473,745 Pdg # 4016 NBD Mt. Co, 115 S. Court Street, Chicago Title Insurance Company Crown Po. wt. FN46307

- 94021876 SURVIVORSHIP AFFIDAVIT

O	n this01_MARCH_1994 before me p	personally appeared	
	(insert date) LESLIE	R FMTC	
		D. EMIG	gy (an ma an dan hig din did did (ii) nid din did did die nie nie e
me p	ersonally known, who being duly sworn on oat	h did say that:	-
1.	Affiant resides at the address given below affi		lu 23
2.	Affiant is(state interest of affiant in th	ne above premises as "owner," "s	on of owner," atc.)
3.	Said premises were formerly owned as joint t	enants or as tenants by the	entireties by
	BRETT S. EMIG and	LESLIE R. EMIG	<u> </u>
4.	SaidBRETT S. EMI		100° 100° 100° 100° 100° 100° 100° 100°
	died ondied on	of co-tenant who died)	ILED
	leaving NO will; (Insert "a" or "no"; if will left, attach a copy) the	CIAL! property of	MAR 2 - 1994
5.	The legal description of the premises in questored the NORTH 54 FEET OF LOT 5, BLOCCITY OF HAMMOND, AS SHOWN IN PLAINDIANA	CK 4, UNIVERSITY GARD	ANDITOR LAKE COUNTY ENS, IN THE IN LAKE COUNTY,
6.	To the best of affiant's knowledge there is no ity by reason of the death of said decedent:	o Federal or State estate or	inheritance tax liabi
7.	Where this affidavit relates to a tenancy by the	he entireties, were the part	ies ever divorced?
	(If answer is "Yes," identify the divorce pro-	ceedings:	
8.	Affiant's relationship to the deceased was	SPOUSE)
		Signature: LESLEC Address: 7021 Br Hammons	LEING AVENUE
bscrib	ped and sworn to before me by the affiant	HAMMOLD,	IN 4632
is	3/1/94		
	Notary Public DEDRA TOKARZ		01293
, ,	mmission Expires Cepul 30, 1997	•	
y Coi	mmission Expires		

POPUL

"ATTENTION ESTARE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal."

