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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
96 MAY -1 AM 11:51  
MAY 1 1996  
RECORDER

7

SURVIVORSHIP AFFIDAVIT

Lake, INDIANA

STATE OF INDIANA, COUNTY OF Lake, SS:

Keith A. Kitchen, attorney in fact for Charles Kitchen, being first duly sworn, on oath states that he is of lawful age and resides in the County of Lake, State

of Indiana. That Charles Kitchen is the surviving spouse of Vera Kitchen

who died on the 18 day of MARCH 19 90

and that as such surviving spouse, is the owner of the following real estate located in Lake county, Indiana:

Lots 20,21,&22, Block 2, Grandview Addition to Hobart, as shown in Plat Book 20, page 37, Lake County, Indiana.

\*See attached copy of death certificate for Vera Kitchen

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That the decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.

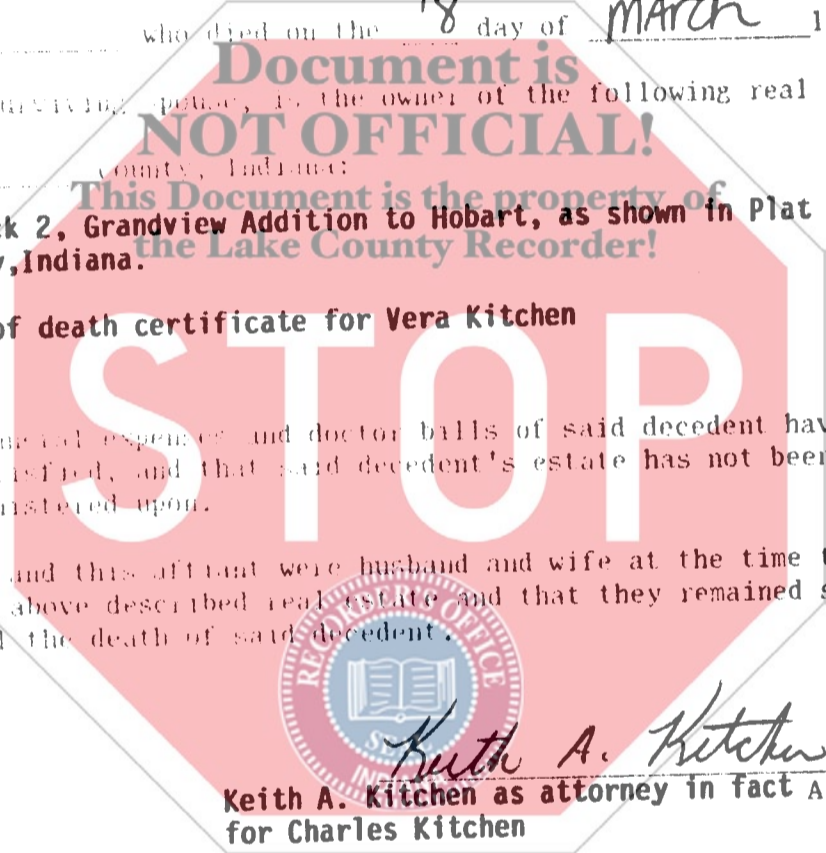
*Keith A. Kitchen*  
Keith A. Kitchen as attorney in fact Affiant for Charles Kitchen

State of Indiana, Lake County, SS:

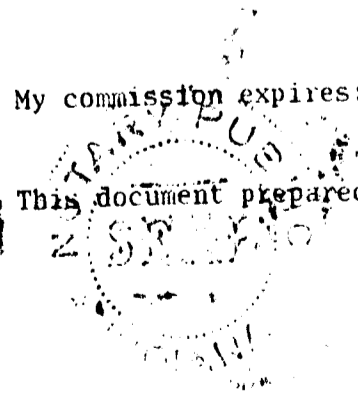
Before me, Jacalyn L. Smith, a Notary Public in and for said County, personally appeared Keith A. Kitchen, atty in fact for Charles Kitchen and acknowledged the foregoing document to be his/her voluntary act and deed.

