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2009 033420

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2009 MAY 19 AM 10:42  
MICHAEL A. BROWN  
RECORDER

**Deceased Joint Tenant Affidavit**

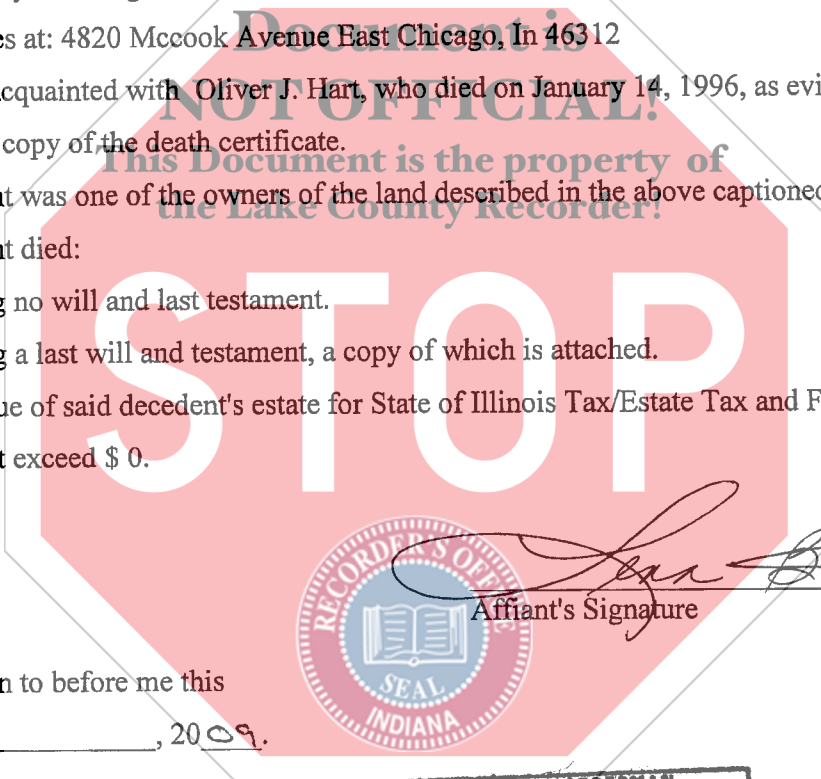
State of Indiana }  
                          } ss.  
County of Lake County»

Date: 5/13/2009

} File No.: 09000427

Lena B. Hart, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/she resides at: 4820 Mccook Avenue East Chicago, In 46312
2. That he/she was acquainted with Oliver J. Hart, who died on January 14, 1996, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
  - X leaving no will and last testament.
  - \_\_\_\_\_ leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 0.



*Lena B. Hart*  
Affiant's Signature

Subscribed and sworn to before me this  
13<sup>th</sup> day of MAY, 2009.

*[Signature]*  
Notary Signature

RICHARD OPPERMAN  
NOTARY PUBLIC - OFFICIAL SEAL  
State of Indiana, Lake County  
My Commission Expires May 16, 2014

