	Lawser's	111/e-	
	64094	SURVIVORSHIP AFFIDAVIT	STATE OF INDIANA
√ STAT	E OF HAWAII		STATE OF INDIANA LAKE COUNTY
) SS:	FILED FOR RECORD
COUN	ry of Maus	98054376	98 JUL 16 AM 10: 19
			MORRIS W. CARTER RECORDER
		eing duly sworn does attest	•
1.	Opal P. Erwin died o	n the 29 day of December, 19	67, leaving no Will.
2.	described as 3320 E.	eath, Opal P. Erwin owned re 35th Avenue, Lake Station, her described as follows:	al property commonly County of Lake, State
	23, page 55 in_	f Lot 16, Block 2, Resubdiving per plat thereof recorded the Office of the Recorder conditions.	sion of in Plat B ook If Lake
3.		nd Pauline Erwin were duly to until the death of Opal P.	
4.	Said premises were or and Pauline Erwin, h	wned as tenants by the entirusband and wife.	eties by Opal P. Erwin
5.	Affiant is intereste daughter of decedent	d in decedent's estate by re	eason of being the
	FURTER YOUR AT	SAYETH NOT.	
	JUL 15 (1993)	RONDA ERWIN	
		P.O. Box 1331 Wailuku, HI 96793	
	SAM ORLICH UDITOR LAKE COUNT		
stat upon true	Before me, the under e, personally appeare her oath, says that	signed, a Notary Public in a d Ronda Erwin, and being fir the facts alleged in the for	rst duly sworn by me
	Signed and sealed th	is 3 day of Marech	, 1998.
		Notary Public,	
My C	ommission Expires:	Resident of Mau	County
	(SC		

This instrument prepared by Judith Kleine, REES & KLEINE, P.O. Box 488, Hobart, IN 46342. Telephone: (219) 947-1692.

001171

DEPAI	ETMENT OF HEAL			11 12 51 12 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14
	ertificate			4
This certifies that, account		of this office	*	, ec. 29, 1967
at 10:50 a.m. addr Age at death 55 Yrs.				
Age at death 55 Yrs.	Sex Maffe Lake Co	Race Whiter	MARRIE	D
Name of Husband or Wife	Paulir	e Erwin	MARRIED OR SH	IGLE
Primary cause of death was effussion				-
Signed by Andrew Thom	as, M.D.	OCK.		
PHYSICIAN OR	Place of hurlal or	removal Eve	rgreen Memor	ial Park
######################################	Date of burial	/2/68 Jon	es, Frum, an	d Olson
HEALTH COMMISSIONER	4 Filed, 1/9/68	Volume 67-	eral director 1821 Pa	ADDRESS
HEALTH COMMISSIONER	DATE	D T Por	enbloom, M.D	00117