

21-20-9

STATE OF INDIANA)
) SS: AFFIDAVIT OF SURVIVORSHIP
COUNTY OF LAKE)

WILLIAM DENNY, being first duly sworn upon his oath, deposes and says:

1. That he and his late wife, Mildred J. Denny, owned as tenants by the entireties, the following described real estate:

The East 100 feet of the following tract: Part of the East 1/4 of the West 1/4 of Section 28, Township 36 North, Range 9 West of the 2nd Principal Meridian, commencing at a point on the east line of said tract which is 3816.5 feet North and North 89 degrees 56 minutes West 1058.3 feet from the Southeast corner thereof; thence North 89 degrees 56 minutes West 224 feet; thence North 125 feet; thence South 89 degrees 56 minutes East 224 feet; thence South 125 feet to the place of beginning, in the Town of Highland, Lake County, Indiana.

2. That he was married to Mildred J. Denny on March 11, 1978.

3. That Mildred J. Denny died on December 13, 1995, a certified copy of Death Certificate of Mildred J. Denny is attached hereto, made a part hereof, and marked Exhibit A.

4. That from the time of marriage to Mildred J. Denny to her death, the parties were never divorced, nor were any divorce proceedings commenced.

5. To the best of Affiant's knowledge, there is no federal estate tax or Indiana Inheritance Tax liability by reason of the death of Mildred J. Denny, and that no Estate has been opened for her.

6. That all expenses of Mildred J. Denny's funeral and last illness have been paid.

7. This Affidavit is given to induce the taxing authorities of Lake County to place the real estate in William Denny's sole name for taxation purposes.

Further Affiant saith not.

I affirm under the penalties of perjury, that the aforesaid representations are true.

William Denny

WILLIAM DENNY
2614 Martha Street
Highland, IN 46322

SUBSCRIBED AND SWORN to before me, a Notary Public, this 9th day of May, 1996.

My Commission Expires
July 18, 1997
Resident of Lake County

Robert L. Meinzer, Jr.
ROBERT L. MEINZER, JR.
NOTARY PUBLIC

FILED

MAY 28 1996

**SAM ORLICH
AUDITOR LAKE COUNTY**

This Instrument Prepared by:
LAW OFFICES ROBERT L. MEINZER, JR.
Robert L. Meinzer, Jr. #9132-45
Attorney at Law
9190 Wicker Avenue, P. O. Box 111, St. John, IN 46373
(219) 365-4321/738-2999 FAX: 738-2985

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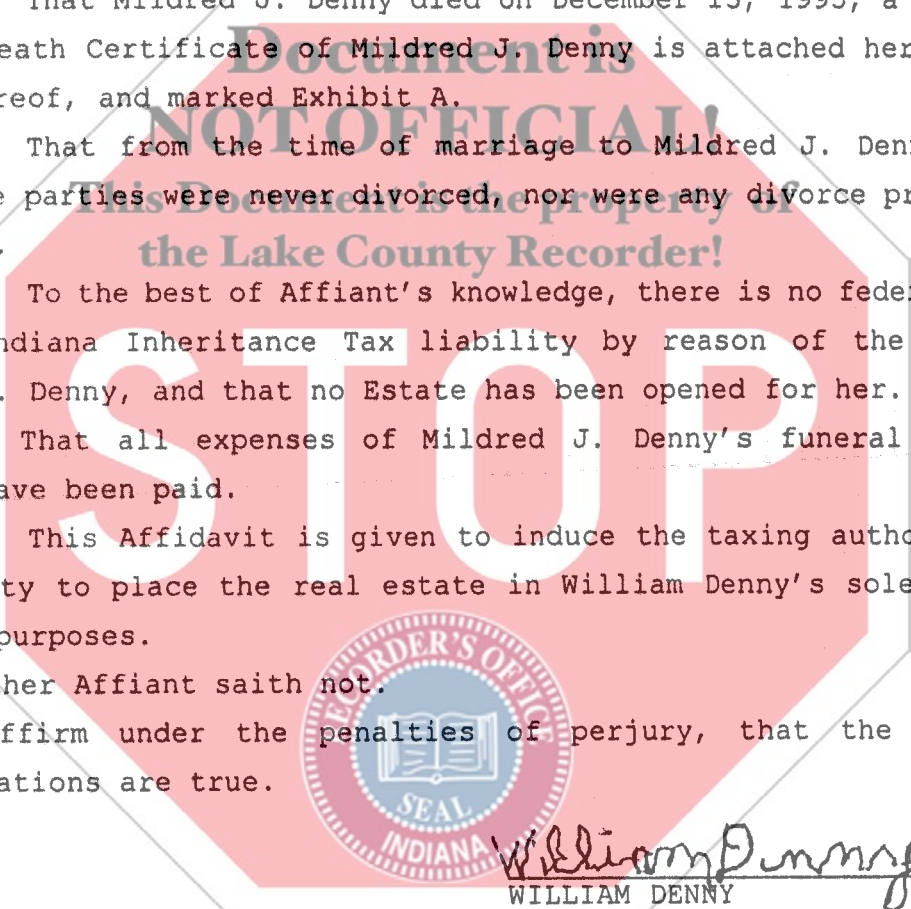
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



