



94021876

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

} S. S.

On this 01 MARCH 1994 before me personally appeared _____
(insert date)

LESLIE B. EMIG

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
BRETT S. EMIG and LESLIE B. EMIG

4. Said BRETT S. EMIG
(fill in name of co-tenant who died)

died on 18 DECEMBER 1993

leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

THE NORTH 54 FEET OF LOT 5, BLOCK 4, UNIVERSITY GARDENS, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 29, PAGE 42, IN LAKE COUNTY, INDIANA

6. 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: CORRECT

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

N/A

(If answer is "Yes," identify the divorce proceedings: _____)

8. Affiant's relationship to the deceased was SPOUSE

Signature: Leslie B. Emig
LESLIE B. EMIG
Address: 7021 BERING AVENUE
HAMMOND, IN 46324

Subscribed and sworn to before me by the affiant

this 3/1/94
(insert date)

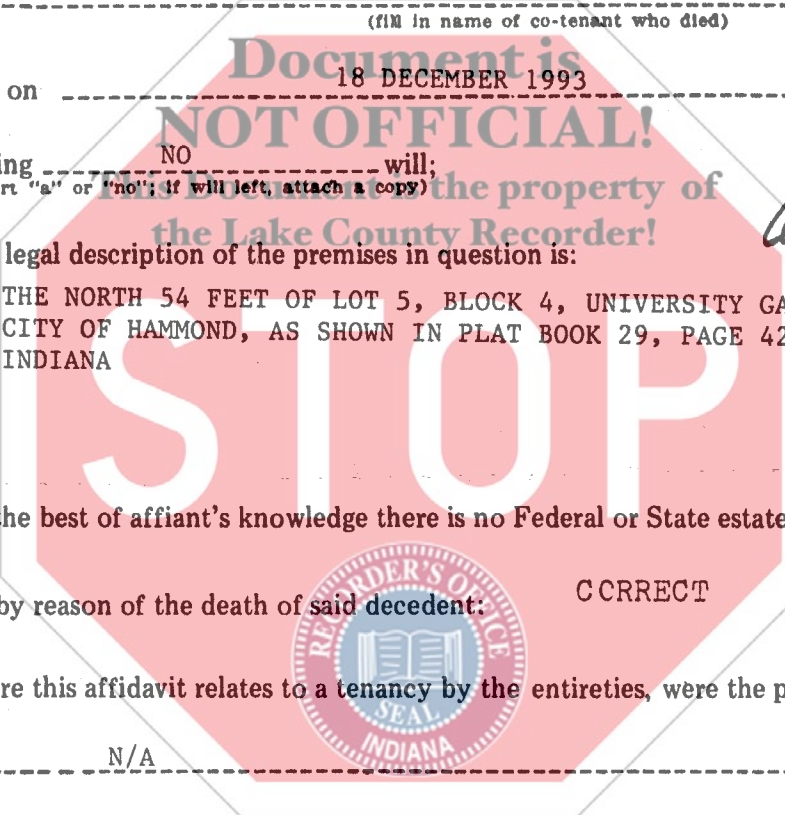
Debra Tokarz
Notary Public DEBRA TOKARZ

My Commission Expires April 30, 1997

This instrument prepared by LESLIE B. EMIG

01293

Joe ck



FILED

MAR 2 - 1994

Anna N. Anton
AUDITOR LAKE COUNTY

MAR 23 9 21 AM '94
S.A. RECORDER

Chicago Title Insurance Company

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

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND CORRECT COPY OF DEATH ON FILE WITH THE INDIANAHIO HEALTH DEPARTMENT.

Local No. 1050

CERTIFICATE OF DEATH

Dec. 30, 1993 Date Issued

Franklin D. Remuda, M.D. Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED NAME (Brett S. Emig), SEX (Male), TIME OF DEATH (2:37 A.M.), DATE OF DEATH (December 18, 1993), SOCIAL SECURITY NUMBER (309-60-8586), AGE (41), BIRTHPLACE (Chicago, Illinois), MARRITAL STATUS (Married), SURVIVING SPOUSE (Leslie Loman), OCCUPATION (Purchasing Agent/Estimator), RESIDENCE (7021 Baring Ave., Hammond, Indiana), FATHER'S NAME (Kurt Emig), MOTHER'S NAME (Sally Fjellman), INFORMANT (Leslie Emig), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (December 21, 1993, Concordia Cemetery), EMBALMER'S NAME (Henry J. Blake), LICENSE NUMBER (FD01019406), FUNERAL HOME (LaHAYNE Funeral Home, Inc.), IMMEDIATE CAUSE OF DEATH (Laceration of carotid artery, Due to a stab wound), CERTIFIER (Deputy), SIGNATURE AND TITLE OF CERTIFIER (Jeffrey R. Wells), HEALTH OFFICER'S SIGNATURE (Franklin D. Remuda, M.D.), MANNER OF DEATH (Suicide), DATE OF INJURY (Dec 18, 1993), PLACE OF INJURY (Residence), DATE PRONOUNCED DEAD (December 18, 1993), MOTOR VEHICLE ACCIDENT? (No).