

93029098

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)

COUNTY OF LAKE)

SS:

On this 26th day of ~~March~~ APRIL, 1993, before me personally appeared IRENE ZIMMER, 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 the co-tenant by entireties.

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Irene Zimmer and Joseph Eugene Zimmer a/k/a Joseph E. Zimmer.

4. Said Joseph Eugene Zimmer a/k/a Joseph E. Zimmer, died July 20, 1991, ~~This document is the property of~~

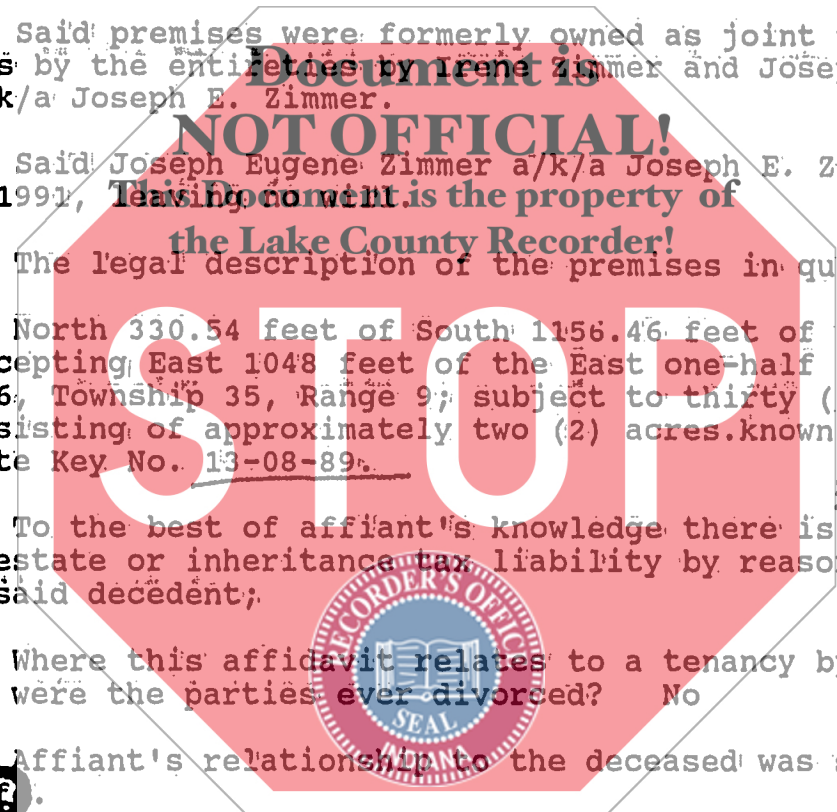
5. The legal description of the premises in question is:

North 330.54 feet of South 1156.46 feet of South 50 acres, excepting East 1048 feet of the East one-half Section, Section 16, Township 35, Range 9; subject to thirty (30) foot road; consisting of approximately two (2) acres known as Real Estate Key No. 13-08-89.

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

8. Affiant's relationship to the deceased was surviving spouse w/?



STATE OF INDIANA, S. NO. LAKE COUNTY FILED FOR...

FILED

APR 30 1993

Irene M. Zimmer
IRENE ZIMMER

1720 South Park Avenue
Scherverville, Indiana 46375

Anna M. Antone
AUDITOR LAKE COUNTY

Subscribed and sworn to before me by the affiant this 26th day of ~~March~~ APRIL, 1993.

Kenneth A. Manning
Notary Public Kenneth A. Manning

My Commission Expire:

12-12-94

Resident of Lake County, Indiana

This Instrument prepared by: Kenneth A. Manning, Attorney at Law
27 200 Monticello Drive, Dyer, IN. 46311

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INDIANA STATE BOARD OF HEALTH

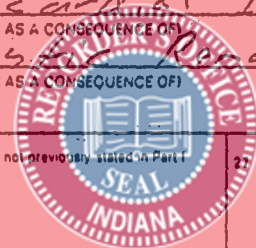
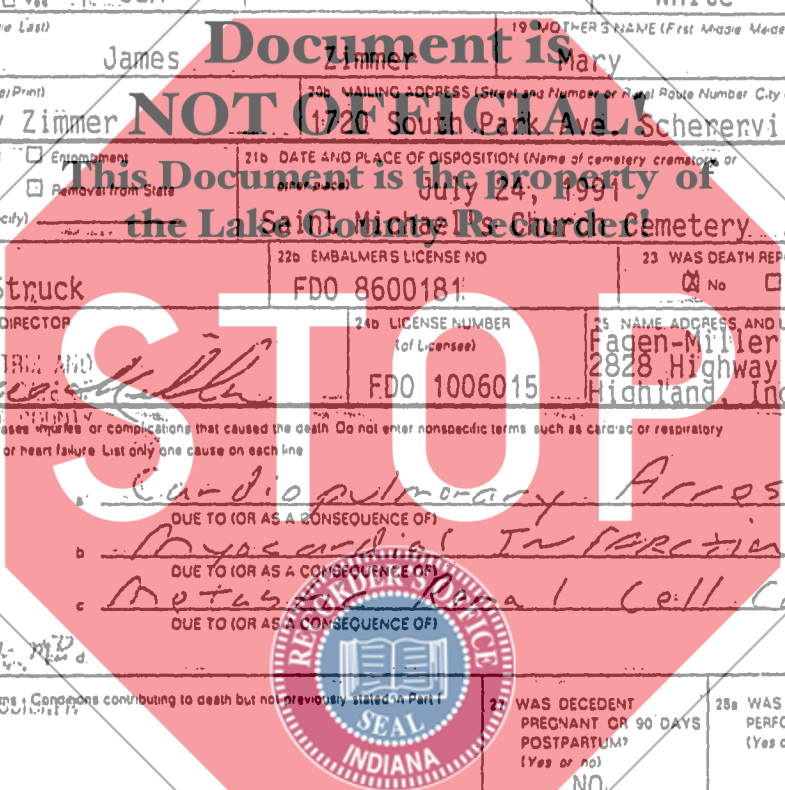
CERTIFICATE OF DEATH