MAILED
RECORDED
MAY 28 1996

This Document Not Valid
Unless Stamped on Reverse
Side and Embossed With
Raised Seal of Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

Porter County
Health Department
1401 Calumet Avenue
Valparaiso, Indiana 46383

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Mildred J. Denny		2 SEX Female	3a TIME OF DEATH 5:18 P.M.	3b DATE OF DEATH (Month Day Year) December 13, 1995	
4 SOCIAL SECURITY NUMBER 311 322-28-0144	5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Sep. 20, 1928	
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	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 <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) V.N.A. Hospice center		9c CITY TOWN OR LOCATION OF DEATH Valparaiso	9d COUNTY OF DEATH Porter		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) William Denny	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Clerk Typist	12b KIND OF BUSINESS/INDUSTRY Steel Co.		
13a RESIDENCE—STATE Indiana	13b COUNTY lake	13c CITY TOWN OR LOCATION Highland	13d STREET AND NUMBER 2614 Martha St.		
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12				
18 FATHER'S NAME (First Middle Last) Roy Steele		19 MOTHER'S NAME (First Middle Maiden Surname) Winifred Thurmaon			
20a INFORMANT'S NAME (Type/Print) William Denny		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7722 Catalpa Hammond, Indiana	20c Relationship Husband		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) December 16, 1995 Oakland Memory Lane	21c LOCATION—City or Town, State Dolton, Illinois		
22a EMBALMER'S NAME Raymond White		22b EMBALMER'S LICENSE NO. FDO 8601585	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>		24b LICENSE NUMBER (of Licensee) FDO 1014511	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FH83007500		
26 PART I Enter the disease, 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 <i>Metastatic lung cancer</i>		FILED <i>one year</i>	
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)		MAY 28 1996	
		d DUE TO (OR AS A CONSEQUENCE OF)			
PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT POSTPARTUM? (Yes or no) NO		28 WAS DECEDENT PREGNANT AT TIME OF DEATH? (Yes or no) NO		29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
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>Michael C. Weiss, MD</i>		29c MEDICAL LICENSE NO. 30965	29d DATE SIGNED (Month, Day, Year) December 15, 1995		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Michael C. Weiss, MD, 1101 Glenview Blvd, Valparaiso, IN 46387</i>					
31 HEALTH OFFICER'S SIGNATURE <i>George A. Bobbick, MD</i>			32 DATE FILED (Month, Day, Year) <i>December 15, 1995</i>		
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)	
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

Unit #16
Key #27-20-9
Pt E 1/2 W 1/2 S.28 T.36 R.9 O.28AC

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