



Chicago Title Insurance Company

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SURVIVORSHIP AFFIDAVIT

H-62000522 LD
STATE OF INDIANA

COUNTY OF LAKE 2000 037738

S. S. 2000 MAY 31 AM 9 54

MORRIS W. CARTER
RECORDER

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 2/7/80

leaving NO A 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:)

MAY 30 2000

- 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)

Shirley R. Kasper
Notary Public

My Commission Expires _____

Shirley R. Kasper 02691
Notary Public, State of Indiana
Lake County
My Commission Exp. 07/31/2000

This instrument prepared by ROBERT W. THEBAULT

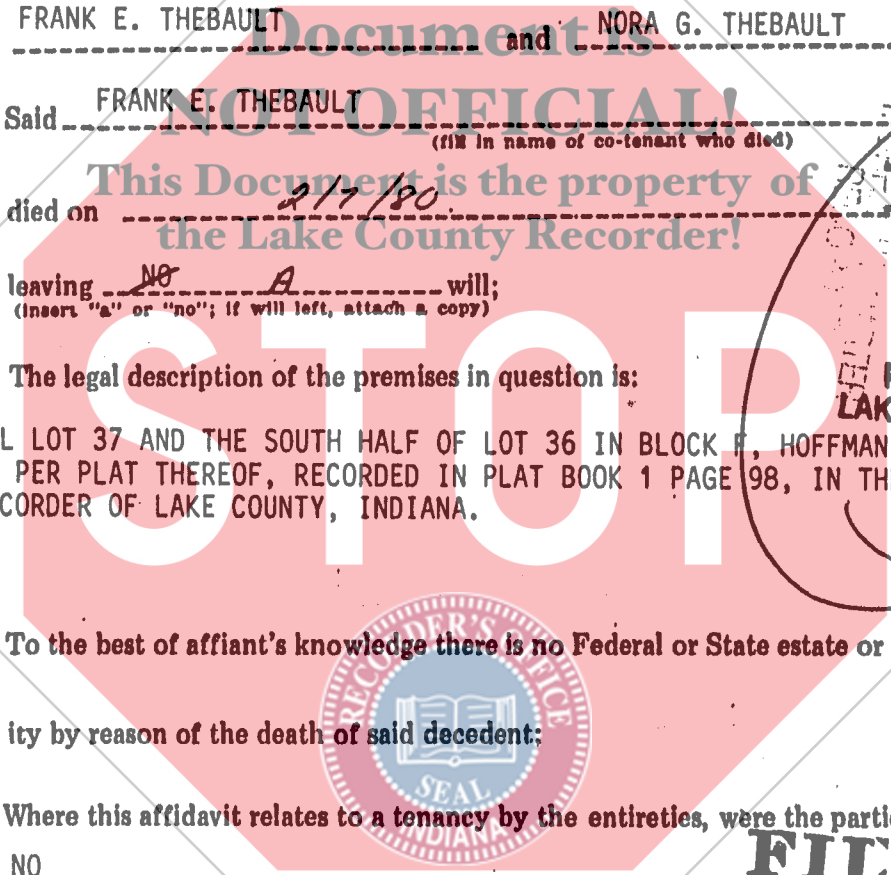
62030

FILED

MAR 27 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Chicago Title Insurance Company



2000 020 0699

13/00
12/00
OK

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
Date Issued

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

HAMMOND HEALTH COMMISSIONER

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

TYPE 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 OF ANY SURVIVAL PERMITS TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

1. DECEASED—NAME FRANK E. THEBAULT		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) February 5, 1980
4. RACE White	AGE—Last Birthday 66	DATE OF BIRTH (MONTH, DAY, YEAR) April 5, 1913	COUNTY OF DEATH Lake
7a. CITY, TOWN OR LOCATION OF DEATH Hammond		7b. HOSPITAL OR OTHER INSTITUTION—Name if not in either, give street and number 4719 Johnson Avenue	
8. STATE OF BIRTH (If not in U.S.A. name country) Michigan		9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married
11. SOCIAL SECURITY NUMBER 307-01-2024		12. SURVIVING SPOUSE (If with, give maiden name) Nora (Mattingly)	13. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? NO
14a. USUAL OCCUPATION Electrician		14b. KIND OF BUSINESS OR INDUSTRY Steel Manufacturing	
15a. RESIDENCE—STATE Indiana		15b. CITY, TOWN OR LOCATION Hammond	
15c. STREET AND NUMBER 4719 Johnson Avenue		15d. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15e. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, etc. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. FATHER—NAME Frank Thebault		17. MOTHER—MAIDEN NAME Sarah Unavailable	
18a. INFORMANT—NAME (Type or print) Nora Thebault		18b. MAILING ADDRESS 4719 Johnson Avenue, Hammond, Indiana 46327	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME Holy Cross Cemetery	
20a. DATE (MONTH, DAY, YEAR) February 9, 1980		19c. LOCATION Calumet City, Illinois	
21a. SIGNATURE <i>Joseph Tyrell</i>		21b. DATE SIGNED (MONTH, DAY, YEAR) February 7, 1980	
21c. NAME OF ATTENDING PHYSICIAN (Type or print) Joseph Tyrell, M.D.		21d. HOUR OF DEATH 3:50 P.	
21e. MAILING ADDRESS—PHYSICIAN 800 State Line Avenue, Calumet City, Illinois 60409		22a. HEALTH OFFICER'S SIGNATURE <i>L. J. Remutarn</i>	
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 7 1980		23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR MULTIPLE CAUSES) Acute Myocardial Infarction Arterio sclerosis	
24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Hypertension		24. AUTOPEY (Specify Yes or No) No	

SBH 06-003
REV. 10/77

KILLED
MAR 2 1980
PETER BENJAMIN LAKE COUNTY AUDITOR
LAKE COUNTY AUTO

02692

02031