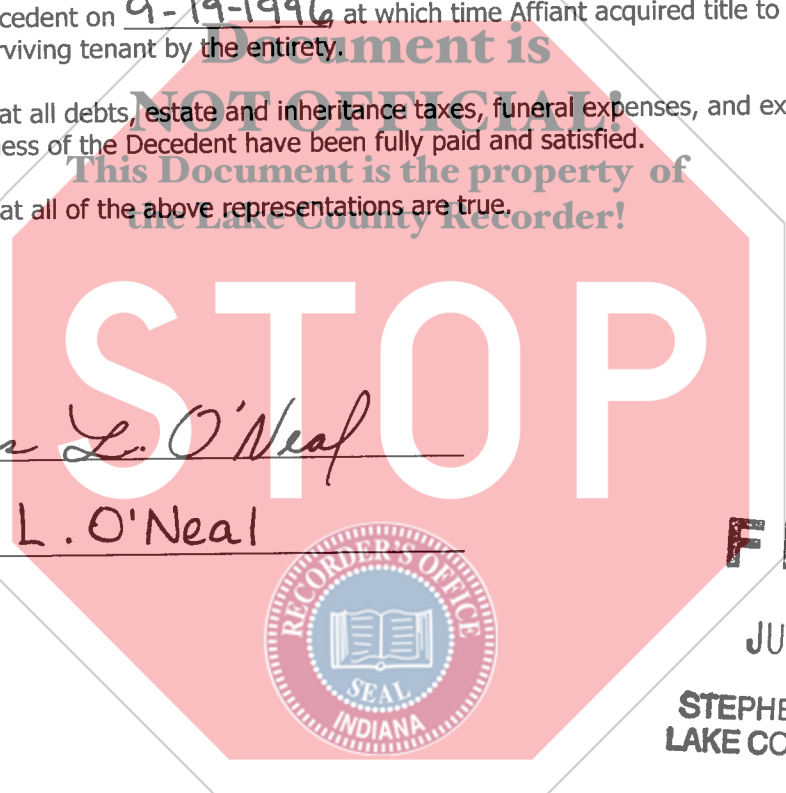
Deloras L. O'Neal ("Affiant"), being first duly sworn upon an oath, deposes and says:

- 1. That Guy E. O'Neal ("the Decedent") and Affiant were husband and wife at the time they acquired title, as tenants by the entireties, to certain real estate by deed 56315 dated 3/26/1957 in the Office of the Recorder of Lake County, Indiana, and more particularly described as follows:

All lot 19, all lot 18, and all lot 17, except the North 21 1/2 feet thereof, in Block 4 of I. F. Pritchard's 2nd Addition to the City of Hammond, Indiana, as per plat thereof, recorded in Plat Book 11, page 28, in the Office of the Recorder of Lake County, Indiana.

The address of the real estate is commonly known as 6440 Nevada Avenue, Hammond, IN 46323.

- 2. That the marital relationship which existed between the Decedent and Affiant continued unbroken from the time they so acquired title to said real estate until the death of the Decedent on 9-19-1996 at which time Affiant acquired title to said real estate as surviving tenant by the entirety.
- 3. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of the Decedent have been fully paid and satisfied.
- 4. That all of the above representations are true.



AFFIANT:

Deloras L. O'Neal
Signature

Deloras L. O'Neal
Printed

FILED

JUN 21 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

1139269 ①

HOLD FOR THE TALON GROUP

1300
TG
RM
01735

STATE OF INDIANA }
 }SS:
COUNTY OF Lake }

ACKNOWLEDGMENT

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Deloras L. O'Neal who, being first duly sworn by me upon an oath, states that the facts alleged in the foregoing Survivorship Affidavit are true.

Witness my hand and Notarial Seal this 17th day of June, 2005.

Antoinette M. Skog

Notary Public

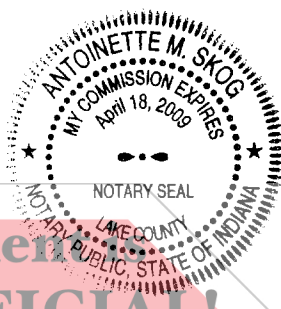
ANTOINETTE M. SKOG

Printed Name

Resident of Lake County

My Commission Expires:

