93017351

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 22nd day of February, 1993, before me personally appeared LISA L. ANDERSON, to me personally known, who being duly sworn on oath, did say that:

1. Affiant resides at 5815 Nicholson, Merrillville, IN 46410.

2. Affiant is the bona fide holder of a certain mortgage on the premises located at 917 Ridgeway Avenue, Munster, Indiana, and more particularly described as follows:

Part of the East 99.2 feet of the West 379.3 feet of that part of the Northwest quarter of Section 19, Township 36 North, Range 9 West of the 2d P.M., described as follows: Beginning at a point on the South line of the Northwest quarter of the Northwest quarter 780.1 feet East of the Southwest corner thereof, thence North parallel to the West line of said Northwest quarter of the Northwest quarter a distance of 171.11 feet, thence East parallel to the South line of said Northwest quarter of the Northwest quarter a distance of 75 feet, thence South parallel to said West line 171.11 feet to the South line of said Northwest quarter of Northwest quarter, thence West along said South line 75 feet to the place of beginning, in Lake County, Indiana.

3. Said mortgage was formerly held by WALTER M. ANDERSON and LISA L. ANDERSON, husband and wife.

4. Said WALTER M. ANDERSON died on April 17, 1991, leaving no Will.

5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of the last illness have been paid in full;

6. That Affiant and WALTER M. ANDERSON were never divorced and Affiant is the surviving spouse of said WALTER M. ANDERSON.

7. That the mortgage referred to herein is a certain mortgage executed February 25, 1967, by ALEX E. SMITH and JUNE L. SMITH and recorded on March 1, 1967, in Book 1644, page 416, in the Recorder's Office of Lake County, Indiana, which mortgage has been paid and satisfied in full as evidenced by a certain Satisfaction of Mortgage executed by me on the above date, and recorded simultaneous with this affidavit.

FILED

00583

MAR 17 1993

Anna N. Antos
AUDITOR LAKE COUNTY

8. That the undersigned is authorized to execute and deliver said Satisfaction of Mortgage as provided herein.

LISA L. ANDERSON
5815 Nicholson
Merrillville, IN 46410

SUBSCRIBED and SWORN to before me, a Notary Public, this 22nd day of February, 1993.

Patricia R. Kirsch, Notary Public

My Commission Expires:
10-14-94

Resident of LAKE County.

This Instrument Prepared by:

THOMAS L. KIRSCH
131 Ridge Road
Munster, IN 46321
(219)836-1384
Attorney No. 5224-45

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 0241-91 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First Middle Last)	Walter W. Anderson
2 SEX	Male
3a TIME OF DEATH	1:30 P M
3b DATE OF DEATH (Month Day Yr)	April 17, 1991
4 SOCIAL SECURITY NUMBER	313-07-6074
5a AGE—Last Birthday (Years)	87
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	Jun. 15, 1903
7 BIRTHPLACE (City and State or Foreign Country)	Unknown
8a WAS DECEDENT A U.S. VETERAN?	N/A
8b YEAR LAST SERVED IN U.S. ARMED FORCES?	N/A
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b FACILITY NAME (If not institution, give street and number)	5815 Nicholson Rd.
9c CITY, TOWN OR LOCATION OF DEATH	Merrillville
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS (Specify)	Married
11 SURVIVING SPOUSE (If wife, give maiden name)	Lesa Anderson
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Purchasing
12b KIND OF BUSINESS/INDUSTRY	Steel Co.
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN OR LOCATION	Merrillville
13d STREET AND NUMBER	5815 Nicholson Rd.
13e ZIP CODE	46410
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify)	White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	Alfred Anderson
19 MOTHER'S NAME (First Middle Maiden Surname)	Unavailable

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	Lesa Anderson
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	5815 Nicholson Rd. Merrillville, Indiana
20c Relationship	Wife

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	April 19, 1991 Oakland Memory Lane
21c LOCATION—City or Town, State	Dolton, Illinois
22a EMBALMER'S NAME	Ronald A. Reed
22b EMBALMER'S LICENSE NO.	FDO 1001081
23 WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	FDO 1014511
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Acute renal failure
DUE TO (OR AS A CONSEQUENCE OF)
b. Congestive heart Failure
DUE TO (OR AS A CONSEQUENCE OF)
c. Arteriosclerotic heart disease
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Field	Entry
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	NO
28a WAS AN AUTOPSY PERFORMED? (Yes or no)	NO
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	

CERTIFIER

29a CERTIFIER (Check only one) APR 18 1991
- ☒ CERTIFYING PHYSICIAN — To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) as stated.
- ☐ 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) as stated.
- ☐ CORONER — 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.

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	Thomas J. Brubaker MD
29c MEDICAL LICENSE NO.	01024438
29d DATE SIGNED (Month Day Year)	April 18 1991
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	115 Ridge Road Munster IN 46321

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Alexander S. Williams MD
32 DATE FILED (Month Day Year)	April 18 1991

CORONER USE ONLY

Field	Entry
33 MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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)	
34g DATE PRONOUNCED DEAD (Month Day Year)	
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	

FILED MAR 17 1993 00584

Anna N. Antone
AUDITOR LAKE COUNTY

SBH06-004 State Form 10110 (R2/3-89) CEA CERT PD 1