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872122

STATE OF INDIANA)
COUNTY OF LAKE) SS:

STATE OF INDIANA
LAKE COUNTY
FILED
AUG 29 9 20 AM '86
RECORDED
HULL CLAY

AFFIDAVIT OF SURVIVORSHIP

Comes now VIRGINIA L. DUSSEAU, being duly sworn upon her oath and states as follows:

That VIRGINIA L. DUSSEAU, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

KEY 39-85-26

Lot 26, in Block "G", Beverly Highlands, a subdivision of the Southwest quarter of the northwest quarter of Section 29, Township 36 North, Range 8 West of the 2nd P.M. in Lake County as recorded in Plat Book 19, page 11, in the Office of the Recorder of Lake County, Indiana.

And that VIRGINIA L. DUSSEAU and LLEWELLYN J. DUSSEAU, now deceased, acquired title, as joint tenants with right of survivorship, to said real estate, by deed of conveyance on the 4th day of March, 1977, and recorded in the Office of the Lake County Recorder, as Document No. 396121.

That the decedent, LLEWELLYN J. DUSSEAU, and the affiant held joint title to said real estate until the death of LLEWELLYN J. DUSSEAU, on the 23rd day of November, 1984, at which time this affiant acquired title to the real estate as surviving joint tenant.

That the gross value of the estate of the decedent, LLEWELLYN J. DUSSEAU, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

FILED

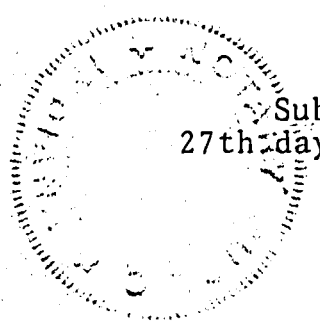
AUG 29 1986

Virginia L. Dusseau
VIRGINIA L. DUSSEAU

Robert J. Murphy

Subscribed and sworn to before me a Notary Public, this 27th day of August, 1986.

Robert J. Murphy
ROBERT J. MURPHY, Notary Public



My Comm. Expires: 8/8/90
Lake County Resident

ROBERT J. MURPHY
JACK W. LUND, P.C.
3979 Cleveland St.
Gary, IN 46408

1780-530

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

Below for State Office Use

KEY 39-85-26

A BEVERLY HIGHLANDS

B LOT 26 BLG 108

D _____

E _____

F _____

G _____

H _____

I _____

J _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

Disposition Permit
Issued / /

Provisional
Certificate

Yes No

THIS OFFICE FILES THE ABOVE AS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF
DEATH. PLEASE FILE WITH THE LAKE COUNTY
LICENSE NO. _____

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

SIGNATURE

Local No. 2405-84

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

TYPE
OR
PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME 1. Llewellyn J. Dusseau		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. November 23, 1984
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White	AGE—Last birthday (M, D, Y) 5a. 67	UNDER 1 YEAR 5b. MOS. DATE	UNDER 1 DAY 5c. HOURS MIN. DATE
CITY, TOWN OR LOCATION OF DEATH 7a. Munster		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c. Community Hospital	IF HOSP. OR INST. Indicate DOA, OP/Emar. No., Inpatient (Specify) 7d. E.R.
STATE OF BIRTH (If not in U.S.A. name country) 8. Michigan	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Virginia Morris
SOCIAL SECURITY NUMBER 13. 378-07-9851		USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) 14a. Retired	KIND OF BUSINESS OR INDUSTRY 14b. U.S. Steel Company
RESIDENCE—STATE 16a. Indiana	COUNTY 16b. Lake	CITY, TOWN OR LOCATION 18c. Gary	IS RESIDENCE ON A FARM? 18a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 16d. 2800 W. 41st Street		IS RESIDENCE ON A FARM? 18a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 18i. No
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. Gasper Dusseau		MOTHER—MAIDEN NAME 17. Esther Bellchore	
INFORMANT—NAME RELATIONSHIP 18a. Virginia Dusseau (Wife)		MAILING ADDRESS 18b. 2800 W. 41st St., Gary, Indiana 46408	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery	LOCATION 19c. Merrillville, Indiana
DATE (MONTH, DAY, YEAR) 20a. November 26, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Kuiper Funeral Home, 9039 Kleinman, Highland, IN 46322	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. 21a. Signature Daniel D. Thomas, M.D. by [Signature]		DATE SIGNED (Mo., Day, Yr.) 21b. 11/30/84	HOUR OF DEATH 21c. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f. DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 11/23/84	PRONOUNCED DEAD (Hour) 21e. AT 4:32 P. M
HEALTH OFFICER—SIGNATURE 22a. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 11-30-84	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a). Acute myocardial infarction with ruptured left		Interval between onset and death Undetermined	
(b). ventricle; Cardiac tamponade		Interval between onset and death	
(c). OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
PART II		AUG 29 1986	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. Natural	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d. [Signature]
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—(At home, farm, street, factory, office building, etc. (Specify)) 25f.	LOCATION 25g. Auditor Lakes County	STATE