

1307379

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

1307379

Tax ID #45-12-10-306-005.000-030

On this 1-13-14 before me personally appeared _____
(insert date)

Marian J. Webster

to me personally known, who being duly sworn on oath did say that:

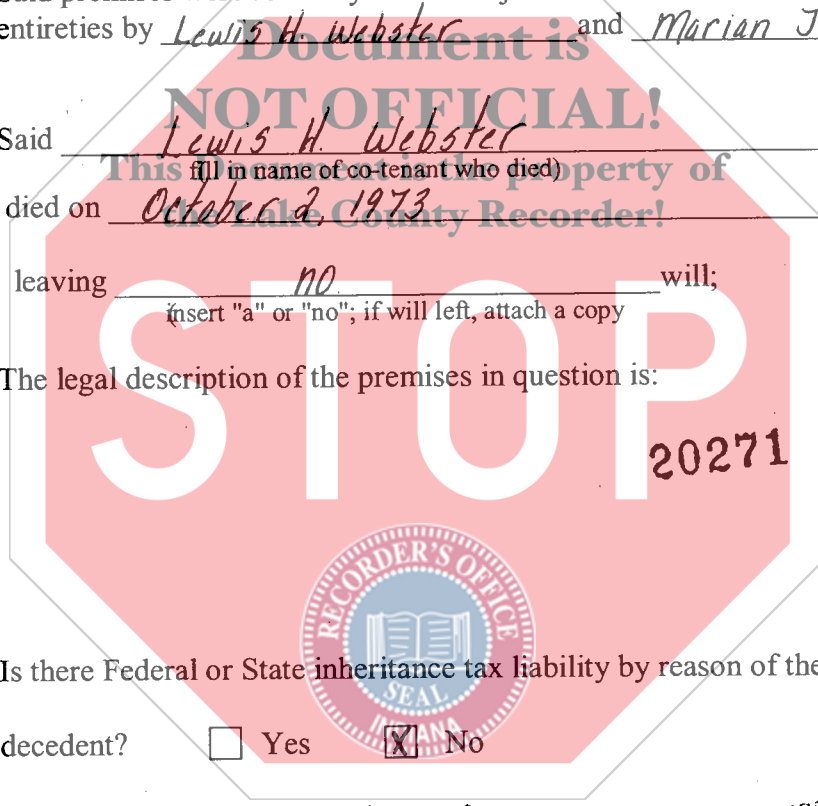
- Affiant resides at the address given below affiant's signature:
- Affiant is owner
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Lewis H. Webster and Marian J. Webster;
- Said Lewis H. Webster
(fill in name of co-tenant who died)
died on October 2, 1973
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

CHICAGO TITLE INSURANCE COMPANY



2014 003675

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 JAN 21 AM 10:21
MICHAEL B. BROWN
RECORDER

FILED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JAN 16 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

non-com
\$16.00
M.E
0-4

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was wife

Signature: Marian J. Webster

Printed Name Marian J. Webster

Address: Oak Grove Christian Village 129A
121 Division St.
Demotte, In. 46310

Subscribed and sworn to before me by the affiant

This 1-13-2014
(insert date)

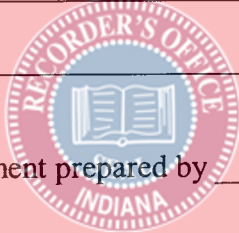
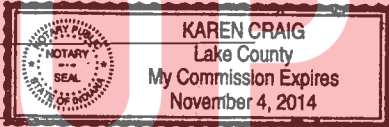
Karen Craig
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____



