

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

COUNTY OF LAKE

SS:

Comes now Linda K. Barkey, being first duly sworn upon her oath, states as follows:

1. That she is over twenty-one years of age, competent and personally knowledgeable of the facts contained herein.

2. That Arlin O. Vaupel and Janice M. Vaupel were owners by the entirety of the following described real estate:

Lot number Two (2), Block number Seven (7), in Englehart's Ridge Road Addition to Gary, Lake County, Indiana.

Commonly known as: 3832 Cleveland Street
Gary, Indiana

3. That Arlin O. Vaupel and Janice M. Vaupel were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 24th day of May, 1939, and recorded in the Office of the Lake County Recorder.

4. That the marital relationship which existed between Arlin O. Vaupel and Janice M. Vaupel at the time they acquired title to said real estate remained in effect and unbroken until the death of Janice M. Vaupel on the 12th day of April, 1992, at which time Arlin O. Vaupel acquired title to the real estate as surviving tenant by the entireties.

5. That the gross value of the estate of Janice O. Vaupel as determined for the purpose of Federal Estate Tax purposes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.

6. That the decedent's estate was not subject to Indiana Inheritance Taxes.

Linda K. Barkey
LINDA K. BARKEY

Subscribed and sworn to before me, a Notary Public, this 15th of February, 1996.

Nicole Lynch
Nicole Lynch Notary Public

County of Residence: Lake
My Commission Expires 8/30/97

FILED

This instrument prepared by: JOHN D. BRECLAW & ASSOCIATES
By: ROBERT L. TAYLOR
Attorney I.D. No. 1787-45
200 West Glen Park Avenue
Griffith, Indiana 46319
(219) 972-6000

SAM ORLICH
AUDITOR LAKE COUNTY

001150

11:00
SW

CL# 7662

96012803

96FEB28 AM 9:57

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

92-0270

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No.

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) Janice vaupel		2 SEX Female	3a TIME OF DEATH 8:45 A	3b DATE OF DEATH (Month Day Yr) April 12, 1992
4 SOCIAL SECURITY NUMBER 312-16-0577	5a AGE—Last Birthday (Years) 72	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) May 15, 1919
7 BIRTHPLACE (City and State or Foreign Country) Amboy, Illinois	8a WAS DECEDENT A US VETERAN? N/A			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? NO	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Wildwood manor	9c CITY, TOWN OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Arlin Vaupel	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker	12b KIND OF BUSINESS/INDUSTRY Own Home	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary (Calumet Township)	13d STREET AND NUMBER 3832 Cleveland	
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) 10 College (1-4 or 5+)		18 MOTHER'S NAME (First, Middle, Maiden Surname) Gladis Clutz		
19 FATHER'S NAME (First, Middle, Last) Carl Garrett		20a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3832 Cleveland Gary, Indiana		
20b Relationship Husband		21a METHOD OF DISPOSITION <input type="checkbox"/> Exhumation <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, crematory, or other place) Franklin April 16, 1992 Franklin Grove Cemetery		21c LOCATION—City or Town, State Franklin Grove, IL.		
22a EMBALMERS NAME Ronald A. Reed		22b EMBALMERS LICENSE NO. FDO 1001081	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 1014511	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Fuenral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500	
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. Atherosclerotic Cardiovascular Disease Sys DUE TO (OR AS A CONSEQUENCE OF)				
Conditions if any which gave rise to the immediate cause stating the underlying cause last b. _____ DUE TO (OR AS A CONSEQUENCE OF)				
c. _____ DUE TO (OR AS A CONSEQUENCE OF)				
d. _____				
PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I Coronary vascular disease, Accidents, Stroke, insulin dependent Diabetes Mellitus, Status Epilepticus, Hypertension				
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)	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> HEALTH OFFICER On the basis 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. 01033117	29d DATE SIGNED (Month Day Year) 4-13-92
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 656 E 21st Ave Gary, IN 46407 BAYNE Spawood				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day Year) APR 13 1992
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) 001151				
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

FILED
FEB 26 1995
SAM ORLICH
AUDITOR LAKE COUNTY