

Thomas Burke Dyal & Company
8585 Broadway
New York, N.Y.
#120637-84

TIJICH 111 LE INSURANCE
Crown Point, Indiana

775979

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this 8th day of October, 1984,
before me personally appeared EMMA M. BRANKLE, to me personally
known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's
signature;

2. Affiant is owner of the following described real
estate:

Lot 92 in Brookwood, in the Town of
Merrillville, as per plat thereof, recorded
in Plat Book 27, page 42, in the Office of
the Recorder of Lake County, Indiana; #15-199-42

3. Said premises were formerly owned as tenants by the
entireties by WALTER D. BRANKLE and EMMA M. BRANKLE, husband and
wife;

4. Said WALTER D. BRANKLE died a resident of Lake County
Indiana, on the 17th day of March, 1984;

5. Affiant is the surviving spouse of WALTER D. BRANKLE
and at the time of his death they were not divorced and were
living together as husband and wife;

6. That the real estate described above is not subject to
inheritance tax liability or state tax liability.

STATE OF INDIANA/C.S. NO.
LAKE COUNTY
FILED FOR RECORD
OCT 5 9 11 AM '84
WILLIAM DIERCKX JR
RECORDER

SIGNATURE: Emma M. Brankle
EMMA M. BRANKLE

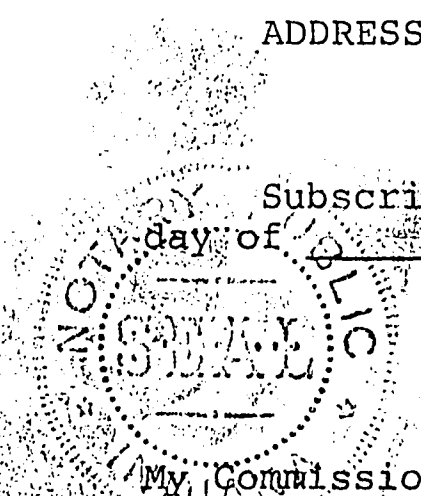
ADDRESS: P. O. Box 10458
Merrillville, IN 46410

Subscribed and sworn to before me by the Affiant this 8th
day of October, 1984.

Katherine L. Hall
KATHERINE L. HALL Notary Public

My Commission Expires: May 10, 1987
My County of Residence: Lake

This instrument was prepared by GERALD K. HREBEC, Attorney at
Law, Suite 610, Merrillville, IN 46410.



10 CC + 3 VET

Thomas Burke Dyaly & Cuppy
8585 Broadway - New.
#120637-84

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. **508-84**

NT
H
K

520

1994-148
1988-1994-148
1987-1994-148

FUNERAL HOME
No. 776
FUNERAL DIRECTOR'S
LICENSE No. 336
FUNERAL DIRECTOR'S
SIGNATURE

RECEIVED
MARRIED
1984
ADULTER

DECEASED - NAME FIRST MIDDLE LAST WALTER DENNY BRANKLE		SEX Male	DATE OF DEATH (MONTH DAY, YEAR) March 17, 1984
RACE - (e.g. White, Black, American Indian, etc.) (Specify) White	AGE - Last Birthday 74	DATE OF BIRTH (Mo. Day, Yr.) June 25, 1909	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville	HOSPITAL OR OTHER INSTITUTION - (Name (fill out in either give street and number)) Southlake Care Center		IF HOSP OR INST INCL. IN QCAT OP - Enter Am. Inpatient (Specify) Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Ohio	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife give maiden name) Emma Williams
SOCIAL SECURITY NUMBER 304-05-5568	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	KIND OF BUSINESS OR INDUSTRY Adcraft Printers	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Merrillville	
STREET AND NUMBER 6410 Cleveland Street		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FIRST MIDDLE LAST Denny Brankle		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Jessie Meyers	
INFORMANT - NAME (Type or print) Emma W. Brankle - Wife	RELATIONSHIP Wife	MAILING ADDRESS 6410 Cleveland Street	CITY OR TOWN STATE ZIP Merrillville, Indiana 46410
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery		LOCATION Merrillville, Indiana
DATE (MONTH, DAY, YEAR) March 20, 1984	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, Indiana 46410		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated X Jeffrey Smith, MD		DATE SIGNED (Mo. Day, Yr.) March 19, 1984	HOUR OF DEATH 10:35 P.M.
NAME OF ATTENDING PHYSICIAN (Type or print) Jeffery Smith M.D.			
MAILING ADDRESS - PHYSICIAN 6373 Melton Road Portage, Indiana 46368			
HEALTH OFFICER - SIGNATURE Zambor Dimitroff, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-19-84	
PART 1 (a) X Left sided Hypoxemia; Right Cerebral lesion			Interval between onset and death 5 days
PART 1 (b) Metastatic Adenocarcinoma of the Colon, Spleen			Interval between onset and death 8 months
PART 1 (c) Anterograde Cerebrovascular Disease			Interval between onset and death
PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a) AAA, ASHD & VPB's			AUTOPSY (Specify Yes or No) No

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE