SURVIVORSHIP AFFIDAVIT

	STATE	OF INDIANA)) SS	··			1_/	IE OF INDIAN IKE COUNTY	
	COUNT	Y OF LAKE)		00768	≀ 3		p for grow D-1 au 6:	
3		 \	-	nuary, 20	06 before	e me perso	nally app	peared <u>Ter</u>	
	to me pe	ersonally known,	who b	eing duly	sworn on o	ath did say	that :		
	1.	Affiant resides a	at the a	address g	iven below	affiant's sig	gnature;		
	2.	Affiant is <u>daug</u>	hter of	the late L (state Inte	ottie Wand rest of affiant in t	lel and Sta the above premi	inley Wa ises as "own	ndel er," "son of owner,"	; ' etc,)
	3.	Said premises v Tenants with Ri	was for ghts of	rmerly ow f Survivor	ned by Lott ship;	ie Wandel	and Sta	nley F. Wand	del, as Joint
	4.	Said Lottie Wa	andel	(fill In nam	e of co-tenant w	ho died)	. <u>. </u>		
33-171-1	() ()	died on <u>July 2</u>	21, 200		cumer	who died le	eaving	no_ Will.	
	5.	Said Stanley W	andel	died on F	ebruary 23	, 1983 who	died lea	aving no Will	
	6.	The total value tenancies by th							
		does not excee							
		best of affiant's							
		the death of sai				heritance I	ax Retu	rn will be tile	d with the
	_	Indiana Departi		E.	SKILLY OF		e		
	7.	Where this affice divorced?No		elates to a	tenancy by	the entire	ties, wer	e the parties	ever
		(If answer is "Y	es," ide	entify the	divorce pro	ceedings:			. D
			•	,		/	SEC	JAN 3 1 20)06):
	8.	Affiant's relation	nshin t	o the dec	eased was	Daughter	LAK	E COUNTY A	AUDITOR
	.					nature:	essi de	Putles)	
						T	Ferri Butle	er lumbia Ave.	
					, 100			IN 46373	
	Subscril	bed and sworn to	befor	e me by t	he affiant th	nis <u>27</u> 1	<u>n</u> c	lay of Janua (Insert date)	<u>uy 2006.</u>
						Lux	am2	Do Werner	
								nith, Notary e County, IN	Public and
	My Com	nmission Expires	11/27	/07·	-				ZP
	This ins	trument prepare	d by _	Joni M. F	Ritzi, Attorno	ey at Law,	Attorney	#16182-45	77

SDH06-004 State Form 10110 (R5/1-99)

*ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. Local No. 496 CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A	TRUE AND
COMPLETE COPY OF DEATH ON FILE	WITH THE
HAMMOND HEALTH DEPARTMENT	

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5	July 28 265		F A		<u>, • • • • </u>
•	Date issued	Hammond	Health	Commiss	renois

	THE REC	ORDS IN THIS	SERIES.	ARE CONFIDENTIAL	PER IC 16-37	-1-10				Doie		C December			
TYPE/PRINT	1 DECEASED-	2 SEX					36. TIME OF DEATH 3b. DATE OF DEATH (Month, Day, Yr.)								
IN	LOT			NDEL					MALE	11:05 A	AM	JULY 2	1, 2	.005	
PERMANENT	• ,	CURITY NUMBER	- f	5a. AGE—Lest Birthday (Yeers)	5b. UNDER	R 1 YEAR Days	5c UNDE	R 1 DAY 6.	DATE OF B	IRTH (Mo, Day, Yr)	7. 1	BIRTHPLACE (City	and State	or Foreign Country)	
BLACK INK	8a. WAS DECE	X KX X X XXX		82 IR LAST SERVED IN				J.		Y 27,1923		HAMMOND	, IN	DIANA	
•	A U.S. VETE			ARMED FORCES?	HOSPITAL	☐ Inpetie	ent	96	1	DEATH (Check only o					
	NO			N/A			utpatient 🔲	DOA	OTHER	_ ☐ Nursing Home _ X Residence	• 🗀 •	Other (Specify)			
DECEDENT		AME (If not instituti	•					9c. CITY, TO	WN. OF LO	CATION OF DEATH	'	9d. COUNTY OF	DEATH		
	4414 JOHNSON AVENUE 10. MARITAL STATUS 11. SURVIVING SPOUSE					HAMMOND					LAKE				
	10. MARITAL ST (Specify)	ATUS	11. SUR	fe, give maiden neme)	•		12s. DECEDE done dun	NT'S USUAL ing most of wo	OCCUPATE rking life. Do	ON (Give kind of work not use retired)	* 1	2b. KIND OF BUSI		DUSTRY	
	13a RESIDENCE		13b. CO	NONE	13c. CITY. TO			MEMAK!				OWN HO	ME		
	INDI		100. 00	LAKE	HAMM	,	UCATION			I 3d. STREET AND N		-			
	<u> </u>	13f. INSIDE CITY		14. CITIZEN OF	15. WAS DE	CEDENT O	F HISPANIC (ORIGIN?	16 RACI	4414 JOHI	NSOI			DI CATION	
		□ No 💆		WHAT COUNTRY?	7 X No Yes (If Mexican, Puerto Rican, etc.)		es (If yes, specify Cuben,		Blaci	k. White, etc		17. DECEDENT'S EDUCA' (Specify only highest grade co		DUCATION #de completed)	
	46327	13g. ON A FARM		USA			an, etc.)	etc) (S				lementary/Secondary (0-12) College (1-4		College (1-4 or 5 +)	
PARENTS	18. FATHER'S NA	ME (First, Middle,		USA	<u> </u>			19 MOTHE		WHITE First Middle, Maiden		12			
FARENTS	STAN	LEY GOR	RCZY	CA				l	NES	FURMAN		(0)			
INFORMANT	20s. INFORMANT	TS NAME (Type/P			20b	MAILING A	ADDRESS (Str			Coute Number, City or		State, Zip Code)	20c Rei	etionship	
	THER	ESA BU	JTLEI	3						IN, INDIA				JGHTER	
	21s. METHOD OF	_	☐ Enton	1	216. DATE AN	D PLACE (OF DISPOSITI	ON (Name of a	cemetery, cr	emetory, or	21c. LC	CATION—City or	Town, Sta	ite	
İ	1 22/2	Cremetion Other (Specify		oval from State	other place	" JUI	LY 25,	2005							
DIDDOOLTION	220 EMBALMERS		" 				LY CRO	SS CEM	1			MET CIT	Y, I	LLINOIS	
DISPOSITION			TONW.				ICENSE NO.		23.	WAS DEATH REPOR		CORONER?			
	24e SIGNATURE	H D.ANTI		NI	1,	10119	ENSE NUMBE		25 NAME.	ADDRESS, AND LICE		I MARCO OF THE MARCO			
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Ī															
	26. PART I.	Enter the diseases	ı, injuries, i	or complications that caus	ed the death. De	not enter	nonspecific tel	ms, such as co	ardiac or res					A	
	26. PAHI I.	errest, shock, or h	r, injuries, i eart failure	or complications that caus s. List only one cause on e	ed the deeth. De each line.	o not enter	nonspecific tel	rns such as co	ardiac or rea					Approximate Interval Between	
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Ticor Title - Schererville 920059480

Prescribed by the State Board of Accounts (2005)

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned prepare of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

This Document is the property of I, undersigned, affirm under the penalties of perjury that the foregoing declarations are true.

Signature of Declarant

Joni M. Ritzi, Attorney for the Estate of Lottie Wandel. Attny # 16182-45

Printed Name of Declarant

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