4-18-2009

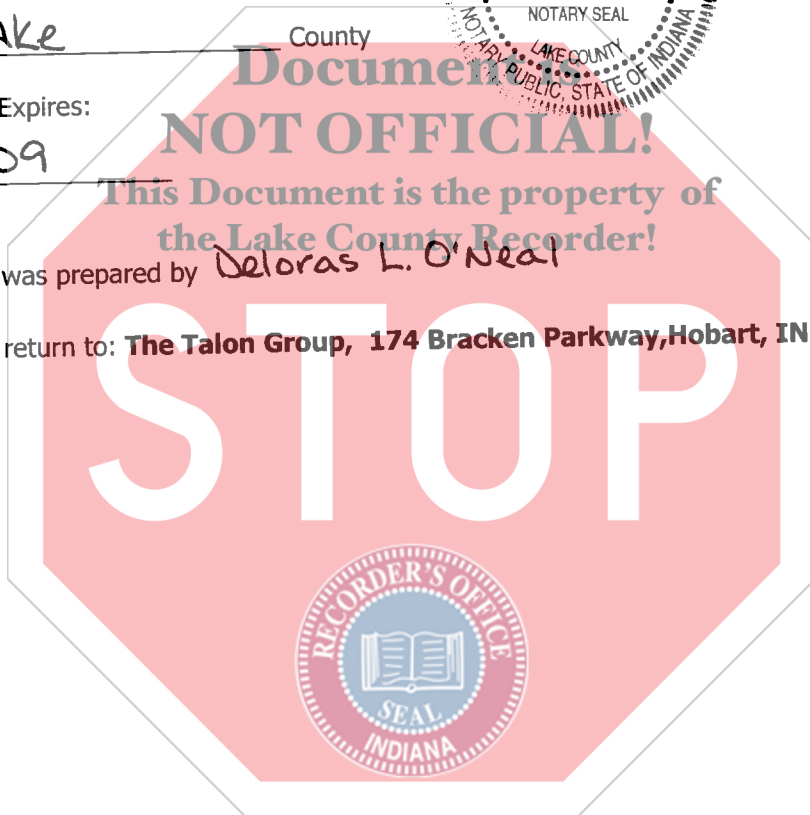


Document
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

This instrument was prepared by Deloras L. O'Neal

After recording, return to: **The Talon Group, 174 Bracken Parkway, Hobart, IN 46342**



* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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.

Feb 4 1997
Date Issued
Franklin J. Ormrod, M.D.
Hammond Health Commissioner

Local No. 756

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-2

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED - NAME (First, Middle, Last) GUY E. O'NEAL				2 SEX MALE	3a TIME OF DEATH 8:45 AM	3b DATE OF DEATH (Month, Day, Year) SEPTEMBER 19, 1996
4 *SOCIAL SECURITY NUMBER 342-12-0478	5a AGE - Last Birthday (Years) 74	5b UNDER 1 YEAR Months: Days:	5c UNDER 1 DAY Hours: Minutes:	6 DATE OF BIRTH (Mo, Day, Yr) JAN. 23, 1922	7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? WWII 1943-6	HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER, Outpatient <input type="checkbox"/> DOA		OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) Residence: 6440 Nevada			9c CITY, TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Deloras L. Falk		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self Employed		12b KIND OF BUSINESS/INDUSTRY Salesman	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hammond		13d STREET AND NUMBER 6440 Nevada		
13e ZIP CODE 46323	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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 			18 FATHER'S NAME (First, Middle, Last) Guy E. O'Neal			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Florence Younker			20a INFORMANT'S NAME (Type/Print) Mrs. Deloras L. O'Neal		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6440 Nevada Hammond, IN 46323	
20c Relationship Wife			21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) September 21, 1996 Cedar Park Cemetery	
21c LOCATION—City or Town, State Chicago, Illinois			22a EMBALMER'S NAME C. William McCoy			
22b EMBALMER'S LICENSE NO. FDO1013612			23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>John C. Ault</i>		24b LICENSE NUMBER (of Licensee) FDO1013507		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH8300280 7042 Kennedy Ave. Hammond, IN 46323		
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 adenocarcinoma of the lungs, metastatic b _____ c _____ d _____ Conditions if any which gave rise to the immediate cause, stating the underlying cause last						
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) no	
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) and manner 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>Virginia E. Mrizek, M.D.</i>				29c MEDICAL LICENSE NO. 01033994	29d DATE SIGNED (Month, Day, Year) Sept 19, 1996	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Virginia E. Mrizek, M.D. 3449 Ridge Road Highland, IN 46322						
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Ormrod, M.D.</i>					32. DATE FILED (Month, Day, Year) SEP 20 1996	
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	
34a 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.				