



SURVIVORSHIP AFFIDAVIT

H-62000522 LD
STATE OF INDIANA
COUNTY OF LAKE

} S. S.

On this MARCH 15, 2000 before me personally appeared ROBERT W. THEBAULT
(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 SON OF 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
FRANK E. THEBAULT and NORA G. THEBAULT

4. Said FRANK E. THEBAULT
(fill in name of co-tenant who died)

died on 2/17/80

leaving NO will;
(Insert "a" or "no"; if will left, attach a copy)

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

ALL LOT 37 AND THE SOUTH HALF OF LOT 36 IN BLOCK F, HOFFMAN'S 2ND ADDITION,
AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 1 PAGE 98, IN THE OFFICE OF THE
RECORDER OF 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

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

8. Affiant's relationship to the deceased was SON

Signature: Robert W. Thebault
ROBERT W. THEBAULT

Address: _____

Subscribed and sworn to before me by the affiant

this MARCH 15, 2000
(Insert date)

Notary Public

Shirley R. Kasper
Notary Public, State of Indiana
Lake County
My Commission Exp. 07/31/2000

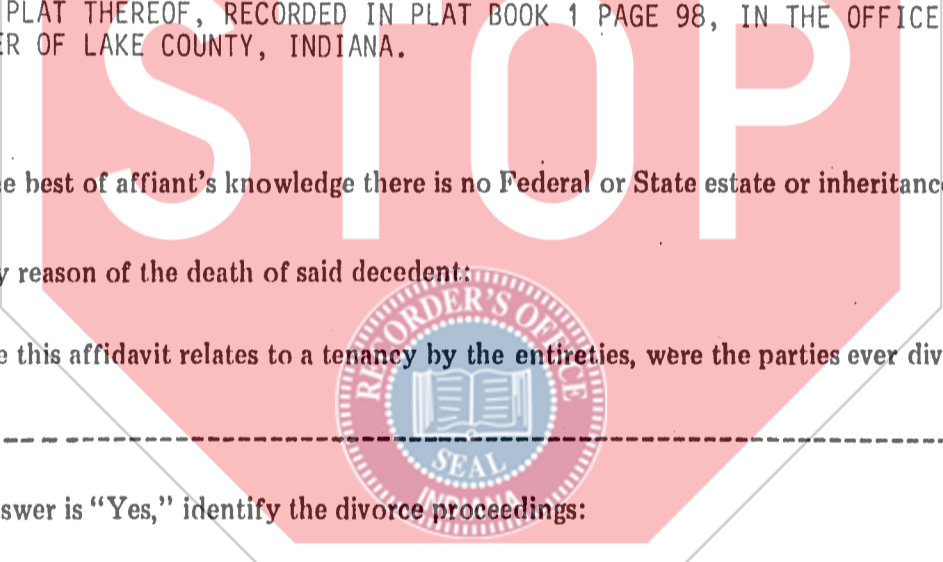
My Commission Expires _____

This instrument prepared by ROBERT W. THEBAULT 62030

Chicago Title Insurance Company

2000 020669

Document is FILED
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
MAR 27 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR



12.00
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TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
FEB 7 1980 *Franklin J. Granada, M.D.*
Date Issued HAMMOND HEALTH COMMISSIONER

Disposition Permit Issued /	Provisional Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMBALMER'S NAME Bernard D. Anthony LICENSE No. 695
 FUNERAL DIRECTOR'S SIGNATURE *Bernard D. Anthony* FUNERAL DIRECTOR'S LICENSE No. 870
 FUNERAL HOME No. 283

Local No. 104

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 104

DECEASED—NAME **FRANK E. THEBAULT** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **February 5, 1980**

RACE—In U.S. Whites, Black, American Indian, and J. (Specify) **White** AGE—Last Birthday **66** MONTHS **05** DAYS **05** HOURS **00** MINUTE **00** DATE OF BIRTH (Mo., Day, Yr.) **April 5, 1913** COUNTY OF DEATH **Lake**

CITY, TOWN OR LOCATION OF DEATH **Hammond** HOSPITAL OR OTHER INSTITUTION—(Include if not an urban, gross street and number) **4719 Johnson Avenue**

STATE OF BIRTH (If not in U.S.A., name country) **Michigan** CITIZEN OF WHAT COUNTRY **USA** SURVIVING SPOUSE (If under gross age 60 years) **Nora G. (Matingly)**

SOCIAL SECURITY NUMBER **307-01-2024** USUAL OCCUPATION (Give kind of work done during period of 14 days immediately preceding death) **Electrician** KIND OF BUSINESS OR INDUSTRY **Sheet Metal**

RESIDENCE—STATE **Indiana** COUNTY **Lake** CITY, TOWN OR LOCATION **Hammond** IS RESIDENCE ON A FARM? YES NO

STREET AND NUMBER **4719 Johnson Avenue** IS DECEASED OF SPANISH DESCENT? (If YES specify Mexican, Cuban, Puerto Rican, etc.) YES NO

FATHER—NAME **Frank** MIDDLE **Thebault** LAST **Sarah** MOTHER—Maiden Name **Unavailable**

INFORMANT—Name (Type or print) **Nora Thebault** MAILING ADDRESS **4719 Johnson Avenue, Hammond, Indiana 46327**

BURIAL, CREMATION, REMOVAL, OTHER (Specify) **Burial** CEMETERY OR CREMATORIUM—Funeral Home **Holy Cross Cemetery** LOCATION **Calumet City, Illinois**

DATE (MONTH, DAY, YEAR) **February 9, 1980** FUNERAL HOME—Name and Address **Apptony & Dziadowicz 4404 Cameron Ave., Hammond, Ind. 46327**

M.D. OR D.O. **Joseph Tybrell, M.D.** MAILING ADDRESS—Physician **800 State Line Avenue, Calumet City, Illinois 60409**

HEALTH OCCASION—(Specify) **Heart** DATE RECEIVED BY LOCAL HEALTH OFFICER **FEB 7 1980**

23. MAJOR CAUSE **Heart** (Specify) **Heart** (Specify) **Heart**

24. DUE TO OR AS A CONSEQUENCE OF **Heart**

25. DUE TO OR AS A CONSEQUENCE OF **Heart**

SBH 06-003 REV. 10/77

FILED
MAR 2 2000
LAKELAND COUNTY AUDITOR