

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } S. S.
COUNTY OF LAKE

098506 On this 4-18-90 before me personally appeared _____
(insert date) DUANE ROBISON

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
co-owner as tenant by the entireties
- 2. Affiant is _____;
(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
Duane Robison and Barbara Robison
- 4. Said _____
(fill in name of co-tenant who died)

died on May 19, 1988

leaving _____ no _____
(insert "a" or "no" if will not attach a copy)

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6. The legal description of the premises in question is: Lot No. 26, Block No. 2, as marked and laid down on the recorded plat of Subdivision No. 2, being a subdivision of the Northeast Quarter of the Southwest Quarter and the South 60 acres of the East Half of the Northwest Quarter of Section 22, Township 35 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, as the same appears of record in Plat Book 24, page 6, in the Recorder's office of Lake County, Indiana; Tract Twenty-Five Block 2, Galumet Farms No. 2, as shown in Plat Book 24, page 6, in Lake County, Indiana both commonly known as 8125 Austin St. Schererville, IN.

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?

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

8. Affiant's relationship to the deceased was _____ husband/surviving spouse

Signature: Duane Robison
Duane Robison
Address: 8125 Austin Street, Schererville, Indiana 46375

FILED

APR 30 1990

Subscribed and sworn to before me by the affiant

this April 18 1990
(insert date)

Raquel Monterrubio
Notary Public

My Commission Expires 9-23-92

Diana M. Anton
Notary Public Lake County

Resident of Lake County

This instrument prepared by Kenneth A. Manning, Dyer, Indiana 46311

77 200 Monticello 001348B

STATE OF INDIANA / S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD
MAY 3 9 36 AM '90
ROBERT M. ...
RECORDER

550
du

Local No. 1106-88

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST <i>Barbara M Robison</i>			2 SEX Female	3 DATE OF DEATH (Mo. Day Yr.) May 19, 1988	
4 SOCIAL SECURITY NUMBER 312-09-7573	5a AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) Jan. 8, 1917	
8 YEAR LAST SERVED IN US ARMED FORCES No	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) Our Lady Of Mercy Hospital		9c CITY, TOWN OR LOCATION OF DEATH Dyer		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Duane Robison	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Own Home	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Schererville	13d STREET AND NUMBER 8125 Austin Ave.		
13e INSIDE CITY LIMITS? (Yes or no) No	13f FARM No	13g ZIP CODE 46375	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes; if yes, specify Cuban, Mexican, Puerto Rican, etc.) No	15 RACE—American Indian, Black, White, etc. (Specify) White	
16 DECEASED'S EDUCATION (Specify only highest grade completed) 12th			16a Dialectary/Secondary (10-12) College (1-4 or 5+)		
17 FATHER'S NAME (First, Middle, Last) Frank Pudlo		18 MOTHER'S NAME (First, Middle, Maiden Surname)			
19a INFORMANT'S NAME (Type/Print) Duane Robison		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8125 Austin Ave. Schererville, IN. 46375		19c Relationship Husband	
20a METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MAY 23, 1988 Chapel Dawn Memorial Gardens		20c LOCATION—City or Town, State Schererville, Indiana	
21a SIGNATURE OF FUNERAL DIRECTOR <i>Edward J. Mullany</i>		21b LICENSE NUMBER (of Licensee) FDE 1007176	21c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens Inc. 1920 Hart St. Dyer, Indiana 46311		
22a SIGNATURE OF PHYSICIAN <i>Bennett J. Kramer MD</i>		22b LICENSE NUMBER 01021027	22c DATE SIGNED (Month, Day, Year) 5-19-88		
23a To the best of my knowledge, death occurred at the time, date, and place stated		23b WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)			
24 TIME OF DEATH 11:54 A.M.		25 DATE PRONOUNCED DEAD (Month, Day, Year) 5-19-88			
27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Myocardial infarction Hypertensive cardiovascular disease Cardiac arrhythmia					
27 PART II Enter the diseases, injuries, or complications that caused the death but not resulting in the underlying cause given in Part I.					
28a WAS AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
29 CERTIFIER Y: (Check only one) 1988 <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated: <i>Duane N. Anton</i> AUDITOR LAKE COUNTY <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29a SIGNATURE AND TITLE OF CERTIFIER <i>William G. Cataldi</i>		29b LICENSE NUMBER 476-E	29c DATE SIGNED (Month, Day, Year) 5-20-88		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) William G. Cataldi, D.O., 231 Joliet Street, Dyer, IN 46311					
31 HEALTH OFFICER'S SIGNATURE <i>William G. Cataldi</i>				32 DATE FILED (Month, Day, Year) 5/20/88	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			



FILED
NOV 30 1988

Coluget Farms, No. 2, lots 25 & 26, Block 2
 Unit 1, Key # 11-86-25 & 11-86-26
 THIS CERTIFIES CAUSE OF DEATH COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
 SEE INSTRUCTIONS
 CERTIFIER
 LAKE COUNTY