

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA ) RE: Jack Reed, Deceased October 26, 1965
) Lillian Reed, Deceased January 26, 1967
) SS Legal: Lot 15, Block 44, 2nd Oak Park Addition,
COUNTY OF LAKE ) in the City of Gary, as shown in Plat Book 2,
Page52, in the Office of the Recorder of Lake
County, Indiana 25-46-0201-0015

On this 23 day of April 2007 before me personally appeared Vivian J. Williams, Dovie Hogan, Lillian Sherman, and John W. Williams, identified to me State of Indiana Driver License and/or pictured identification, who being duly sworn on oath did say that:

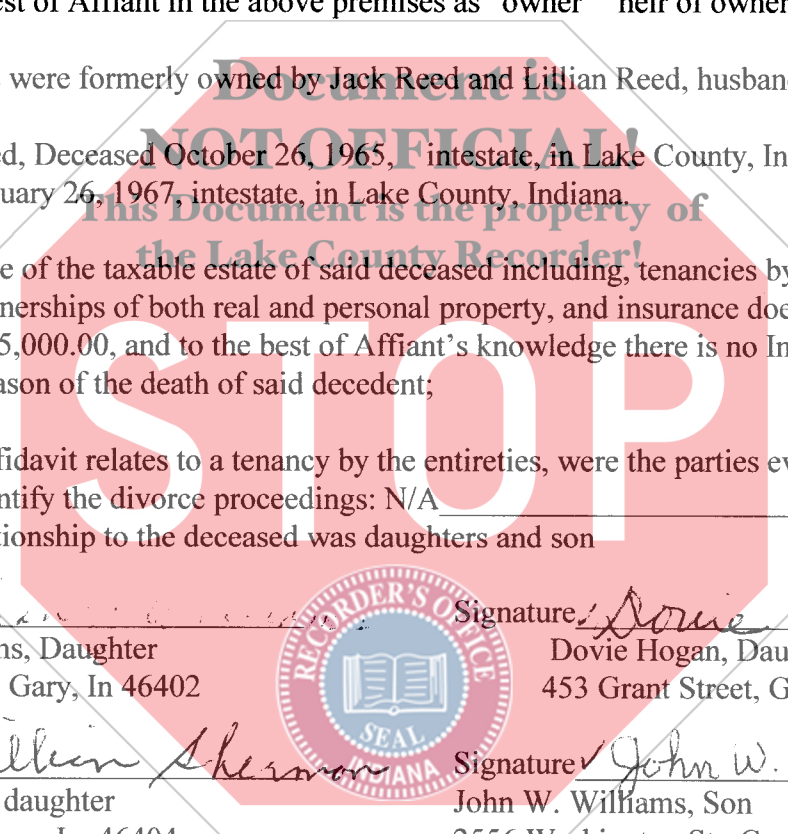
- 1. Affiant resides at the address given below Affiant's signature:
2. Affiant is Heir at Law, Daughters and Son of Deceased, Jack Reed and Lillian Reed owner(s), (Interest of Affiant in the above premises as "owner" "heir of owner" etc.)
3. Said premises were formerly owned by Jack Reed and Lillian Reed, husband and wife
4. Said Jack Reed, Deceased October 26, 1965, intestate, in Lake County, Indiana, and Lillian Reed, January 26, 1967, intestate, in Lake County, Indiana.
5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of \$25,000.00, and to the best of Affiant's knowledge there is no Inheritance tax liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No (if yes identify the divorce proceedings: N/A)
7. Affiant's relationship to the deceased was daughters and son

Signature Vivian J. Williams, Daughter
444 Grant Street, Gary, In 46402

Signature Dovie Hogan, Daughter
453 Grant Street, Gary, In 46402

Signature Lillian Sherman, daughter
406 Ellsworth, Gary, In. 46404

Signature John W. Williams Jr
2556 Washington St., Gary, In 46407



2009 029357

STATE OF INDIANA
LAKE COUNTY
RECORDER OF DEEDS

FILED

MAY 05 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

007002

\$20
CS
CA

STATE OF INDIANA     )  
COUNTY OF LAKE     )

Subscribed and sworn to before me by the Affiant this 23 day of April 2007 (year)

Jacquelyn Anago, My Commission expires: 12-13-2009 County of Lake  
Notary

I affirm under penalty of perjury that I have taken reasonable care to redact each Social Security Number, unless required by law.

Jacquelyn Anago





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

How far from office? 1 mi.

Disposition Permits:  
Issued /  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME Esther Bizzell  
FUNERAL DIRECTOR'S LICENSE No. 2397 LICENSE No. 1082

Local No. 67-0115

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

State No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Lake  
b. CITY, TOWN, OR LOCATION Lake  
c. Length of stay in b.

