

138662

STATE OF INDIANA

COUNTY OF LAKE

)  
) SS:  
)

SURVIVORSHIP AFFIDAVIT

Comes now MARY CAROLYN HOPF, affiant herein, and upon being duly sworn upon her oath, deposes and says as follows:

1. That affiant resides at 7341 Carolina, Hammond, Indiana, 46324  
Legally described as follows:

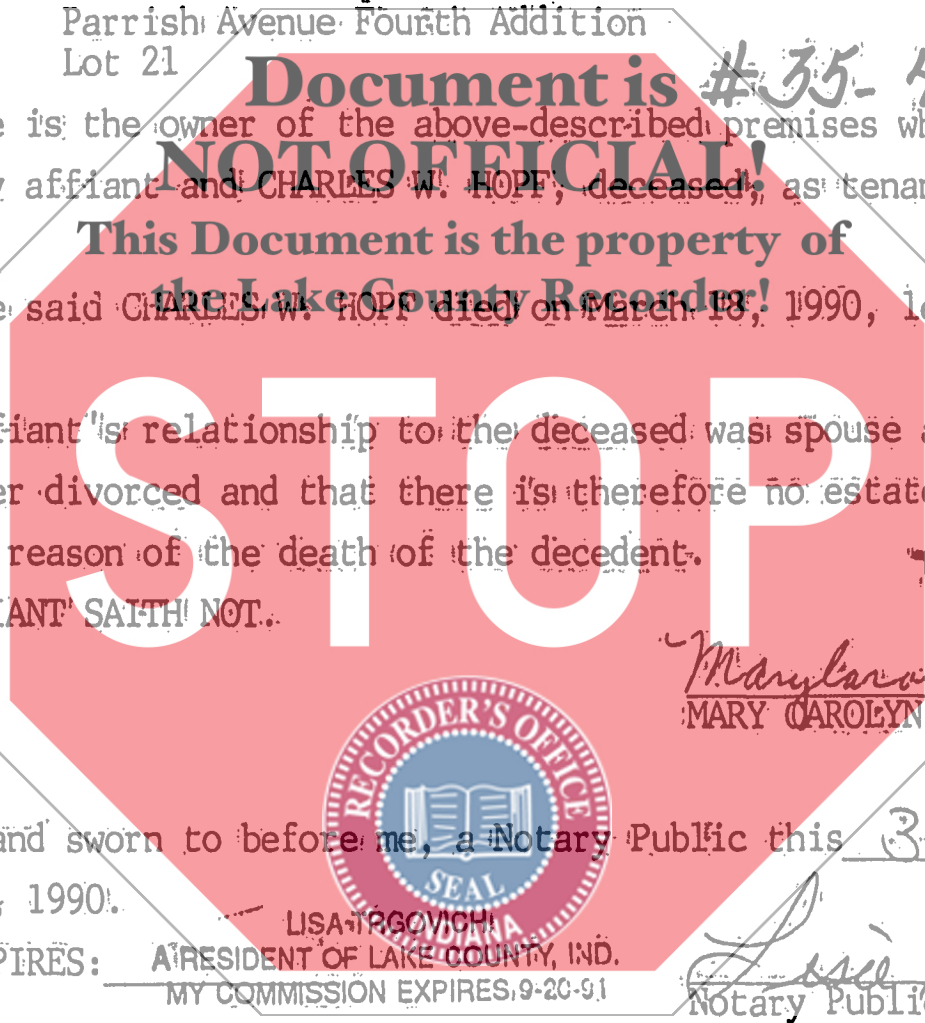
Parrish Avenue Fourth Addition  
Lot 21

2. That she is the owner of the above-described premises which were formerly owned by affiant and CHARLES W. HOPF, deceased, as tenants by the entireties.

3. That the said CHARLES W. HOPF died on March 18, 1990, leaving no will.

4. That affiant's relationship to the deceased was spouse and that parties were never divorced and that there is therefore no estate or inheritance tax liability by reason of the death of the decedent.

FURTHER AFFIANT SAITH NOT.



