

SURVIVORSHIP AFFIDAVIT

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903703
STATE OF Indiana
COUNTY OF Lake

} S. S.

On this February 12, 1987 before me personally appeared _____
(insert date)

_____ Lilly Y. Loo _____

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 _____ co-owner _____;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
3. Said premises were formerly owned as ~~XXXXXXXXXX~~ or as tenants by the entireties by
_____ Santiago A. Loo _____ and _____ Lilly Y. Loo _____;
4. Said _____ Santiago A. Loo _____
(fill in name of co-tenant who died)
died on _____ May 8, 1980 _____
leaving _____ no _____ will;
(insert "a" or "no"; if will left, attach a copy)
5. The total value of the taxable estate of said deceased including joint tenancies, man-
cies by the entireties, individual ownerships of both real and personal property, and
insurance does not exceed the sum of \$ 200,000.00 _____ 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 _____
(If answer is "Yes," identify the divorce proceedings:

_____);
7. Affiant's relationship to the deceased was _____ wife _____

Lot 13, Ridgeland Park 3rd
Add, Munster, PB 32/79

Signature: _____ Lilly Y. Loo _____
Lilly Y. Loo

Address: 8246 Jefferson Ave., Munster, Indiana
46321

CHICAGO TITLE INSURANCE COMPANY
INDIANAPOLIS, INDIANA
FILED FOR RECORD
FEB 25 1 06 PM '87
RICHARD J. BLASTICK
RECORDER, LAKE COUNTY
GRODWIN POINT, INDIANA 46307

Subscribed and sworn to before me by the affiant
this _____ February 12, 1987 _____
(insert date)

Notary Public
My Commission Expires _____ 7-25-99 _____
County of Residence: Lake

FILED

FEB 25 1987

_____ Anna M. Anton _____
AUDITOR LAKE COUNTY

This instrument prepared by _____ David O. Loo _____

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PLEASE PRINT WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

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NOV 19 1982
[Signature]

THE COUNTY HEALTH COMMISSIONER

Disposition Permitted
Provisional Certificate
 Yes No

EMBALMER'S NAME: THOMAS J. BURNS
FURNERAL HOME: No. 496
LICENSE No. 4518
FURNERAL DIRECTOR'S LICENSE No. 2561
SIGNATURE: *[Signature]*

Local No. 710-80
DECEASED

MEDICAL CERTIFICATE OF DEATH

MARRIAGE NAME: SANTIAGO		SEX: Male		DATE OF BIRTH: May 8, 1980	
AGE: 55		DATE OF DEATH: Sept. 25, 1982		COUNTY OF DEATH: Lake	
ETHNIC ORIGIN: Chinese		PLACE OF BIRTH: Merrillville		HOSPITAL OR OTHER INSTITUTION: Broadway Methodist Hospital	
STATE OF BIRTH: Panama		CITY OF BIRTH: U.S.A.		MARRIAGE STATUS: Married	
MARRIAGE DATE: Lilly Young		OCCUPATION: Resturant Manager		INDUSTRY: Resturant Industry	
RESIDENCE STATE: Indiana		CITY: Lake		COUNTY: Munster	
STREET ADDRESS: 8246 Jefferson Street		CITY LIMITS: yes		CITY: Munster	
FATHER: Santiago Loo		MOTHER: Luisa Cheung		PLACE OF BIRTH: Schererville, Indiana	
FATHER'S BIRTH: David Loo		MOTHER'S BIRTH: Jefferson St. Munster, Indiana		DISPOSITION: Burial	
FATHER'S DEATH: May 13, 1980		MOTHER'S DEATH: BURNS-KISH Funeral Home, 5640 Hohman, Hammond, Ind.		PLACE OF BURIAL: Schererville, Indiana	
DEATH CERTIFICATE NO. 514-80		DATE OF DEATH: Sept 25, 1982		HOUR OF DEATH: 11:00 AM	
PHYSICIAN: RODOLFO V. JAO, M.D. 295 South Wisconsin St. Hobart, Indiana 46342		SIGNATURE: <i>[Signature]</i>		DATE: 9/25/82	
CAUSE OF DEATH: Acute myocardial infarction		MANNER OF DEATH: Natural		ICD-9 CODE: 410.91	

State Form 38-100

Bad Original