

SURVIVORSHIP AFFIDAVIT

2

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

On this April 11, 1996 before me personally appeared
(insert date)

Ruth E. Buehler

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 Clarence Reese Buehler and Ruth E. Buehler;
4. Said Clarence Reese Buehler (fill in name of co-tenant who died)

died on January 31, 1994

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 120 feet of the South 360 feet of the West 175 feet of the East Half of the Southeast Quarter of Section 18, Township 36 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana.

Key No. 28-3-14 Unit 18

- 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

FILED

(If answer is "Yes," identify the divorce proceedings: APR 16 1996

SAM ORLICH

Wife AUDITOR LAKE COUNTY

- 8. Affiant's relationship to the deceased was

Signature: Ruth E. Buehler
Ruth E. Buehler

Address: 8041 Greenwood

Munster, In. 46321

Subscribed and sworn to before me by the affiant

this 11th day of April, 1996

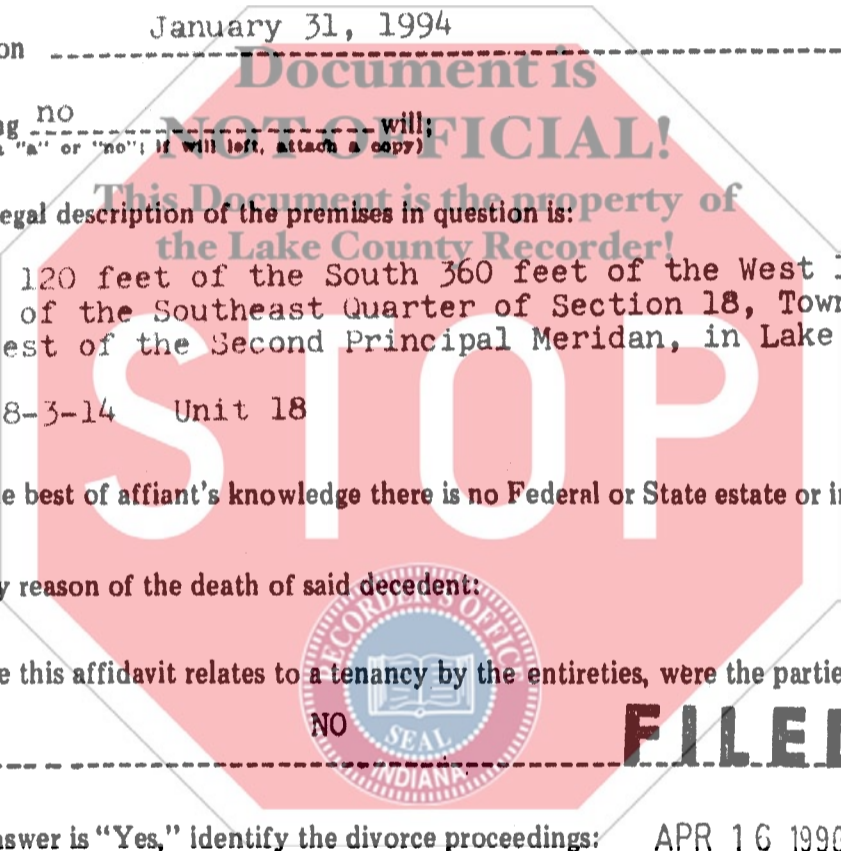
appeared Ruth E. Buehler (insert date)

Arlyne K. Royal Notary Public Lake County Residence

My Commission Expires April 30, 1999

This instrument prepared by Ruth E. Buehler

1100 OK SW



9602480

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 96 APR 17 PM 1:24 REC'D

001017

ATTENTION ESTATE: Disclosure of the SSN is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. C-335-64

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Clarence R. Buehler), SEX (Male), TIME OF DEATH (2:30P), DATE OF DEATH (January 31, 1994), SOCIAL SECURITY NUMBER (313-01-5370), AGE (82), DATE OF BIRTH (April 7, 1911), BIRTHPLACE (Hammond, IN), FACILITY NAME (Meridian Nursing Home), CITY/TOWN (Dyer), COUNTY (Lake), MARRIAGE STATUS (Married), SURVIVING SPOUSE (Ruth Joy), DECEASED'S USUAL OCCUPATION (Supervisor), KIND OF BUSINESS/INDUSTRY (Standard Oil), RESIDENCE-STATE (IN), COUNTY (Lake), CITY/TOWN OR LOCATION (Munster), STREET AND NUMBER (8041 Greenwood), ZIP CODE (46321), CITIZEN OF WHAT COUNTRY (U.S.A.), RACE (White), DECEASED'S EDUCATION (12), FATHER'S NAME (Frank Buehler), MOTHER'S NAME (Marie E. Eggers), INFORMANT'S NAME (Ruth Buehler), MAILING ADDRESS (8041 Greenwood Munster, IN 46321), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (February 4, 1994, Oakland Memory Lanes, Dolton, IL), EMBALMER'S NAME (Brian T. Burns), EMBALMER'S LICENSE NO. (8601753), SIGNATURE OF FUNERAL DIRECTOR (Brian T. Burns), LICENSE NUMBER (1021590), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Burns-Kish Funeral Home #3004968, 8415 Calumet Munster, IN 46321), IMMEDIATE CAUSE (Aspiration pneumonia), DUE TO (OR AS A CONSEQUENCE OF) (Acute mitral regurgitation), PART II (Other significant conditions), CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER (Fred Adler, M.D.), MEDICAL LICENSE NO. (01019251), DATE SIGNED (February 1, 1994), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Fred Adler, M.D., 800 MacArthur Blvd. Munster, IN 46321), HEALTH OFFICER'S SIGNATURE (Alexander S. Killings, M.D.), DATE FILED (February 7, 1994), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