This instrument prepared by Marian J. Webster

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 760 - 73

760 - 73

PERMANENT INK
SEE HANDBOOK FOR INSTRUCTIONS

DECEASED NAME
FIRST MIDDLE LAST

STATE No. 4

1. RACE: White
 2. SEX: Male
 3. DATE OF DEATH (MONTH, DAY, YEAR): Oct 2, 1973
 4. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS: 55
 5. UNDER 1 DAY HOURS MIN.: 5
 6. DATE OF BIRTH (MONTH, DAY, YEAR): 4-20-1918
 7. COUNTY OF DEATH: Lake
 8. CITY, TOWN, OR LOCATION OF DEATH: Hobart
 9. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
 10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Mercy-Medical Center
 11. MARRIED NEVER MARRIED DIVORCED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Marian Surprise
 12. U.S.A. MOST OF WORKING LIFE, EVEN IF RETIRED WIDOWED Quality Control Inspector
 13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Youngstown Sheet & Tube
 14. CITY, TOWN OR LOCATION: Merrillville
 15. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
 16. TOWNSHIP: Anderson
 17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW 2
 18. IS RESIDENCE ON A FARM? YES NO

19. FATHER—NAME FIRST MIDDLE LAST: Raymond Webster
 20. MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Maude Anderson
 21. INFORMANT—NAME: Marian Webster
 22. RELATIONSHIP: Wife
 23. DEATH WAS CAUSED BY: Cerebro Vascular Accident
 24. IMMEDIATE CAUSE: (a) Cerebro Vascular Accident
 25. DUE TO, OR AS A CONSEQUENCE OF:
 (a) Cerebro Vascular Accident
 (b) Due to, or as a consequence of:
 (c) Other significant conditions contributing to death but not related to cause
 26. DATE & TIME OF DEATH: Oct. 2, 1973 8:30A M.
 27. PHYSICIAN'S NAME (TYPE OR PRINT): Thomas A. Gehring, M.D.
 28. LAST ATTENDANCE: Physician
 29. MAILING ADDRESS: 6111 Harrison
 30. STREET OR R.F.D. NO.: 6111 Harrison
 31. CITY OR TOWN: Merrillville
 32. STATE: Ind.
 33. ZIP: 46410
 34. SIGNATURE OF PHYSICIAN: Thomas A. Gehring, M.D.
 35. DATE SIGNED: Oct. 4, 1973
 36. AUTHORITY: NO
 37. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: NO

38. RESIDENCE BEFORE ADMISSION: Indiana
 39. STATE: Indiana
 40. COUNTY: Lake
 41. STREET AND NUMBER: 29 E. 67th Avenue
 42. CITY, TOWN OR LOCATION: Merrillville
 43. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
 44. TOWNSHIP: Anderson
 45. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW 2
 46. IS RESIDENCE ON A FARM? YES NO

47. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY): Indiana
 48. CITIZEN OF WHAT COUNTRY: U.S.A.
 49. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Quality Control Inspector
 50. CITY, TOWN OR LOCATION: Merrillville
 51. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
 52. TOWNSHIP: Anderson
 53. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW 2
 54. IS RESIDENCE ON A FARM? YES NO

55. BURIAL CREMATION REMOVAL (SPECIFY): Burial
 56. CEMETERY, CREMATORY, FUNERAL HOME: Calumet Park Cemetery
 57. STREET OR R.F.D. NO.: 7905 Broadway
 58. CITY OR TOWN: Merrillville
 59. STATE: Ind.
 60. ZIP: 46410
 61. DATE (MONTH, DAY, YEAR): Oct. 5, 1973
 62. HEALTH OFFICER—SIGNATURE: Peter Stecy, M.D.
 63. DATE RECEIVED BY LOCAL HEALTH OFFICER: October 5, 1973

64. SIGNATURE: Norbert J. Geisen
 65. LICENSE NO.: 4274
 66. EMBALMERS NAME: Norbert J. Geisen
 67. SIGNATURE: Norbert J. Geisen
 68. LICENSE NO.: 4274

69. I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.
 70. Disposition Permit Issued:
 71. Provisional Certificate Issued:

72. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY): Indiana
 73. CITIZEN OF WHAT COUNTRY: U.S.A.
 74. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Quality Control Inspector
 75. CITY, TOWN OR LOCATION: Merrillville
 76. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
 77. TOWNSHIP: Anderson
 78. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW 2
 79. IS RESIDENCE ON A FARM? YES NO

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