STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97085866

97 DEC 15 AM 10: 52

DEC 15 1997

MORRIS W. CARTER
SAM CROCH
AUDITOR LAKE COUNTY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Estate of Helen Benson, Deceased

SURVIVORSHIP AFFIDAVIT

John C. York, being duly sworn on oath, states as follows:

1. Affiant, John C. York, is the great nephew of Helen Benson, who died on October 2, 1997 leaving no Last Will and Testament.

2. Affiant resides at 8928 Southmoor, Highland, IN 46322.

3. The following real estate was formerly owned as joint tenants by affiant and Helen Benson, deceased:

The South 86.11 feet of Lot 7 in Block 9 in Brantwood Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 17 page 5, in the Office of the Recorder of Lake County, Indiana
Key No. 27-45-8
Commonly known as 8845 Southmoor, Highland, IN 46322

4. All expenses of last illness and burial and all debts of decedent have been paid and to the best of affiant's knowledge there are no state or federal estate tax liabilities by reason of the death of said decedent. Estimated inheritance tax due the State of Indiana has been paid on all property in which decedent had an interest including this real estate.

John C. York

SUBSCRIBED AND SWORN to before me this 12 day of Nov, 1997.

My commission expires:

April 13, 2000

William J. O'Connor, Notary Public
Resident of Lake County

This instrument prepared by: William J. O'Connor, Attorney at Law

000926

HOLD FOR FIRST AMERICAN TITLE

FA 22033

11.00

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2037-97 State No. .....

H1062

TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Helen Benson	Female	02:30 AM	October 2, 1997

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)
306-03-0194	93			August 21, 1904	Kansas City, Missouri

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)
No	N/A	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
Towne Centre Healthcare	Merrillville	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
Divorced	N/A	Switchboard Operator	Steel

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Highland	8928 Southmoor

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)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46322	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Michael Benson	Barbara Beres

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
John York	8928 Southmoor; Highland, Indiana 46322	Nephew

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____	October 4, 1997 St. John Cemetery	Hammond, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
Charles Wells	FD01042372	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FD01006015	Fagen-Miller Funeral Homes FH83003035 2828 Highway Ave; Highland, IN 46322

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. Congestive heart Failure

DUE TO (OR AS A CONSEQUENCE OF)
b. Chronic Obstructive Lung

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last
DUE TO (OR AS A CONSEQUENCE OF)
c. Acute Pulmonary edema

DUE TO (OR AS A CONSEQUENCE OF)
d. (R) hip Fracture.

FILED DEC 15 1997

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I
hx of Dementia.

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	[illegible]	[illegible]

CORONER FOR LAKE COUNTY

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)
[signature]	01032180	10/31/97

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Sarendra A. Shah, M.D. 5825 Broadway Suite A Merrillville IN 46410

31. SIGNATURE AND TITLE OF HEALTH OFFICER
Alexander S. Williams, M.D.

32. DATE FILED (Month, Day, Year) NOV 3 1997

THIS CERTIFIES THE [illegible] CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

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 ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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)
	OCT 03 1997

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) (If yes, specify driver, passenger, pedestrian, etc.)
	one

Alexander S. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER