482200

Chicago Title Insurance Company

H 482200 W

2

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF lake } S. S.

On this 9-19-95 (insert date) before me personally appeared Katherine J. Riley 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 Owner (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 * Carl M. Riley and Katherine J. Riley;
4. Said * Carl M. Riley (fill in name of cotenant who died) died on 1-10-94 leaving no will; (insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:

   Lot 3, Orchard Avenue First Addition to the Town of Highland, as shown in Plat book 48, page 23, lake county, indiana
   a/k/a 9321 Orchard Drive, Highland, Indiana 46322

   Key 27-483-3

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: none
7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

   (If answer is "Yes," identify the divorce proceedings:);
8. Affiant's relationship to the deceased was wife.

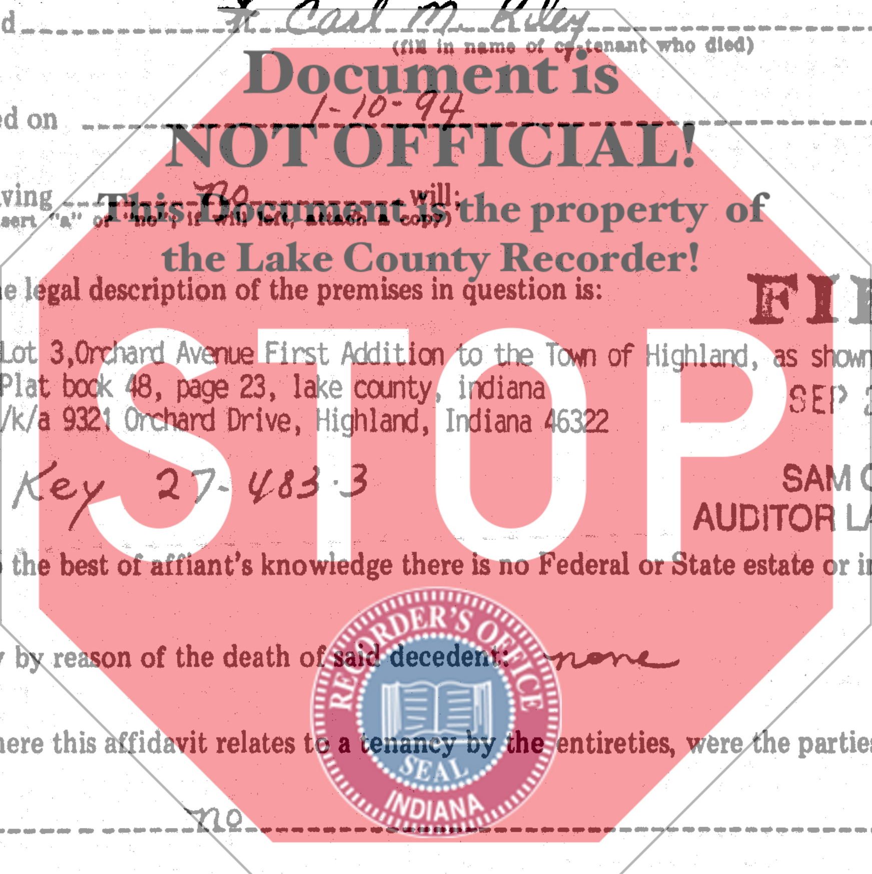
Signature: Katherine J. Riley
Address: 9321 Orchard Dr. Highland In.

* Carl Michael Riley

9505854

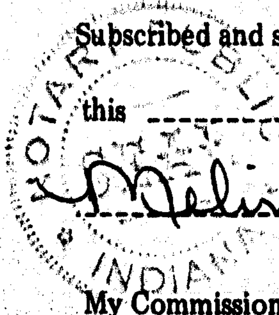
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 SEP 28 AM 10:19
MARGARET ... RECORDER

FILED
SEP 27 1995
SAM ORLICH
AUDITOR LAKE COUNTY



Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP

Subscribed and sworn to before me by the affiant this 09-19-95 (insert date)



Melinda L. Valentine
Notary Public

MELINDA L. VALENTINE
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. JUNE 26, 98

My Commission Expires

This instrument prepared by Katherine J. Riley

001798

Chicago Title Insurance Company

"ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal."

Local No. 9

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-16-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Carl Michael Riley
2. SEX: MALE
3a. TIME OF DEATH: 11:22 AM
3b. DATE OF DEATH (Month, Day, Yr): January 10, 1994
4. SOCIAL SECURITY NUMBER: 303-46-6278
5a. AGE—Last Birthday (Years): 47
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): Jul. 30, 1946
7. BIRTHPLACE (City and State or Foreign Country): UNK Illinois
8a. WAS DECEDENT A U.S. VETERAN? NO
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 ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Catherine Hospital
9c. CITY, TOWN OR LOCATION OF DEATH: East Chicago
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Cathy Griffin
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Pipe Fitter
12b. KIND OF BUSINESS/INDUSTRY: Union
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Highland
13d. STREET AND NUMBER: 9321 Orchard Dr.
13e. ZIP CODE: 46322
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? ☒ No ☐ 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): 11; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Herman Riley
19. MOTHER'S NAME (First, Middle, Maiden Surname): mary Walker

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Katherine Riley
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9321 Orchard Dr. Highland, Indiana
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): January 14, 1994 Chapel Lawn Cemetery
21c. LOCATION—City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: David Peterson
22b. EMBALMER'S LICENSE NO.: FDO 8601585
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. Severe triple coronary atherosclerosis	Unknown
DUE TO (OR AS A CONSEQUENCE OF):	b. Myocardial ischemia with cardiomegaly	
DUE TO (OR AS A CONSEQUENCE OF):	c.	
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 - Conditions contributing to death but not previously stated in Part I:

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

CERTIFIER

29a. CERTIFIER (Check only one):
- ☐ 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.

29b. SIGNATURE AND TITLE OF CERTIFIER: Dr. Thomas R Philpot [signature]
29c. MEDICAL LICENSE NO.: 502 B
29d. DATE SIGNED (Month, Day, Year): January 12, 1994
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, Indiana 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Dr Timothy Rozkovich [signature]
32. DATE FILED (Month, Day, Year): 1-12-94

33. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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): January 10, 1994
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

Copy

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

Chicago Title Insurance Company