2. NAME OF HOSPITAL OR INSTITUTION  
GARY  
2556 Washington St.  
d. STREET ADDRESS  
e. CITY, TOWN, OR LOCATION Indiana  
f. STATE Lake

3. USUAL RESIDENCE (When deceased lived in institution, residence before admission)  
a. CITY, TOWN, OR LOCATION GARY  
b. STATE Indiana  
c. COUNTY Lake  
d. STREET ADDRESS 2556 Washington St.  
e. CITY, TOWN, OR LOCATION GARY  
f. STATE Indiana  
g. COUNTY Lake

4. DATE OF DEATH  
1. NAME OF DECEASED (Type or print) LILLIAN  
2. SEX Fem.  
3. COLOR OR RACE Negro  
4. MARRIED  NEVER MARRIED  DIVORCED  WIDOWED   
5. DATE OF BIRTH Aug. 9, 1898  
6. AGE (In years last b'p. day) 68  
7. DATE OF DEATH Jan. 26, 1967  
8. TIME OF DEATH REED  
9. PLACE OF DEATH (State or foreign country) Dysbury, Tennessee  
10. OCCASION (Give kind of work done) Housekeeper  
11. BIRTHPLACE (State or foreign country) Dysbury, Tennessee  
12. CITIZENSHIP (If naturalized, give year or date of naturalization) U. S. A.

13. FATHER'S NAME Sam Steele  
14. MOTHER'S MAIDEN NAME Hattie Burton  
15. INFORMANT'S NAME Hattie Mae Williams  
16. RELATIONSHIP TO DECEASED Daughter

17. INFORMANT'S ADDRESS 2556 Washington St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cardiovascular heart disease  
CONDITION (b) DUE TO (b)  
WHICH GAVE RISE TO ABOVE (c) DUE TO (c)  
PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH (SEE INSTRUCTIONS ON REVERSE OF THIS CERTIFICATE)  
Cardiovascular heart disease

19. ACCIDENT, BUIKIDE, HOMICIDE, OR OTHER INJURY OCCURRED. (Date and nature of injury in Part I or Part II of item 18.)  
 ACCIDENT  BUIKIDE  HOMICIDE  OTHER INJURY OCCURRED

20. TIME OF INJURY  
a. m. 10:55  
b. p. m. \_\_\_\_\_  
c. Hour 10  
d. Month Jan  
e. Day 26  
f. Year 1967

21. PLACE OF INJURY (a. f. in or about home, farm, factory, street, office, etc.)  
b. CITY, TOWN, OR LOCATION \_\_\_\_\_  
c. COUNTY \_\_\_\_\_  
d. STATE \_\_\_\_\_

22. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

23. ATTENDING PHYSICIAN: I certify that I attended the deceased from \_\_\_\_\_  
and last saw her alive on 24 Jan 67. Death occurred at \_\_\_\_\_  
on the date stated above; to the best of my knowledge, from \_\_\_\_\_  
the cause stated.

24. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER: \_\_\_\_\_  
25. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at \_\_\_\_\_  
N  E. N. T.   
C. R. T.

26. RITUAL CREMATION: None  
27. DATE OF CREMATION: \_\_\_\_\_  
28. NAME OF CEMETERY OR CREMATORIAL LOCATION: Grand Oak Cemetery  
29. FUNERAL DIRECTOR: Oriffith, Indiana  
30. ADDRESS: Oriffith, Indiana

31. DATE RECORDED BY LOCAL HEALTH OFFICER: JAN 31 1967  
32. SIGNATURE OF LOCAL HEALTH OFFICER: Samuel G. Brady  
33. FUNERAL DIRECTOR: M. Smith & Bizzell  
34. ADDRESS: GARY, Indiana