THIS CERTIFIES THE FOLLOWING IS A TRUE AND INDIMA STATE DEPARTMENT OF HEATH COPY OF DEATH ON FILE WITH THE

•		 r	1	Λ	سم	. V	
.ocal	No.	 ٠.,		U.	۲.,		•

CERTIFICATE OF DEATH

	- 3/m
Pec 30 1443	-/-
	

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TYPE/PRINT		-NAME (Frei Mi			1 (0 10-1-19-5		72	SEX		36 TIME OF DEAT		TE OF DEATH			
IN		Bre	tt	S. Emig		-	М	Male		2:37 A	M Dec	ember	18,	, 1993	
PERMANENT	4. *80CIAL SECTION 309-60	CURITY NUMBER	5/	50 AGE—Last Birthday (Years) 4 I	SO UNDER I YEA						1			or Foreign Count	Hry)
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	A US VETER		USA	ARMED FORCES?	HOSPITAL [] in	Inpatient				Nursing Home					C
	No ·		1	lone		ER/Outpatient				XIX Residence	· ·				(*)
DECEDENT	1	IAME (If not inellist)		reet and number)			i			CATION OF DEATH	1	OUNTY OF D	HTAS	•	133
· .	10 MARITAL ST	Baring A	III SURY	TVIVING SPOUSE		12e DF	ECEDENT S U	USUAL OCC	CCUPATION	ON (Give kind of work		Lake	ERS/IN	O ISTRY	-6-
	(Specely) Marrie		_ (# wd	tie Loman		don	ne during moi	ost of working	ing Me Don	/Estimate	- 1				્ય જિલ્લા
	13a RESIDENCE	1	136 CO	PYNUC	13c CITY TOWN	OR LOCATIO			13	34 STREET AND NU	IUMBER				P. C.
ļ	Indian		Lal		Hammond					7021 Bar	ing Av				€¤ - F∵
!	130 ZIP CODE	13I INSIDE CIT		14 CITIZEN OF WHAT COUNTRY?	/	[] Yee (#	(If yes, specify		Black.	—American Indian, it. White letc				EDUCATION rede completed)	, <i>L</i>
	1	13g ON A FARI		1 /.	Mexican Puerl	to Rican, etc.)			(Spec		Elementary/	r/Secondary (0	0-12)	College (1-4 or	
_	46324	XIKNO []		USA	Docu	me	mt	MOTHER	Whi	te Frat Middle, Meiden					<u> F</u>
PARENTS	18 PAINSNE	AME (FFR MIGGIO). Kurt		ito TTC	TO	DI D	TO			Fiellman					(5) (0)
INFORMANT	20e INFORMAN	NT S NAME (Type/		-9/ INC	20b MAI	LING ADDRE	SS (Street a			Toute Number, City or		Zip Code)	20c Rr	leletionship	() ()
Har Others	Leslie			This Do		The second second				nd, India			W1f		<u> </u>
•	21a METHOD OF		Entor		216 DATE AND PL		-		*	emetory, or	Sie. LOCATR	ON-City or	Town. St	ate	Vince
!	7.7	Cremetion Other (Specif		novel from State 1.C	ather place)	Decem Concor		_			Hamme	. J T	-14		S.
DISPOSITION	220 EMBALMER		7.		22b EMBALME			emet		WAS DEATH REPOR		ond, I	nare	ına	
Diaroainon	1	J. Blak	e			101940				□ No ☑ Y					
		E OF FUNERAL DI				IL LICENSE N	NUMBER			NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME AHAYNE Funeral Home, Inc., FH8300288					
	1 40	A)/	P	71		FDO10	₀₀₀₎ 041928			NE Funera Hohman A					
	Cka	en V.	Jay	Hayre							VE . , 11C.	MINOTE	.,		
	28 PART I.	arrest, shock, or		e, or complications that cau ture. List only one cause on T.acatat	n each line				idiac of re-	pratory			ij	Approximete Interval Betwo Onset and Dinkn OWN	etween Death
	IMMEDIATE CAUS	tion		DUE TO (O	ion of ca	ience of)		TY			****			IKHOWIL	
CAUSE OF DEATH	resulting in death)		1		a stab wo		ON				/				
!	Conditions if any.	Hete cause.	1	c		1	nici			//					
!	stating the underly	/ing			OR AS A CONSEQUE	ENCE OFF									
				d	E	SEAU.	3/		-	-/					
	PART II Other sig	gnificent conditions	3 - Conditio	ions contributing to deeth b	AS DECEDE	OR 90 D	1:	RMED?	AV	VAILABLE	TOPSY FINDINGS E PRIOR TO				
	1					TIME TO SERVICE TO SER	PC	Yes or no)	UM7	(Yee or r				ION OF CAUSE 17 (Yes or no)	
								NO	<u></u>	Yes	,	<u> </u>	Yes		
	29e CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.														
	one) HEALTH OFFICER 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) as attract														
	Deput	E.AND JITLE OF C		· · · · · · · · · · · · · · · · · · ·	Ition and/or myesuyes	ion in my op	MOR OPPH	CCUTTED V.		MEDICAL LICENSE				IED (Month, Day,)	/. Year)
CERTIFIER	(>-	-W	. K	Wills						N/A		4		r 20, 1	
	Jeffrey R. Wells, 2293 North Main Street, Crown Point, Indiana 46307														
						Street	i, Cro	own P	<u>'oint</u>	., Indian	ia 4631	1		: 0 Ve	
	31. HEALTH OFFI		tanl	/								DECEMBER 20,1993			
	33 MANNER OF E	DEATH	!	34e. DATE OF INJÚRY (Month, Day, Year	1	-	(Yes or no)			Stab wound			DCCURPED		
1	☐ Netural	Pending	,	Dec 18,19											
	Accident	Investigation		34n PLACE OF INJUR		atreet, factory.	. office	34	41 LOCAT	TION (Street and Nun	mber or Rural f	Route Number	r, City or	Town, State)	
	Suicide Could not be Determined			building etc (Spec	ecify)					Baring A					
1	Homicide	TO MICED DEAD		L	· · · · · · · · · · · · · · · · · · ·	(Vas or	N ves			ond, Indi	ana				
1	34g DATE PRONOUNCED DEAD (Month Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Year or no). If year specify driver, personger, pedestrien, etc. 1) accombox 18 1993 No.														