

474069mX-pndg



Chicago Title Insurance Company

Citz Fedl Srgs + Ln Assn
5211 Hohman Ave
Hamd, In 46326

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana } S. S.
COUNTY OF Lake
94025120

On this March 25, 1994 before me personally appeared Ernest Watson
(insert date)

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 Owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Ernest Watson and JoAnn Watson aka Joan Watson;

4. Said JoAnn Watson, aka Joan Watson
(fill in name of co-tenant who died)

died on June 3, 1975

leaving No property of
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Lot 34, Block 3, Maywood Addition to Hammond, as shown in plat book 11, Page 32, In lake County, Indiana.

Key # 35-55-36

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:

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No

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

8. Affiant's relationship to the deceased was Husband

Signature: Ernest Watson

Address: 4923 Towle, Hammond, IN

Subscribed and sworn to before me by the affiant Ernest Watson

this March 25, 1994
(insert date)

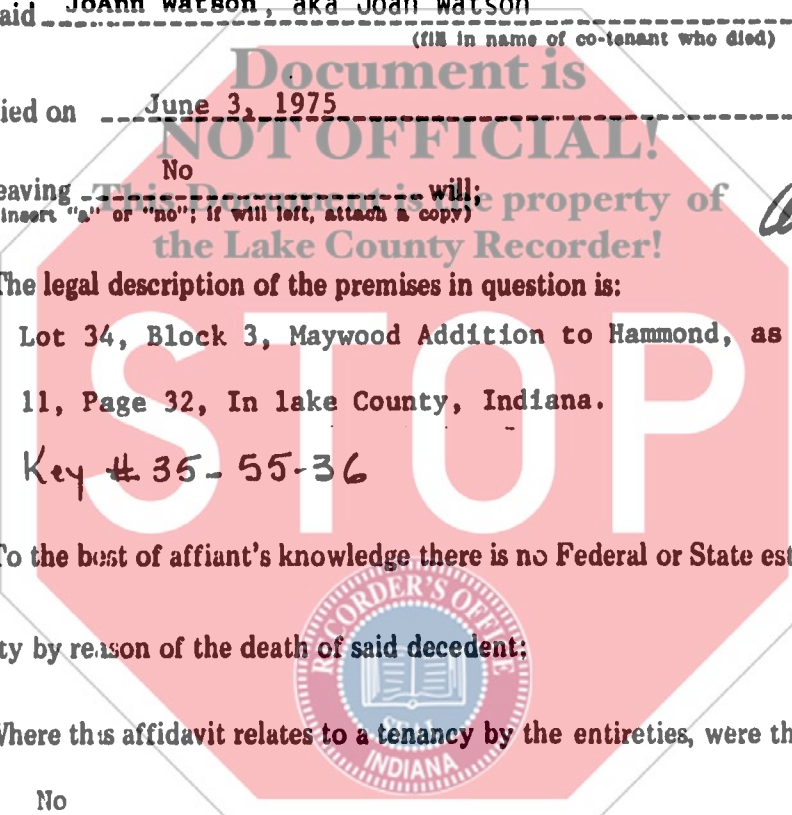
Janet Pavelka
Notary Public

My Commission Expires January 28, 1993
Resident of Lake County

This instrument prepared by Jeffrey C. Stur

00055

Chicago Title Insurance Company



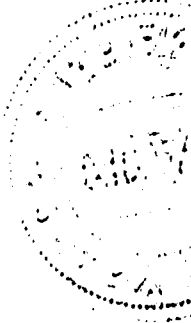
FILED

APR 4 1994

Anna N. Anton
AUDITOR LAKE COUNTY

SA. RECORDER
APR 5 10 49 AM '94

STATE OF INDIANA



Handwritten initials

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____

EMBALMER'S NAME
JOHN R. WILLIAM

FUNERAL HOME
No. 152
FUNERAL DIRECTOR'S
LICENSE No. 1785
FUNERAL DIRECTOR'S
SIGNATURE
John R. William

Local No. **494**

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

(18) Chicago Title Insurance Company

Death No.

| | | | | | | | |
|---|--|---|--------------------------|---|-------------------------------------|----------------------------------|--|
| PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS | | DECEASED—NAME FIRST MIDDLE LAST | | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. JO ANN | | WATSON | | | 2. FEMALE | 3. 6-3-1975 | |
| 4. NEURO | | AGE—LAST BIRTHDAY (YEARS) Mo. DAY | UNDER 1 YEAR MO. DAYS | UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) | COUNTY OF DEATH | |
| 5. INDIANA | | 6. 41 | | 7. 11 20-1933 | | 8. LAKE | |
| 9. HAMMOND | | 10. YES | | 11. ST. MARGARET HOSPITAL | | | |
| 12. INDIANA | | 13. U.S.A. | | 14. MARRIED | | 15. ERNEST WATSON | |
| 16. 6-36-9657 | | 17. INDIAN OCCUPATION | | 18. MARRIED | | | |
| 19. INDIANA | | 20. LAKE | | 21. HAMMOND | | 22. NORTHERN | |
| 23. 1005 LYONS STREET | | 24. INDIANA | | 25. LAKE | | 26. HAMMOND | |
| 27. ARTHUR | | 28. WATSON | | 29. ANNIE | | 30. DAVIS | |
| 31. ERNEST WATSON | | 32. HUSBAND | | 33. 1005 LYONS ST. HAMMOND, INDIANA | | | |
| 34. ACUTE MYOCARDIO INFARCTION | | 35. SEVERE PULMONARY EDEMA | | 36. FILED | | | |
| 37. APR 4 1975 | | 38. DR. M. J. ... | | 39. YES | | | |
| 40. 751 WASHINGTON STREET | | 41. GARY | | 42. INDIANA | | 43. 46402 | |
| 44. BURIAL | | 45. FERN OAKS CEMETERY | | 46. GRIFFITH, INDIANA | | 47. 30056 | |
| 48. 6/7/75 | | 49. HINTON & WILLIAMS | | 50. 4859 ALEXANDER AVE. EAST CHICAGO, IND. | | 51. JUN 6 1975 | |