13<sup>th</sup> MB

**FILED**

MAY 19 2009

Hold for:  
**Residential Title**

**009550** PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

✓# 007275

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

96-16

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 16-1-198

1. DECEASED—NAME (Print, Middle, Last) <b>Oliver J. Hart</b>		2. SEX <b>Male</b>		3a. TIME OF DEATH <b>1:54 P.</b>		3b. DATE OF DEATH (Month, Day, Year) <b>January 14, 1996</b>	
4. SOCIAL SECURITY # (Number) <b>406-42-6488 6488</b>		5. AGE—Last Birthday (Years) <b>60</b>		6. DATE OF BIRTH (Month, Day, Year) <b>Nov. 30, 1935</b>		7. BIRTH-PLACE (City and State or Foreign Country) <b>Henning, Tennessee</b>	
8. WAS OCCIDENT A U.S. VETERAN? <b>Yes</b>		9. YEAR LAST SERVED IN U.S. ARMED FORCES <b>1962</b>		10. PLACE OF DEATH (Specify street and apt. no. if applicable) <b>East Chicago</b>			
11. FACILITY NAME (If not available, give street and apartment) <b>Catherine Hospital</b>				12. CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>		13. COUNTY OF DEATH <b>Lake</b>	
14. MARITAL STATUS <b>Married</b>		15. SURVIVING SPOUSE (Print name) <b>Lena Booth</b>		16a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of lifetime. Do not use retired) <b>Asst. Supervisor Maintenance</b>		16b. SCHOOLING (Print school) <b>East Chicago Public Schools</b>	
17a. RESIDENCE—STATE <b>Indiana</b>		17b. COUNTY <b>Lake</b>		17c. CITY, TOWN OR LOCATION <b>East Chicago</b>		17d. STREET AND NUMBER <b>4820 McCook Avenue</b>	
18. ZIP CODE <b>46312</b>		19. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. COUNTRY OF BIRTH <b>U.S.A.</b>		21. RACE—American Indian, Black, White, or Other (Specify) <b>Black</b>	
22. DECEASED'S EDUCATION (Specify any higher grade completed) <b>12th grade</b>		23. MOTHER'S NAME (Print, maiden name) <b>Clara Austin</b>		24. FATHER'S NAME (Print, maiden name) <b>George Washington Hart</b>			
25. DECEASED'S HOME (If rented) <b>Lena B. Hart</b>				26. HOME ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4820 McCook Avenue East Chicago, In 46312</b>			
27a. MANNER OF DEPOSITION <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Chosen <input type="checkbox"/> Other (Specify)		27b. DATE AND PLACE OF DEPOSITION (Name of cemetery, crematory, or other place) <b>January 18, 1996 Fern Oaks Cemetery</b>		27c. LOCATION—City or Town, State <b>Griffith, Indiana</b>			
28. EXAMINER'S NAME <b>Dee Cheri Williams</b>		29. EXAMINER'S LICENSE NO. <b>FDO8600238</b>		30. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
31. SIGNATURE OF FUNERAL DIRECTOR <i>Dee Cheri Williams</i>		32. LICENSE NUMBER OF LICENSEE <b>FDO8600238</b>		33. NAME ADDRESS, ANY LICENSE NUMBER OF FUNERAL HOME <b>Hinton-Williams Funeral Home FH83001 4859 Alexander Ave., East Chicago, In</b>			
34. PART I: State the immediate, remote, or contributing cause of death. Do not enter nonspecific terms such as cardiac or coronary artery disease or heart failure. Use only one cause for each line. <b>Heart Cancer</b>							
35. DULY FILED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER <b>MAR 11 1996</b>							
36. DUE TO FOR AS A CONSEQUENCE OF: <b>SAM ORLICH</b>							
37. WAS DECEASED PRESENT OR 90 DAYS PRESENT IN A RESTAURANT (Yes or No) <b>No</b>							
38. CERTIFIER: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the condition as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of anatomical and/or toxicological, or any other, death occurred at the time, date and place and due to the condition as stated. <input type="checkbox"/> CORONER On the basis of anatomical and/or toxicological, or any other, death occurred at the time, date and place and due to the condition as stated.							
39. SIGNATURE AND TITLE OF CERTIFIER <i>M. Krad</i>				40. MEDICAL LICENSE NO. <b>29360 IN</b>		41. DATE ISSUED (Month, Day, Year) <b>1-15-96</b>	
42. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Other than self) <b>Dr. M. Krad 1849 N. Cline Avenue Griffith, Indiana</b>							
43. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy R. ...</i>						44. DATE FILED (Month, Day, Year) <b>1-16-96</b>	
45. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Hanged <input type="checkbox"/> Other (Specify)							
46. DATE PROHIBITIVE DEAD (Month, Day, Year)				47. MOTOR VEHICLE ACCIDENT (Yes or No) If yes, specify date, fatality, possession or <b>000490</b>			

Key # 30-237-10-1 L.C. Ford recorded. L.10 B.4

NOT OFFICIAL  
This Document is Property of  
the Lake County Recorder!



FILED FOR RECORD  
MAR 11 1996  
SAM ORLICH

**900**  
**SK**  
**Mo# 631734**