



Chicago Title Insurance Company

Please return to:  
Calumet National Bank  
1806 Robin Hood Blvd.  
Scherverville, IN 46375  
Attn: Jean

**SURVIVORSHIP AFFIDAVIT**

936592  
STATE OF INDIANA  
COUNTY OF Lake

} S. S.

On this August 14, 1987 before me personally appeared  
(insert date)

Wanda L. Walsh

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is Owner  
(state interest of affiant in the above premises as "owner," "son of owner," etc.);
- Said premises were formerly owned as joint tenants or as tenants by the entireties by  
Leslie J. Walsh and Wanda L. Walsh
- Said Leslie J. Walsh  
(fill in name of co-tenant who died)  
died on June 21, 1987  
leaving No will;  
(insert "a" or "no"; if will left, attach a copy)

LILLIAN BLASTICK  
RECORDER OF DEEDS  
LAKE COUNTY INDIANA  
FILED FOR RECORD  
SEP 4 9 29 AM '87

- The legal description of the premises in question is:  
Lot 10 in Lincolnwood Subdivision, in the Town of Scherverville as per plat thereof, recorded in Plat Book 27 page 52, in the Office of the Recorder of Lake County, Indiana.
- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent: None
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
No

(If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_);

Affiant's relationship to the deceased was wife

Signature: Wanda L. Walsh  
Wanda L. Walsh

Address: \_\_\_\_\_

Subscribed and sworn to before me by the affiant

this 14th day of August, 1987  
(insert date)

Sylvia Torbica  
Sylvia Torbica Notary Public

My Commission Expires 02-07-90

County of Residence: LAKE

This instrument prepared by Wanda L. Walsh

FILED

SEP 3 1987

Anna N. Untere  
AUDITOR LAKE COUNTY

0052

512

Key # 13-323-1

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

Below for State Office Use

A \_\_\_\_\_

B \_\_\_\_\_

COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

JUN 25 1987  
Gordon L. Jones  
Hammond Health Commissioner

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME GORDON L. JONES

LICENSE No. 1071

FUNERAL DIRECTOR'S  
SIGNATURE *Gordon L. Jones*

FUNERAL DIRECTOR'S  
LICENSE No. 1374

FUNERAL HOME  
No. 600018

622.

Local No. 464

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

1 DECEASED - NAME FIRST MIDDLE LAST LESLIE T. WALSH		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 JUNE 21, 1987
4 RACE WHITE	5a AGE - Last Birthday 62	5b UNDER 1 YEAR MONTHS	5c UNDER 1 DAY HOURS MIN
6 CITY, TOWN OR LOCATION OF DEATH 7b HAMMOND		7a COUNTY OF DEATH LAKE	
7c HOSPITAL OR OTHER INSTITUTION - Name if not in office give street and number ST. MARGARET HOSPITAL		7d IF HOSP OR INST UNDER CARE OF Local or Hospital Specify INPATIENT	
8 STATE OF BIRTH (If not in U.S.A. name country) CANADA	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED NEVER MARRIED WIDOWED DIVORCED - Specify MARRIED	11 SURVIVING SPOUSE (If male give the decedent's name) WANDA L. SHEU
12 SOCIAL SECURITY NUMBER 354-12-3002		13a USUAL OCCUPATION (Give kind of work done during most of working life, even if not paid)	13b KIND OF BUSINESS OR INDUSTRY
13 RESIDENCE - STATE INDIANA		14a COUNTY LAKE	
15a CITY, TOWN OR LOCATION SCHERERVILLE		14b	
15c STREET AND NUMBER 1 HICKORY PLACE		15d IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15e INSIDE CITY LIMITS (Specify Yes or No) YES
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN ETC YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17 FATHER - NAME FIRST MIDDLE LAST JEFFERY WALSH		18 MOTHER - MAIDEN NAME FIRST MIDDLE LAST MABEL WOOLEY	
19 INFORMANT - NAME (If not in office) WANDA WALSH/Wife		20 RELATIONSHIP Wife	
21 Mailing Address 1 HICKORY PL		22 CITY OR TOWN STATE ZIP SCHERERVILLE, INDIANA 46375	
23 BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		24 CEMETERY OR CREMATORY - (FURNERAL HOME) CHAPEL LAWN CEMETERY	
25 DATE (MONTH DAY YEAR) JUNE 24, 1987		26 LOCATION SCHERERVILLE, INDIANA	
27a FUNERAL HOME - NAME AND ADDRESS BURNS FUNERAL HOME		27b STREET OR P.O. NO. CITY OR TOWN STATE ZIP CROWN POINT, INDIANA	
28 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 28a Signature <i>H. Mishoulam</i>		29 DATE SIGNED (Mo. Day Year) JUNE 25, 1987	
28b NAME OF ATTENDING PHYSICIAN (Type or Print) DR. H. MISHOULAM		30 HOUR OF DEATH 9:55 A.M.	
31 Mailing Address - PHYSICIAN 7905 CALUMET AVENUE, MUNSTER, INDIANA 46321		32	
33 HEALTH OFFICER'S SIGNATURE <i>Gordon L. Jones</i>		34 DATE RECEIVED BY LOCAL HEALTH OFFICER JUN 25 1987	
35 CONDITIONS OF ANY NATURE WHICH GAVE RISE TO IMMEDIATE CAUSE 35a IMMEDIATE CAUSE Respiratory Arrest		36 INTERVAL BETWEEN PRIOR AND DEATH	
35b DUE TO, OR AS A CONSEQUENCE OF Metabolic Renalitic Condition		37 INTERVAL BETWEEN PRIOR AND DEATH	
35c DUE TO, OR AS A CONSEQUENCE OF		38 INTERVAL BETWEEN PRIOR AND DEATH	
39 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) (b) (c) PART II		40 AUTOPSY (Specify Yes or No) 24	