*Mary Carolyn Hopf*  
MARY CAROLYN HOPF

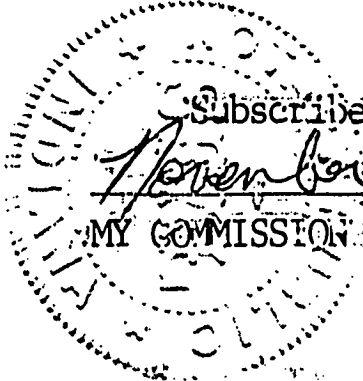


LISA TRGOVICH  
RESIDENT OF LAKE COUNTY, IND.  
MY COMMISSION EXPIRES 9-20-91

*Lisa Trgovich*  
Notary Public

Subscribed and sworn to before me, a Notary Public this 30<sup>th</sup> day of

November, 1990.



**FILED**

DEC 12 1990

*Ann M. Anton*  
NOTARY LAKE COUNTY

This instrument prepared by CARMEN A. FERNANDEZ, Attorney at Law  
7207 Indpls. Blvd.  
Hammond, IN 46324  
219/845-9540



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STATE OF INDIANA, S. No. 138662  
FILED  
DEC 12 1990  
11:05 AM '90

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 62

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (C. Wesley Hopf), SOCIAL SECURITY NUMBER (024-10-5895), DATE OF BIRTH (March 26, 1914), PLACE OF DEATH (St. Catherine Hospital), and SIGNATURE OF CERTIFIER (Jorge J. Martinez, M.D.).

DECEASED

PARENTS

INFORMANT

DISPOSITION

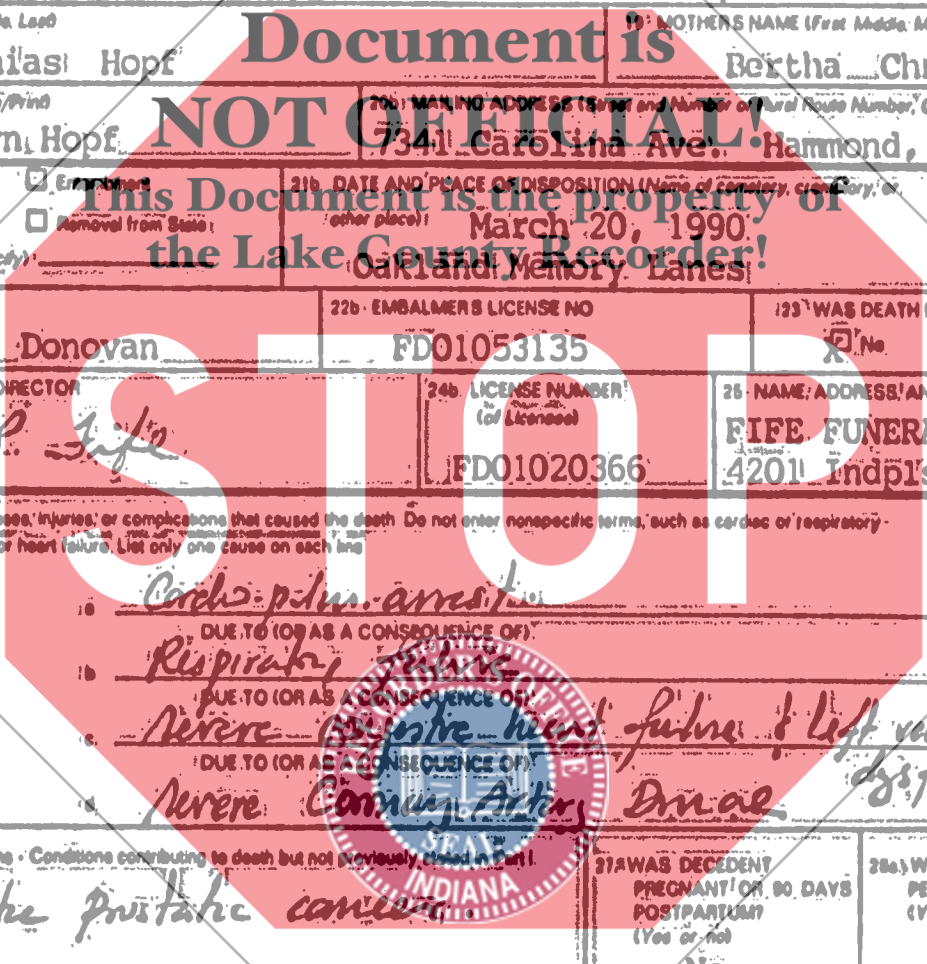
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Vertical handwritten text: Pt 2, 1, 4, 35-402-21, 4th, 4th



FILED stamp

DEC 12 1990 stamp

00345 stamp