

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2014 079842

AFFIDAVIT OF SURVIVORSHIP
(Property Number 45-02-25-434-003.000-023)

GRANVILLE L. YOUNG, being first duly sworn upon his oath, states:

1. The affiant is the surviving spouse of Carolyn R. Young, who died a resident of Hammond, Lake County, Indiana on March 11, 1979. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Carolyn R. Young.

2. That the affiant, Granville L. Young, and Carolyn R. Young were husband and wife at the time of acquiring title to the real property located at 4609 Johnson Avenue, Hammond, Lake County, Indiana (Property Number: 45-02-25-434-003.000-023), and they remained so until the decedent's death.

3. The legal description of the aforesaid real property is as follows:

The South Half of Lot Four (4) and Lot Five (5), except that part commencing at the Southwest corner of Lot Five; thence East 77.8 feet; thence North parallel to the West line, 1 foot; thence West parallel to the South line 77.8 feet to the West line of said lot; thence South 1 foot to the place of the beginning, in Block twelve (12), Hoffman's 3rd Addition to the City of Hammond, as shown in Plat Book 1, page 99, in Lake County, Indiana.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Granville L. Young
GRANVILLE L. YOUNG
This Document is the property of
the Lake County Recorder!

STATE OF ALABAMA

COUNTY OF Jackson

On this 12 day of December, 2014, before me appeared GRANVILLE L. YOUNG to me personally known, and who acknowledged the execution of the foregoing instrument as his free act and deed.

Connie Taylor
Notary Public

My Commission Expires: 10-2-17

County of Residence: Jackson

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.

Karl E. Hand
KARL E. HAND

THIS INSTRUMENT PREPARED BY:
KARL E. HAND, Attorney at Law
1000 Eagle Ridge Drive, Suite F, Schererville, Indiana 46375
(219) 924-2640

↑

28769

FILED

DEC 16 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#14
CS
A
NON
CONF

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL D. BROWN
RECORDER
DEC 16 AM 9:22

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

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
MAR 16 1979
HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME John C. Ault LICENSE No. 1350
FUNERAL DIRECTOR'S SIGNATURE George L. Becker FUNERAL DIRECTOR'S LICENSE No. 1783 FUNERAL HOME No. 280

Disposition Permit
Issued /
Provisional Certificate
 Yes No

Local No. 187

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. March 11, 1979

1. DECEASED—NAME FIRST MIDDLE LAST <u>Carolynn Rebecca Young</u>		2. SEX <u>Female</u>		3. DATE OF DEATH (MONTH, DAY, YEAR) <u>March 11, 1979</u>	
4. RACE—(a) White, Black, American Indian, etc. (Specify) <u>White</u>		5a. AGE—Last birthday (Yrs.) <u>37</u>		5b. MONTHS <u>6</u>	
6. CITY, TOWN OR LOCATION OF DEATH <u>Hammond</u>		7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) <u>St. Margaret Hospital</u>		7a. COUNTY OF DEATH <u>Lake</u>	
7b. STATE OF BIRTH (If not in U.S.A. name country) <u>Tenn.</u>		8. CITIZEN OF WHAT COUNTRY <u>USA</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
10. SOCIAL SECURITY NUMBER [REDACTED]		11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		12. SURVIVING SPOUSE (If wife, give maiden name) <u>Granville Young</u>	
13. RESIDENCE—STATE <u>Indiana</u>		14a. CITY, TOWN OR LOCATION <u>Hammond</u>		14b. KIND OF BUSINESS OR INDUSTRY	
15a. STREET AND NUMBER <u>538 169th St.</u>		15b. COUNTY <u>Lake</u>		15c. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. MOTHER—MAIDEN NAME <u>Nash</u>		18. FATHER—NAME FIRST MIDDLE LAST <u>W. Z. Nash</u>	
18a. Granville Young		18b. 538 169th St. Hammond, Ind. 46324		18c. Mc Leod	
19a. Removal		19b. Brunmitt Funeral Home		19c. Mc Kenzie, Tenn.	
20a. Removal: March 13, 1979		20b. Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind. 46323		20c. DATE SIGNED (Mo., Day, Yr.) <u>3/16/79</u>	
21. ALBERT T. WILLIARD, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		21a. Signature <u>Albert T. Williard</u>		21b. PRONOUNCED DEAD (Mo., Day, Yr.) <u>3/11/79</u>	
22a. HEALTH OFFICER'S SIGNATURE <u>George L. Becker</u>		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER <u>MAR 16 1979</u>		22c. HOUR OF DEATH <u>AT 9:17 PM</u>	
23. IMMEDIATE CAUSE <u>Parathyroid adenoma & Hypercalcemia, pneumonia of lung, pyelitis of kidney</u>		23a. DUE TO OR AS A CONSEQUENCE OF		23b. INTERVAL BETWEEN ONSET AND DEATH <u>Undetermined</u>	
24. DUE TO OR AS A CONSEQUENCE OF		24a. AUTOPSY (Specify Yes or No) <u>Yes</u>		24b. INTERVAL BETWEEN ONSET AND DEATH	
25a. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) <u>Natural</u>		25b. DATE OF INJURY (Mo., Day, Yr.)		25c. HOUR OF INJURY	
25d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25e. LOCATION		25f. STREET OR R.F.D. NO.	
25g. CITY OR TOWN		25h. STATE		25i. ZIP	

EXHIBIT
A