

2 795947

STATE OF INDIANA)
) SS: SURVIVORSHIP AFFIDAVIT
COUNTY OF LAKE)

IN RE THE TITLE AND OWNERSHIP OF REAL ESTATE:

Lot 25, Keilman's 1st Addition to Town of Dyer, plat book 12, page 31, Office of the Recorder of Lake County, Indiana, commonly known as 2025 Church Street, Dyer, Indiana 46311,

KEY 14-30-25

Affiant upon her oath deposes and states:

1. Affiant resides at address given below affiant's signature.
2. Affiant is surviving spouse;
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Marie Jung and Michael F. Jung Husband and Wife.
4. Said Michael F. Jung died January 29, 1985, leaving no Will;
5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$60,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

FILED

MAR 19 1985

Marie Jung
MARIE JUNG
2025 church Street, Dyer, Indiana 46311

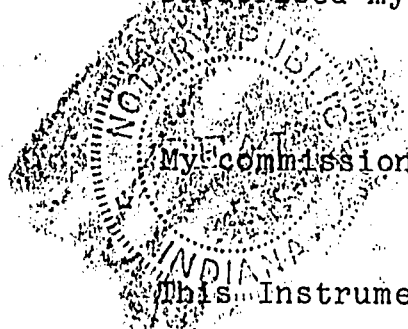
MAR 19 8 36 AM '85
RUDOLPH
RECORDER

STATE OF INDIANA
RECORDS & DEEDS
FILED

Before me a Notary Public in and for said County and State of this INDIAN LAKE COUNTY MARCH, 1985 personally appeared Marie Jung and acknowledged the above and foregoing Affidavit to be her free and voluntary act. In Witness Whereof, I have subscribed my name and affixed my seal.

Kenneth A. Manning
Notary Public KENNETH A. MANNING

My commission expires: 12-12-86, Resident of Lake County



This Instrument Prepared by: Kenneth A. Manning
JAMES, JAMES & MANNING P.C.
200 MONTICELLO DRIVE, Dyer, Indiana
46311

550
734

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

Below for State Office Use

KEY 14-30-25

KEILMANS 1st ADD

LUT 20

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THIS CERTIFIES THE ABOVE IS A TRUE AND
MULTIPLE COPY OF THE CERTIFICATE OF
DEATH TO BE FILED WITH THE LAKE COUNTY
HEALTH DEPT.

EMBALMER'S NAME Edward F. Mulvaney

FUNERAL DIRECTOR'S SIGNATURE Lawrence Miller

FUNERAL HOME

FUNERAL DIRECTOR'S

No. 150

LICENSE No. I 322

AN 3 1 1985

Local No. 213-85

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STAYING IN UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1 Michael F. Jung		SEX Male	DATE OF DEATH (MONTH DAY YEAR) January 29, 1985
RACE (e.g. White, Black, American Indian or Alaskan) 4 White	AGE (Last birthday) 5a 77	UNDER 1 YEAR 5b MIN. DAYS	UNDER 1 DAY 5c HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 7b Dyer		HOSPITAL OR OTHER INSTITUTION 7c Meridian Nursing Center	IF HOSP OR INST indicate DOA (OP, Emer, Am, Imp, ment) (Specify) 7d Inpatient
STATE OF BIRTH (or nat in U.S.A) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE (state date of death) 11 Marie Herrman
SOCIAL SECURITY NUMBER 13 303-09-9734		USUAL OCCUPATION (state kind of work done during week immediately preceding death) 14a Laborer	KIND OF BUSINESS OR INDUSTRY 14b L. Keilman Co
RESIDENCE STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Dyer	
STREET AND NUMBER 15d 2025 Church St.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16a Fred Jung		MOTHER - MAIDEN NAME 17 Louise Arendt	
INFORMANT - NAME (type or print) 18a Marie Jung (Wife)		RELATIONSHIP 18b 2025 Church St. Dyer, Indiana 46311	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn Mem Gardens	
DATE (MONTH DAY YEAR) 20a February 1, 1985		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Fagen-Miller Funeral Gardens Inc. 1920 Hart St. Dyer Ind. 46311	
To the best of my knowledge, death occurred at the time, date and place and due to the causal stated 21a Signature: Charles T. Eganat W		DATE SIGNED (Month Day Year) 21b 31 Jan 85	HOUR OF DEATH 21c M
NAME OF ATTENDING PHYSICIAN (type or print) 21d			
MAILING ADDRESS - PHYSICIAN 21e			
HEALTH OFFICER - SIGNATURE 22a [Signature]			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b [Signature]
PART I (a) Immediate Cause Acute cardiac arrest		Interval between onset and death	
(b) Due to or as a consequence of Recurrent bundle branch block		MAR 19 1985	
(c) Due to or as a consequence of Shy-Drager syndrome		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Factors contributing to death but not stated in cause given in PART I)		AUDITOR LAKE COUNTY 24	