7333 Harrison, Hammond, IN 46324

RETURN TO:
NATIONS TITLE
9292 N. MERIDIAN
STE 110
INDIANAPOLIS IN
46260

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 4th day of September, 1996, before me personally appeared HAZEL B. HANSEN, Personal Representative of the Estate of Louis L. Hansen, deceased, under Cause No. 45D05-9604-ES-096, who being duly sworn upon her oath, did say that:

1. Affiant resides at 7333 Harrison, Hammond, IN 46324.

2. Affiant is the adult spouse of Louis L. Hansen, deceased. Louis L. Hansen was the owner of the premises located at 7333 Harrison, Hammond, IN 46324, as described as follows:

A part of Lot 8 in Frank J. Wachewicz Lawn Garden Addition to Hammond, as per plat thereof, recorded in Plat Book 15 page 16, in the Office of the Recorder of Lake County, Indiana, described as follows: Beginning at the Northwest corner of said Lot 8, thence South along the West line of said Lot 8, 43.33 feet; thence East along a line parallel to the North line of said Lot 8 to the West line of the North and South 20 feet alley between Harrison Street and Van Buren Street; thence North along the West line of said alley to the North line of said Lot 8; thence West along the North line of said Lot 8 to the place of beginning, in Lake County, Indiana.

FILED
SEP 27 1996
AUDITOR LAKE COUNTY
96064520

3. Said premises were formerly owned as joint tenants with right of survivorship by LOUIS L. HANSEN AND DOROTHY M. HANSEN, husband and wife.

4. Said DOROTHY M. HANSEN died on November 15, 1978, leaving no Will. A certified copy of the death certificate of DOROTHY M. HANSEN is attached hereto as "Exhibit A".

5. That to the best of Affiant's knowledge, there is no estate of inheritance tax liability by reason of the death of DOROTHY M. HANSEN; and all funeral expenses and expenses of last illness have been paid in full.

6. Said LOUIS L. HANSEN and DOROTHY M. HANSEN were never divorced, and LOUIS L. HANSEN was the widower of DOROTHY M. HANSEN upon her death.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 SEP 27 PM 2:37
MARGARET BUCKLAND
RECORDER

Hazel B. Hansen
HAZEL B. HANSEN

SUBSCRIBED and SWORN to before me, a Notary Public, on this 4th day of September, 1996.

Judith A. Osinski
JUDITH A. OSINSKI Notary Public
Resident of LAKE County.

My Commission Expires:
3/20/00

THIS INSTRUMENT PREPARED BY: THOMAS L. KIRSCH
131 Ridge Road, Munster, IN 46321
219/836-1384/Attorney No. 5224-45

CS 1.00
#0060
dr 13
1608

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

July 18, 1994 (Date Issued) — Hammond Health Commissioner

Local No. 561

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
Louis L. Hansen	Male	5:02PM	July 8, 1994

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR (Months / Days)	5c UNDER 1 DAY (Hours / Minutes)	6 DATE OF BIRTH (Mo. Day. Yr.)	7 BIRTHPLACE (City and State or Foreign Country)
307-01-3221	78			August 22,1915	Hobart, IN

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions)
Yes	1945	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
St. Margaret Mercy - North Campus	Hammond	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Hazel Burt	Truck Driver	Bieker Redi-Mix Co.

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Hammond	7333 Harrison Ave.,

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
46324	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 8	College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Hans Hansen	Bertha Jonas

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Hazel B. Hansen	7333 Harrison Ave., Hammond, IN 46324	Wife

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☐ Burial ☒ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State	July 12, 1994 Oakland Memory Lanes	Dolton, IL

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Henry J. Blake	FD01019406	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Elden B. LaHayne	FD01000857	LaHAYNE FH-Dalton Chapel FH19400005 6955 Southeastern Ave., Hammond, IN 46

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Chronic obstructive lung disease — Approximate Interval Between Onset and Death:
DUE TO (OR AS A CONSEQUENCE OF):
b.
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 entered in Part I:
Cerebral meningioma
Cardiac arrhythmia

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

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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
James B Walsh	27487	July 11, 1994

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): James B. Walsh MD, 5500 Hohman, Hammond, IN 46320

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin D. Remuda M.D.

32 DATE FILED (Month, Day, Year): JUL 12 1994

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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.

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

A. ____
B. ____
C. ____
D. ____
E. ____
F. ____
G. ____
H. ____
I. ____
J. ____

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME John F. Dalton LICENSE No. 1130

FUNERAL DIRECTOR'S SIGNATURE John F. Dalton

FUNERAL DIRECTOR'S LICENSE No. 1751

FUNERAL HOME No. 292

Local No. 858

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. ____

DECEASED

1. Deceased—Name (First, Middle, Last): Dorothy L. Hansen
2. Sex: F
3. Date of Death: 11-15-78
4. Race: White
5a. Age: 61
6. Date of Birth: 2-17-1917
7. County of Death: Lake
7b. City, Town or Location of Death: Hammond
7c. Hospital or Other Institution: St. Margaret's Hospital
7d. If hosp. or inst.: Inpatient
8. State of Birth: Kentucky
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced: Married
11. Surviving Spouse: Louis L. Hansen
12. Was Decedent Ever in U.S. Armed Forces?: No
13. Social Security Number: 314-18-3124
14a. Usual Occupation: Housewife
14b. Kind of Business or Industry:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a. Residence—State: Ind.
15b. County: Lake
15c. City, Town or Location: Hammond
15d. Street and Number: 7333 Harrison
15e. Is Residence on a Farm?: Yes ☐ No ☒
15f. Inside City Limits: YES

Is Deceased of Spanish Descent? Yes ☐ No ☒

PARENTS

16. Father—Name: William A Reed
17. Mother—Maiden Name: Anna Downs

18a. Informant—Name: Louis L. Hansen
18b. Mailing Address: 7333 Harrison - Hammond, Indiana 46324

DISPOSITION

19a. Burial, Cremation, Removal, Other: Burial
19b. Cemetery or Crematory: Elmwood
19c. Location: Hammond, Indiana
20a. Date: 11-18-78
20b. Funeral Home—Name and Address: Dalton & Son Funeral Home-6955 Southeastern Hammond, Ind.

M.D. OR D.O.

21a. Signature:
21b. Date Signed:
21c. Hour of Death:
21d. Name of Attending Physician:
21e. Mailing Address:

22a. Health Officer: [signature] M.D.
22b. Date Received by Local Health Officer: NOV 17 1978

CAUSE

23. Part I (a) Immediate cause: Chronic Obstructive Pulmonary Disease — Interval between onset and death: 10 years
(b) Due to, or as a consequence of:
(c) Due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last

Part II Other significant conditions: Leukopenia — Sepsis — Pneumonia

SBH 08-008 REV 10/77