



### SURVIVORSHIP AFFIDAVIT

2

STATE OF Indiana } S. S.  
COUNTY OF Lake

On this 5/10/95 before me personally appeared  
(insert date)

Julia Lair

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 John M. Lair, Jr. and Julia Lair;
- 4. Said John M. Lair, Jr. (fill in name of co-tenant who died)

95031492

died on 3/15/87 leaving will; (insert "w" or "no": if will left, attach a copy)

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

Lot 2 and the South 23.25 feet of Lot 3, Ridgeway Addition to Munster, as shown in Plat Book 20, page 55, 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.

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

no

SAM ORLICH  
AUDITOR LAKE COUNTY

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

- 8. Affiant's relationship to the deceased was wife

Signature: Julia Lair  
JULIA LAIR  
Address: 8450 Kraay Avenue, Munster, IN

Subscribed and sworn to before me by the affiant

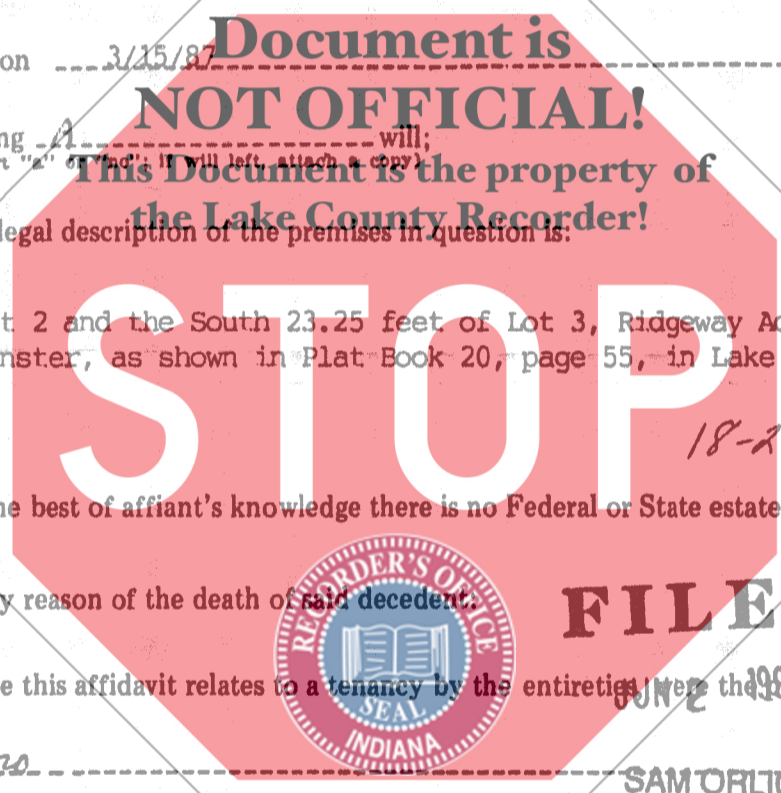
this May 26, 1995 (insert date)  
Carol A. Nagy Notary Public

My Commission Expires 4-13-98  
Lake County resident

This instrument prepared by Julia Lair

000116

JLD  
CT



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

Below for State Office Use

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

Local No. 208

FUNERAL HOME  
No. 496

FUNERAL DIRECTOR'S  
LICENSE No. 2380

LICENSE No. 4518

EMBALMER'S NAME THOMAS J. BURNS

FUNERAL DIRECTOR'S  
SIGNATURE Thomas J. Burns

THIS CERTIFIES THE ABOVE IS A TRUE  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
MAR 17 1987 Franklin J. Remuda M.D.  
State issued  
HAMMOND HEALTH COMMISSIONER

TYPE OR PRINT  
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  
LEAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STAYING THE  
UNDERLYING  
CAUSE LAST

CAUSE

DECEASED—NAME 1 <b>John M. Lair Jr.</b>		SEX 2 <b>Male</b>	DATE OF DEATH (month day year) 3 <b>3-15-87</b>
RACE 4 <b>White</b>	AGE—Last birthday 5a <b>63</b>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
CITY, TOWN OR LOCATION OF DEATH 7a <b>Hammond</b>		HOSPITAL OR OTHER INSTITUTION—Name of hospital, give street and number 7c <b>St. Margaret Hospital</b>	IF HOSP OR INST (check box) 7d <b>Inpatient</b>
STATE OF BIRTH 8 <b>Illinois</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 <b>Married</b>	DECEASED SPOUSE (check box) 11 <b>Julia Budnyk</b>
SOCIAL SECURITY NUMBER 13 <b>341-16-5845</b>		USUAL OCCUPATION (check box) 14a <b>Vice Pres.</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Calumet National Bank</b>
RESIDENCE—STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>Munster</b>	IS RESIDENCE ON A FARM? 15d <b>NO</b>
STREET AND NUMBER 15e <b>8450 Kraay</b>		IS RESIDENCE ON A FARM? 15d <b>NO</b>	INSIDE CITY LIMITS (check box) 15f <b>Yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g <b>NO</b>			
FATHER—NAME 16 <b>John Lair Sr.</b>		MOTHER—Maiden Name 17 <b>Lilly Crabtree</b>	
INFORMANT—NAME 18a <b>Julia Lair</b>		RELATIONSHIP 18b <b>Wife</b>	MAILING ADDRESS 18c <b>8450 Kraay</b>
CITY OR TOWN 18d <b>Munster, Indiana</b>		STATE 18e <b>46321</b>	
BURIAL, CREMATION, REMOVAL, OTHER 19a <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b <b>Chapel Lawn Cemetery</b>	LOCATION 19c <b>Schererville, Indiana</b>
DATE 20a <b>March 18, 1987</b>		FUNERAL HOME—name and address 20b <b>Burns-Kish Funeral Homes, Inc. Munster, Indiana</b>	
NAME OF ATTENDING PHYSICIAN 21a <b>S. Gallani, M. D.</b>		DATE SIGNED 21b <b>3-16-87</b>	HOUR OF DEATH 21c <b>10:47 a.m.</b>
MAILING ADDRESS—PHYSICIAN 21d <b>9116 Columbia Avenue, Munster, Indiana 46321</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>MAR 17 1987</b>	
HEALTH OFFICER—SIGNATURE 22a <u>Franklin J. Remuda M.D.</u>			
IMMEDIATE CAUSE 23 <b>Bleeding (Gastrointestinal)</b>			
DUE TO OR AS A CONSEQUENCE OF (M) <b>Cirrhosis of the liver</b>			
DUE TO OR AS A CONSEQUENCE OF (N) _____			
OTHER SIGNIFICANT CONDITIONS 24 <b>Brachyogenic Adenocarcinoma</b>		ADDITIONAL COMMENTS 25 <b>No</b>	

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