My commission expires: 12/08/99  
Resident of Lake County

This document prepared by: Keith A. Kitchen



FILED  
APR 29 1996  
SAM ORLICH  
AUDITOR LAKE COUNTY



001792  
11:00  
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OFFICE OF VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last) <b>Vera G. Kitchen</b>							2. SEX <b>Female</b>		
3. DATE OF DEATH (Month, Day, Year) <b>March 18, 1990</b>		4. SOCIAL SECURITY NUMBER <b>310-22-1918</b>		5a. AGE-Last Birthday (years) <b>67</b>	5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 Day Hours: Minutes:		
6. DATE OF BIRTH (Month, Day, Year) <b>December 8, 1922</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Casey, Illinois</b>				8. WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No) <b>No</b>			
9a. PLACE OF DEATH (Check only one. see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							9b. INSIDE CITY LIMITS? (Yes or No) <b>No</b>		
9c. FACILITY NAME (If not institution, give street and number) <b>12405 Clear Lake Drive</b>				9d. CITY, TOWN, OR LOCATION OF DEATH <b>New Port Richey</b>			9e. COUNTY OF DEATH <b>Pasco</b>		
10a. DECEDENT'S USUAL OCCUPATION <b>Housewife</b>		10b. KIND OF BUSINESS/INDUSTRY <b>At home</b>		11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Charles O. Kitchen</b>			
13a. RESIDENCE — STATE <b>Florida</b>		13b. COUNTY <b>Pasco</b>		13c. CITY, TOWN, OR LOCATION <b>New Port Richey</b>		13d. STREET AND NUMBER <b>12405 Clear Lake Drive</b>			
13e. INSIDE CITY LIMITS? (Yes or No) <b>No</b>	13f. ZIP CODE <b>34654</b>	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Specify:</b>			15. RACE — American Indian, Black, White, etc. Specify: <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>9</b> College (1-4 or 5+):		
17. FATHER'S NAME (First, Middle, Last) <b>Glen Cormican</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Bertha Harris</b>					
19a. INFORMANT'S NAME (Type/Print) <b>Charles O. Kitchen</b>				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>12405 Clear Lake Drive, New Port Richey, Fla 34654</b>					
20a. 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)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>All Suncoast Crematories</b>			20c. LOCATION — City or Town, State <b>Hudson, Florida</b>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 			21b. LICENSE NUMBER (of Licensee) <b>FE1476</b>		21c. NAME AND ADDRESS OF FACILITY <b>Morgan Funeral Home, Inc., 6025 Trouble Creek Road, New Port Richey, Florida 34653</b>				
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <b>P. V. Kamat, MD.</b>				23a. 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. (Signature and Title)					
22b. DATE SIGNED (Mo., Day, Yr.) <b>3. 19 90</b>		22c. HOUR OF DEATH <b>12:15 A.M.</b>			23b. DATE SIGNED (Mo., Day, Yr.)		23c. HOUR OF DEATH		
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				23d. PRONOUNCED DEAD (Mo., Day, Yr.)		23e. PRONOUNCED DEAD (Hour)			
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <b>P. V. Kamat, M. D., 5622 Marine Parkway, New Port Richey, Florida 34652</b>									
25a. SUBREGISTRAR — SIGNATURE AND DATE 				25b. LOCAL REGISTRAR — SIGNATURE 				25c. DATE REGISTERED <b>March 22, 1990</b>	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>CARCINOMA ESOPHAGUS</b>							Approximate Interval Between Onset and Death <b>5 months</b>		
IMMEDIATE CAUSE (Final disease or condition resulting in death) →									
a. DUE TO (OR AS A CONSEQUENCE OF):									
b. DUE TO (OR AS A CONSEQUENCE OF):									
c. DUE TO (OR AS A CONSEQUENCE OF):									
d. DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				27a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>		27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO		30a. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED				30b. DATE OF SURGERY (Mo., Day, Year)			
31. PROBABLE MANNER OF DEATH (Specify) Accident, suicide or homicide, or undetermined.		32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY <b>M</b>	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED				
32a. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)				32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY:   
DEPUTY REGISTRAR

OLIVER H. BOORDE  
State Registrar

WARNING:

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.



HRS FORM 1564A (8-88)

CERTIFICATION OF VITAL RECORD