SURVIVORSHIP AFFIDAVIT

~	OF INDIANA	} s. s.	
COUNT	Y OF LAKE	\	2007 FED + 3 100 9: 07
On	this JAN 7 20	202 before me personally appear	ed
<i></i>	RUDOLPH O.	Thurner	
to me pe	ersonally known, who be	ing duly sworn on oath did say that:	
1.	Affiant resides at the a	ddress given below affiant's signature;	
2.	Affiant is(sta	HUSBAND ate interest of affiant in the above premises as	"owner," "son of owner," etc.)
3.	Said premises were for	merly owned as joint tenants or as tena	nts by the entireties by
	FRANCES (STHURNER RUDOL	PH O:THURNER
4.	Said FRANC	ES G. THURNER	ed)
	died on DEC	Documentis	
	leaving OQ (insert "a" or "no"; if will	will; DEATH CERTIF.	ICATE ATTACHED
5.	the	Lake County Recorder!	
he	DT \$ 7, 8, 9, AND	10, BLOCK I, PLAT E, 800K 12, PAGE 8, IN TO	THE SHADES, AS
SHOW	IN IN PLAT	BOOK IL, PAGE 8, IN TO	HE OFFICE OF THE
	recorder o	FLAKE COUNTY, INDIA	NH .
6.			
n		- l l l th : E- l 1 Ct - t	
0.	To the best of affiant's	s knowledge there is no Federal or State	e estate or inheritance tax liabil-
0.	ity by reason of the de	DER'S O	
7.	ity by reason of the de	eath of said decedent:	FICED
	ity by reason of the de	DER'S O	FICED
	ity by reason of the de Where this affidavit rel	eath of said decedent:	FILED e the parties ever divorced?
	ity by reason of the de Where this affidavit rel (If answer is "Yes," ide	eath of said decedent: ates to a tenancy by the entireties, were	FILED e the parties ever divorced? FEB 1 2002 PETER BENJAMIN LAKE COUNTY AUDITOR);
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ATTENTION ES ATE: The Social Security # is seing requested by this state agency in order to sursue its statutory responsibility. Disclosure is roluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.	
otate 110.	

1				RE CONFIDENTIAL PE			2 SEX	1a 7	IME OF DEATH	3b DATE O	F DEATH (Month	Day, Yr)
YPE/PRINT	1 DECEASED—I	NAME (First, Min		THURNE)		Femal		:45a M	E .		21, 2001
IN		FRANC		1 HUKNE1	Sh UNDER 1 YEAR	5c UNDER	1 DAY 6 DATE			1		or Foreign Country)
RMANENT	4. *SOCIAL SEC			(Years)	Months Days		Minidae			Chica	90. T	Τ.
BLACK INK	351-14-0025 78			 	Feb. 18, 1923 Chicago, IL							
	8a. WAS DECEDENT 8b. YI A U.S. VETERAN? U:		US	ARMED FORCES?	HOSPITAL Inpat	OTHER Y Nursing Home Other				(y)		
	No NA			□ ER/C	□ ER/Outpatient □ DOA □ Residence							
	9b FACILITY NAME (If not institution, give street and number)									COUNTY OF DEATH		
DECEDENT	Lowell Healthcare Cent			er Lowe			ell La			Lake		
	10. MARITAL STATUS 11. SURVIVING SPOUSE			12a DECEDENT'S USUAL OCC						KIND OF BUSINESS/INDUSTRY		
	(Specify)			(If wife, give maiden name) Rudolph		Home Make		•		Family Residence		
	Married 13a. RESIDENCE—STATE		136. COUNTY		13c. CITY, TOWN, OR				REET AND NUME			
	India		La	ka	Cedar_L	ake		134	22 Fai	rbank	s Str	eet
	13e. ZIP CODE	13F INSIDE CIT	Y LIMIT	S 14 CITIZEN OF	15. WAS DECEDENT	OF HISPANIC C		RACE—Amer Black, White.			DECEDENT'S I	EDUCATION grade completed)
		□ № X		WHAT COUNTR	Y? X No □ Mexican, Puerto I		specify Cuban.	(Specify)	<u> </u>		ondary (0-12)	
	46303	13g. ON A FAR		17 C A				White		•		-
	18. FATHER'S NA	NO NO C		U.S.A.			19 MOTHER'S		liddle. Maiden Sun	10th grade		
ARENTS							Momer	Modaro	. A			
	Henry	Koman			20h MAILIN	G ADDRESS (St	reet and Number o	Nedve		wn, State, Zip C	ode) 20c F	Rélationship
FORMANT	1						rbanks					ısband
	Mr. R	udolph			245 DATE AND BLAC	E OF DISPOSIT	ION (Name of cert	etery crematory			-City or Town.	
	St Buriel	Cremetion	_	emovel from State	other place)	ecemb	er 27,	2001				
	4.5	Other (Spec			Holy Nam	e Catl	nolic	Cemete	ry	Cedar	Lake	, IN
	220 EMBALMER	SNAME			226 EMBALMER				DEATH REPORTE	D TO CORONE	R?	
SPOSITION				. /	Ducui		U 15	1 KDX	No Yes			
	Willi 24a SIGNATURE	am E.			FD0100	LICENSE NUMB	ER 👚 🛕 25	NAME ADDRI	ESS. AND LICEN	SE NUMBER O	F FUNERAL HO	OME
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