

SURVIVORSHIP AFFIDAVIT

L 3497

STATE OF INDIANA §  
COUNTY OF LAKE §  
91024301 §

COMMUNITY TITLE CO.  
421 W. 81st Avenue  
Merrillville, IN 46410

On this 5/08/91 before me personally appeared,  
(insert date)

Edward M. Watterson

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 Personal Representative of Estate of Wanda M. Watterson  
(state interest of affiant in the above premises as owner)
3. Said premises described as follows: Lot 15 in Block 1 in  
Independence Hill 2nd Addition, in the town of Merrillville,  
as per plat thereof, recorded May 26, 1939 in Plat Book 24  
page 25, in the Office of the Recorder of Lake County,  
Indiana. #15-136-15

4. Said premises were formerly owned as joint tenants or as tenants by the entireties by Edward J. Watterson and Wanda M. Watterson.

5. Said Edward J. Watterson  
(fill in name of co-tenant who died)  
died on March 23, 1981  
leaving the Lake County Recorder!  
(insert "a" or "no")

6. Where this affidavit relates to a tenancy by the entireties, No  
the parties ever divorced?  
(If answer is "yes", identify the divorce proceedings:)

7. Affiant's relationship to the deceased was Son

Affiant's Signature Edward M. Watterson  
Name Printed Edward M. Watterson  
Address 5613 Tuna Drive  
Orlando, Florida 32822

Subscribed and sworn before me by the affiant  
this May 7, 1991  
(insert date)

Margaret G. Harrelson  
(Notary Public)  
Margaret G. Harrelson - Orange  
(printed name and county)  
My commission expires 2/15/94

FILED

MAY 16 1991

Anna N. Antonio  
AUDITOR LAKE COUNTY

This instrument prepared by: CLARK W. HOLESINGER  
P.O. Box 615  
2588 Portage Mall  
Portage, IN 46368  
(219) 763-7246

00672

800  
CM

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

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
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7 \_\_\_\_\_  
H \_\_\_\_\_

Disposition Permit  
Issued 3/27/81  
Provisional  
Certificate  
 Yes  No

Local No. 159

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

FUNERAL HOME  
No. 776

FUNERAL DIRECTOR'S  
LICENSE No. 367

LICENSE No. 1205

EMBALMER'S NAME Keith Dillon

FUNERAL DIRECTOR'S  
SIGNATURE Robert J. Heiser

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  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

DECEASED - NAME <b>EDWARD J. WATTERSON</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>March 23, 1981</b>
RACE - (a) White, Black, American Indian, etc. (Specify) <b>White</b>	AGE - (Last Birthday) (M, Y, D) <b>67</b>	UNDER 1 YEAR MO, DATE	UNDER 1 DAY HOURS, MINS
CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>		HOSPITAL OR OTHER INSTITUTION - (Name if not in other prev street and number) <b>St. Catherine Hospital</b>	IF HOSP. OR INST., indicate DOA, OP, (Specify) (Specify) <b>Inpatient</b>
STATE OF BIRTH (If not in U.S.A. name & country) <b>Illinois</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, ANNUALLY DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (If wife give maiden name) <b>Wanda Zumsteg</b>
SOCIAL SECURITY NUMBER <b>342-03-7860</b>	USUAL OCCUPATION (Indicate dates during most of working life from 1960) <b>Administrator - Retired</b>	KIND OF BUSINESS OR INDUSTRY <b>St. Catherine Hospital</b>	
RESIDENCE - STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Merrillville</b>	STREET AND NUMBER <b>7508 Taft Street</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
FATHER - NAME <b>William Edward Watterson</b>		MOTHER - MAIDEN NAME <b>Mary Schmidt</b>	
INFORMANT - NAME (Type or print) <b>Wanda Watterson - Wife</b>		MAILING ADDRESS <b>7508 Taft St.</b>	CITY OR TOWN, STATE, ZIP <b>Merrillville, Indiana 46410</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>Calumet Park Cemetery</b>	LOCATION <b>Merrillville, Indiana</b>
DATE (MONTH, DAY, YEAR) <b>March 26, 1981</b>		FUNERAL HOME - NAME AND ADDRESS <b>Gessen Funeral Home, Inc., 7905 Broadway, Merrillville, In. 46410</b>	
NAME OF ATTENDING PHYSICIAN (Type or print) <b>Henry A. Haddian, M.D.</b>		DATE SIGNED (M, D, Y) <b>3/25/81</b>	HOUR OF DEATH <b>M</b>
MAILING ADDRESS - PHYSICIAN <b>3680 179th Hammond, Indiana 46320</b>		HEALTH OFFICER - SIGNATURE <b>E. A. Campagna M.D.</b>	
DATE RECEIVED BY LOCAL HEALTH OFFICER <b>3-27-81</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>3-27-81</b>	
PART I (a) IMMEDIATE CAUSE (INITIALS ONLY ONE CAUSE PER LINE FOR (a) AND (b)) <b>Myocardial failure</b>		Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF <b>Heart Valve replacement surgery</b>		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) <b>No</b>	