35. DATE SIGNED: Jan 30 1967

36. SIGNATURE OF LOCAL HEALTH OFFICER: \_\_\_\_\_

37. SIGNATURE OF FUNERAL DIRECTOR: \_\_\_\_\_

38. ADDRESS OF LOCAL HEALTH OFFICER: \_\_\_\_\_

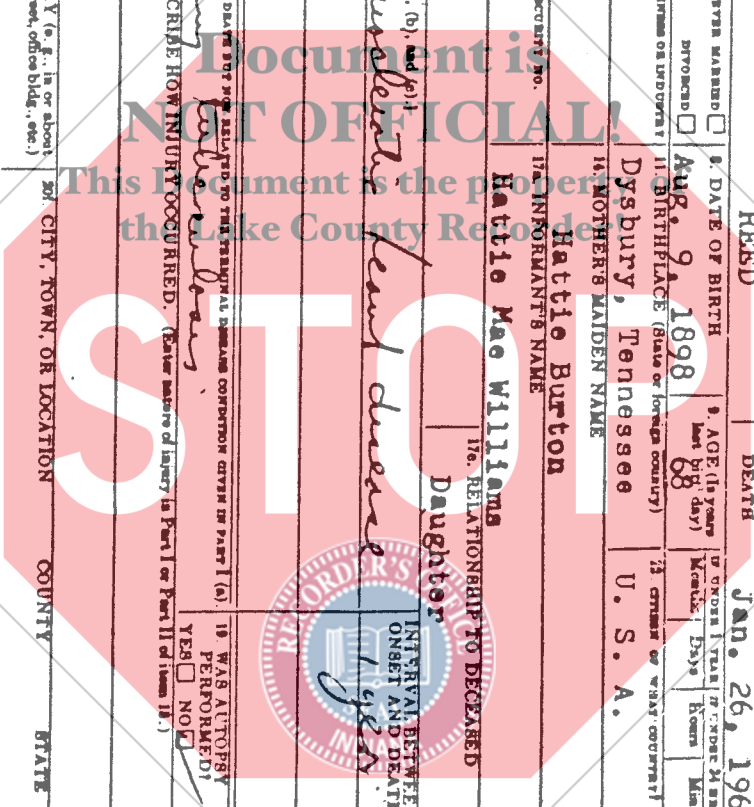
39. ADDRESS OF FUNERAL DIRECTOR: \_\_\_\_\_

40. ADDRESS OF LOCAL HEALTH OFFICER: \_\_\_\_\_

41. ADDRESS OF FUNERAL DIRECTOR: \_\_\_\_\_

42. ADDRESS OF LOCAL HEALTH OFFICER: \_\_\_\_\_

43. ADDRESS OF FUNERAL DIRECTOR: \_\_\_\_\_



TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

Disposition Permit  
Issued / /  
Provisional  
(certificate)  
 Yes  No

EMBALMER'S NAME Benjamin A. Bizzell  
LICENSE No. 1526

FUNERAL DIRECTOR'S LICENSE No. 213

Local No. **65-1458**  
INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH  
State No.

1. PLACE OF DEATH  
a. COUNTY Lake  
b. CITY, TOWN, OR LOCATION Garry  
c. Length of Stay in this place

2. USUAL RESIDENCE (Where deceased lived immediately preceding illness or accident)  
a. STATE Indiana  
b. CITY, TOWN, OR LOCATION Garry  
c. STREET ADDRESS 2556 Washington Street

3. RESIDENCE INSIDE CITY LIMITS  
a. YES  NO   
b. RESIDENCE INSIDE CITY LIMITS  
c. RESIDENCE ON A FARM

4. NAME OF HOSPITAL OR INSTITUTION Methodist Hospital  
5. PLACE OF DEATH INSIDE CITY LIMITS  
a. YES  NO   
b. NAME OF DECEASED (Type or print) JACK REED  
c. SEX Male  
d. COLOR OR RACE Negro  
e. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
f. DATE OF BIRTH 5-23-1898  
g. AGE (In years last birthday) 69  
h. DATE OF DEATH October 26, 1965  
i. ORDER 1 YEAR OR UNDER 24 HRS. Months Days Hours Min.  
j. COUNTRY OF BIRTH U. S. A.

6. SOCIAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer  
7. FATHER'S NAME UNKNOWN  
8. MOTHER'S MAIDEN NAME UNKNOWN  
9. INFORMANT'S NAME Lillian Reed  
10. RELATIONSHIP TO DECEASED Wife

11. INFORMANT'S ADDRESS 2556 Washington Street  
12. INTERVAL BETWEEN ONSET AND DEATH 24-27 (hrs.)

13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Stroke*  
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) *Arteriosclerosis*  
LYING CAUSE (c) *Heart failure*  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).  
14. WAS AN ATROPY PERFORMED? YES  NO

15. ACCIDENT SUICIDE HOMICIDE  
16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
17. TIME OF INJURY  
18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)

19. ATTENDING PHYSICIAN: Identify those I attended that deceased from *10-5-1965*  
20. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER  
21. SIGNATURE OF FUNERAL DIRECTOR  
22. DATE SIGNED

23. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at *IND* on *Oct 29 1965* from cause stated and on above date.

24. REMOVAL (Specify)  
25. NAME OF CEMETERY OR CREMATORY Fern Oak Cemetery  
26. LOCATION Griffith, Indiana  
27. ADDRESS Garry, Indiana

28. DATE RECEIVED BY LOCAL HEALTH OFFICER  
29. SIGNATURE OF HEALTH OFFICER  
30. DATE RECEIVED BY LOCAL HEALTH OFFICER

31. SIGNATURE OF FUNERAL DIRECTOR  
32. ADDRESS  
33. DATE SIGNED

34. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER  
35. ADDRESS  
36. DATE SIGNED

37. SIGNATURE OF FUNERAL DIRECTOR  
38. ADDRESS  
39. DATE SIGNED