2

SURVIVORSHIP AFFIDAVIT

STATE OF	Indiana	laa		
COUNTY OF	Lake	S. S.		
On this £	April 11, 199 (Insert date) Ruth E. Bueh	•	rsonally appeared	
to me personali	ly known, who beir	ng duly sworn on oath	did say that:	
1. Affia	nt resides at the ad	dress given below affia	nt's signature;	
2. Affiai	nt isOwner	e interest of afflant in the	above premises as "owner," "	son of owner," etc.)
3. Said 1	premises were form	erly owned as joint te	nants or as tenants by the	entireties by
_Cl	arence Reese	Buehler and	Ruth E. Buehler	;
4. Said	Clarer	ce Reese Buehl	er f co-tenant who died)	
		ary 31, 1994 Documen	t is	9
leavir (Ineer	no no "no": If will I	oft, attach a copy)	CIAL!	02
5. The l	legal description of	the premises in questi	on is perty of	÷
73 A 71- 3 6	of the Court	haget ()narter (feet of the West of Section 18, To Meridan, in Lake	175 feet of the wnship 36 North, e County, Indiana
Key No. 2	28-3-14 Uni	t 18		
6. To th	e best of affiant's l	knowledge there is no	Federal or State estate or	inheritance tax liabil
ity b	y reason of the dea	th of said decedent:		S APR
7. Wher	e this affidavit rela	tes to a tenancy by the	e entireties, were the part	ies ever divorced?
		NO SEAL	FILE	
ana ma qo a		MOIAN		6 22
(If ar	nswer is "Yes," ide	ntify the divorce proce	edings: APR 1 6 199	36
 5. Affiai	nt's relationship to	the deceased was	S AM ORLIC ife AUDITOR LAKE O	· · ·
			Signature: Ruth E. 1 Ruth E. 1 Address: 8041 Green	Buehler awood
Subscribed and	sworn to before m	_	Munster, I	in. 46321
	day of April	•		
	uth E. Buen I			4 414 414 144
rlyne K. Ro	Notary Public	ake County Resi	dence	001017
•		11 30, 1999	acrice	۸۸ .
ř			Ruth E. Buehler	1/00
	ı nıs ınst	rument prepared by	,	

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	134 RESIDENCE	-STATE	136. COUN	NTY	13c. GITY TOWN	ORLOCATION		13	4. STREET AND N	UMBER		
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		k Bueh				umen	Mar	re F	. Egger	S		
NT	204 INFORMANT	TS NAME (Type/										
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EALTH FFICER

Fred Adler, M.D. 800 MacArthur Blvd. Munster, IN 46321

132 DATE FILED (Month Day, Year)
HEBLICALITY, 1994 31 HEALTH OFFICER'S SIGNATURE , Sac. INJURY AT WORK?

33. MANNER OF DEATH 34L DATE OF INJURY 346. TIME OF 344. DESCRIBE HOW INJURY OCCURRED (Month Day, Year) INJURY (Yes or no) Pending Investigation ☐ Natural 34e. PLACE OF INJURY—At home, farm, street factory, office building, etc. (Specify) 34F LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be

34g DATE PRONOUNCED DEAD (Month Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver pass

Cos