

777166

RETURN TO:  
BARBER & SORBELLO  
517 N. MAIN ST.  
CROWN POINT, IN 46307

STATE OF INDIANA )  
                          ) SS:           IN THE LAKE CIRCUIT COURT  
COUNTY OF LAKE    )           CROWN POINT, INDIANA

IN THE MATTER OF THE ESTATE OF )  
FERDINAND J. BUTLER,            )           ESTATE NO. CE82-356  
                          Deceased    )

AFFIDAVIT OF SURVIVORSHIP

ROBERT BUTLER, Executor of the Last Will and Testament of Ferdinand J. Butler, first being duly sworn states as follows:

1. He is the Executor of the Estate of Ferdinand J. Butler, Estate No. CE82-356 in the Lake Circuit Court.

2. Ferdinand J. Butler died a resident of Lake County, Indiana on October 27, 1982 as the owner of property known as:

Lot 13, Block 1, Forestdale Addition to the City of Hammond, as shown per plat thereof, recorded in Plat Book 20, page 16, in the Office of the Recorder of Lake County, Indiana, more commonly known as 6736 Forestdale, Hammond, Indiana. *Key # 33-99-13*

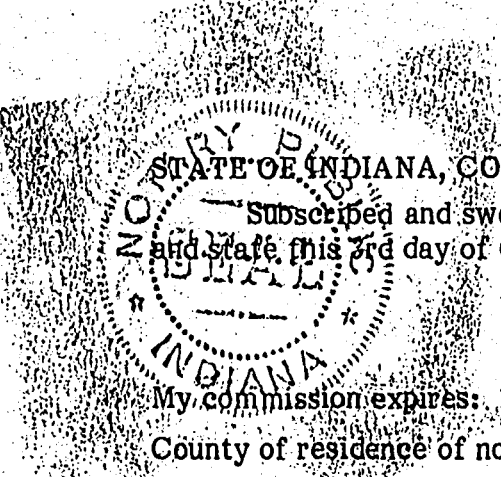
3. That during his lifetime and prior to the acquisition of said real property Ferdinand J. Butler, deceased, was married to Esther A. Butler, now deceased and was continuously married to her until the time of her death on the 14th day of July, 1961 as shown by the attached death certificate.

4. That the above captioned real estate was acquired during the term of their marriage, as tenants by the entirety, and was so held during the term of their marriage up until the time the death of Esther A. Butler.

5. This affidavit is given to accompany the Executor's Deed dated October 3, 1984 conveying said property to Judith K. Dyar.

Further affiant saith not.

*Robert Butler*  
ROBERT BUTLER, Executor of the Estate of Ferdinand J. Butler, deceased



STATE OF INDIANA, COUNTY OF LAKE, SS:  
Subscribed and sworn to before me, a notary public, in and for said county and state this 3rd day of October, 1984.

*Edward P. Grimmer*  
Notary Public

**FILED**

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
OCT 23 11 57 AM '84  
WILLIAM SIEBISKI JR  
RECORDER

OCT 23 1984

*Janie O. ...*

This instrument was prepared by Edward P. Grimmer, attorney

1087

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

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

Local No. 520

UNFADING INK  
THIS IS A  
PERMANENT RECORD

KEY 33-99-13  
FORESTDALE  
B LOT 13 BL 1

EMERALD  
DENSE  
FEDERAL DIRECTOR'S LICENSE No. 3726

1. PLACE OF DEATH a. COUNTY <u>Lake</u>		1. USUAL RESIDENCE (Where deceased lived 1/2 year or more before admission) a. STATE <u>Indiana</u>		b. COUNTY <u>Lake</u>	
b. CITY, TOWN, OR LOCATION <u>Hammond</u>		c. Length of Stay in 1b <u>40 Yrs.</u>		c. CITY, TOWN, OR LOCATION <u>Hammond</u>	
2. NAME OF HOSPITAL OR INSTITUTION <u>6736 Forestdale Ave.</u>		3. STREET ADDRESS <u>6736 Forestdale Ave.</u>			
3. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		5. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Ether</u>		First Middle Last <u>A Butler</u>		4. DATE OF DEATH Month Day Year <u>7-14-61</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. DATE OF BIRTH <u>6-9-1897</u>	
8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>64</u>		10. WHEN 1 YEAR Months Days Hours Min. <u>7 3</u>	
11. OCCASION OF DEATH (Give brief description of event) <u>Housewife</u>		12. BIRTHPLACE (State or foreign country) <u>Milltown Ind.</u>		13. COUNTRY OF BIRTH <u>U.S.</u>	
14. FATHER'S NAME <u>David Anderson</u>		15. MOTHER'S MAIDEN NAME <u>Alice Miller</u>		16. INFORMANT'S NAME <u>Grad Butler</u>	
17. INFORMANT'S ADDRESS <u>6736 Forestdale Ave. Hammond, Ind.</u>		18. RELATIONSHIP TO DECEASED <u>husband</u>			
19. CAUSE OF DEATH <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
20. ICD-9 CODE <u>410.9</u>		21. ICD-9 CODE <u>100.1</u>			
22. ACCIDENT, SUICIDE, HOMICIDE, OR DESCRIBE HOW INJURY OCCURRED <u>Coronary occlusion</u>		23. WAS ATopsy PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. TIME OF DEATH <u>7:15 PM</u>		25. PLACE OF INJURY (Home, farm, factory, street, etc.) <u>Home</u>			
26. OCCASION OF DEATH <u>AT HOME</u>		27. PLACE OF INJURY (City, town, etc.) <u>Hammond, Ind.</u>			
28. ATTENDING PHYSICIAN (Name and address) <u>Dr. J. J. Smith</u>		29. HEALTH OFFICER (Name and address) <u>Dr. J. J. Smith</u>			
30. BURIAL INFORMATION (Date) <u>Burial 7-17-61</u>		31. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>			
32. HEALTH OFFICER'S SIGNATURE <u>[Signature]</u>		33. FEDERAL DIRECTOR'S SIGNATURE <u>C. J. Huber</u>			

FEDERAL DIRECTOR'S LICENSE No. 3726

007

ADDRESS  
Hammond, Ind. 46000

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

OCT 17 1984

Date Issued

  
\_\_\_\_\_  
HAMMOND HEALTH COMMISSIONER