Local No. 1500-91

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

| | | | | |
|--|---|---|--|--|
| 1 DECEASED—NAME (First, Middle, Last) Joseph Eugene Zimmer | | 2 SEX Male | 3a TIME OF DEATH 7:35 P M | 3b DATE OF DEATH (Month, Day, Year) July 20, 1991 |
| 4 SOCIAL SECURITY NUMBER 303-12-8698 | 5a AGE—Last Birthday (Years) 76 | 5b UNDER 1 YEAR MORNING Days | 5c UNDER 1 DAY HOURS MINUTES | 6 DATE OF BIRTH (Mo, Day, Yr) March 5, 1915 |
| 7 BIRTHPLACE (City and State or Foreign Country) Kentland, Indiana | 8a WAS DECEDENT A U.S. VETERAN? NO | | | |
| 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | | 9a PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER OUTPATIENT <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RESIDENCE | | |
| 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 (Specify) Married | 11 SURVIVING SPOUSE (If wife, give maiden name) Irene Mary Claire | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Purchasing Agent | 12b KIND OF BUSINESS/INDUSTRY Machine Manufacturing | |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY TOWN OR LOCATION Schererville | 13d STREET AND NUMBER 1720 South Park Avenue | |
| 13e ZIP CODE 46375 | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14 CITIZEN OF WHAT COUNTRY? USA | 15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16 RACE—American Indian, Black, White, etc. (Specify) White |
| 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (11-4 or 5+) | | 19 FATHER'S NAME (First, Middle, Last) Andrew James Zimmer | | |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Lavina Bower | | 20a INFORMANT'S NAME (Type/Print) Irene Mary Zimmer | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1720 South Park Ave., Schererville, IN 46375 | | 20c Relationship Wife | | |
| 21a 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) | | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) July 24, 1991 St. Vincent's Roman Catholic Cemetery, Schererville, Indiana | | 21c LOCATION—City or Town, State |
| 22a EMBALMER'S NAME Steven J. Struck | | 22b EMBALMER'S LICENSE NO. FDO 8600181 | | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | 24b LICENSE NUMBER (of Licensee) FDO 1006015 | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens, Inc. 2828 Highway Avenue Highland, Indiana 46322 FH83003035 | |
| THIS COPY OF THE DEATH CERTIFICATE IS THE PROPERTY OF THE LAKE COUNTY HEALTH DEPT. IT IS TO BE RETURNED TO THE HEALTH DEPT. WITH THE ORIGINAL COPY OF THE DEATH CERTIFICATE. | | | | |
| HEALTH DEPT. LAKE COUNTY HEALTH DEPARTMENT | | | | |
| 26 PART WITH THE HEALTH DEPT. HEALTH DEPT. | | | | |
| 27 IMMEDIATE CAUSE (Final disease or condition resulting in death) 1993 Cardiopulmonary Arrest | | | | |
| 28a DUE TO (OR AS A CONSEQUENCE OF) Myocardial Infarction | | | | |
| 28b DUE TO (OR AS A CONSEQUENCE OF) Metastatic Renal Cell Carcinoma | | | | |
| 28c DUE TO (OR AS A CONSEQUENCE OF) Arrest shock or heart failure. List only one cause on each line. | | | | |
| 29a APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Seconds | | | | |
| 29b APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hours | | | | |
| 29c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Year | | | | |
| 29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <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) as stated. <input type="checkbox"/> 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. | | 29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | |
| 29c MEDICAL LICENSE NO. 02000872 | | 29d DATE SIGNED (Month, Day, Year) 7/22/91 | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John A. Hohn, 2001 US Hwy 41 Suite L, Schererville, Indiana 46375 | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | 32 DATE FILED (Month, Day, Year) JUL 23, 1991 |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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) |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. | | |



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY