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STATE OF INDIANA  
LAKE COUNTY  
RECORDS & CLERK  
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MONTICELLO, IN

STATE OF INDIANA )  
                          )  
COUNTY OF LAKE   )

SS:

IN RE: DECEDENT,  
JOHN W. SWATZELL

**SURVIVORSHIP AFFIDAVIT AND  
AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

LONNIE K. FENES, being first duly sworn upon oath, deposes and says:

1. That she is an adult and the surviving daughter of decedents, VIRGINIA M. SWATZELL who died on the 30th day of July, 1995 and JOHN W. SWATZELL who died on the 3rd day of April, 1998.

2. That the parties were owners by the entireties of the following described real estate, to-wit:

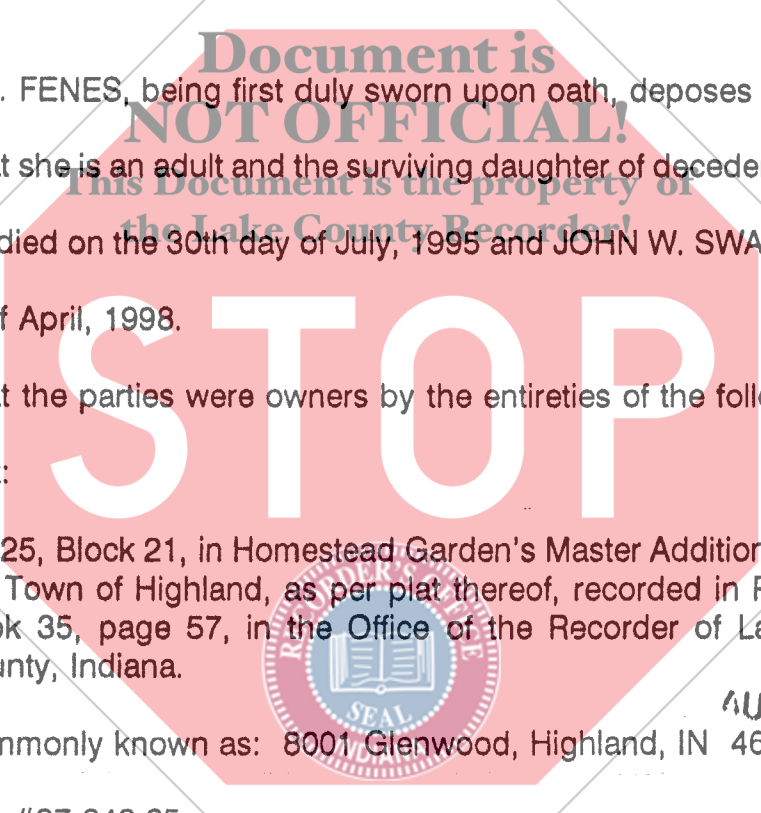
Lot 25, Block 21, in Homestead Garden's Master Addition to the Town of Highland, as per plat thereof, recorded in Plat JUL 06 Book 35, page 57, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 8001 Glenwood, Highland, IN 46322

Key #27-340-25

and that said parties were husband and wife when they took title and remained in title and lived continuously together as husband and wife until the death of VIRGINIA M. SWATZELL, on the date given above.

3. That the decedent, JOHN W. SWATZELL, died testate on the 3rd day of April, 1998, while domiciled in Lake County and that the will of the decedent was



**FILED**

**SAM ORLICH  
AUDITOR LAKE COUNTY**

000356  
2300  
CK# 21550  
#21544

probated and spread of record in Lake County, Indiana in the Lake Superior Court, Room Number Two, under Cause No. 45D02-9807-ES-124, and a copy of said Will is attached to this Affidavit as Exhibit "A".

4. That forty-five (45) days have elapsed since the death of the decedent.

5. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

6. That among the decedent's probate assets is the above-described parcel of real estate.

7. That Affiant knows of her own knowledge that the value of the gross estate of the above decedent, JOHN W. SWATZELL, at the time of death, within the meaning of the Federal Estate Tax laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate Tax.

8. That the decedent's estate was subject to Indiana Inheritance Tax and the Indiana Inheritance Tax assessed as a result of this specific transfer has been paid to the Treasurer of Lake County, Indiana by the affiant herein.

9. Affiant further states that all outstanding debts and obligations of the decedent, JOHN W. SWATZELL, including funeral expenses and expense of last illness, were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

10. That the individual entitled to the real estate as a result of the decedent's death is the decedent's sole devisee listed under Article II "Gifts, Devises & Bequests"

of the decedent's Last Will and Testament, namely: LONNIE K. FENES, Daughter.

Lonnie K. Fenes  
Affiant, LONNIE K. FENES

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared LONNIE K. FENES, who acknowledged the execution of this instrument this 30th day of June, 1998.

(SEAL)

Document is  
**NOT OFFICIAL**  
This Document is the property of  
the Lake County Recorder!

Theresa L. Clement  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Theresa L. Clements  
Notary Public, State of Indiana  
Lake County  
My Commission Expires 01/1/2000

**STOP**

THIS INSTRUMENT PREPARED BY: JOHN F. HILBRICH, ATTORNEY AT LAW  
2637-45TH ST., HIGHLAND, IN 46322  
PH: 219/924-2427



RETURN RECORDED INSTRUMENT TO:

MAIL FUTURE TAX STATEMENTS TO:

Ms. Lonnie K. Fenes  
8001 Glenwood  
Highland, IN 46322

Filed in Clerk's Office  
 Last Will and Testament  
 of

JUL 7 1998

*Anne M. Anton*  
 CLERK LAKE SUPERIOR COURT

JOHN WILLIAM SWATZELL

I, JOHN WILLIAM SWATZELL, presently of Highland, Lake County, Indiana, being of sound mind and memory, and considering the uncertainty of life, do therefore make, ordain, publish and declare this to be my Last Will and Testament, and do hereby revoke all former Wills and Codicils by me made.

I. PAYMENT OF DEBTS

I direct that all of my debts, funeral expenses, including the expense of my last illness, settlement expenses and inheritance and estate taxes be paid from my general estate by my Executrix, as soon as practical.

II. GIFTS, DEVISES AND BEQUESTS

I give all my personal and household effects not otherwise effectively disposed of, such as jewelry, clothing, automobiles, furniture, furnishings, silver, books and pictures, including policies of insurance thereon, to my wife, VIRGINIA MAE SWATZELL, if she survives me for thirty (30) days or, if she does not so survive me, to my daughter, LONNIE KAY SWATZELL, if she survives me.

I give, devise and bequeath all of the rest, residue and remainder of my property, real, personal and mixed, wheresoever situate of which I may die in possession or expectancy, in fee simple, to have and to hold, absolutely and forever, to my wife, VIRGINIA MAE SWATZELL.

However, if my said wife shall predecease me, or die at the time that I die, or within thirty (30) days thereafter, I then give, devise and bequeath said rest and residue to my daughter, LONNIE KAY SWATZELL. If my daughter shall not survive me, then the share of such deceased child shall be divided and distributed among her descendants, if any, per stirpes.



III. EXECUTRIX

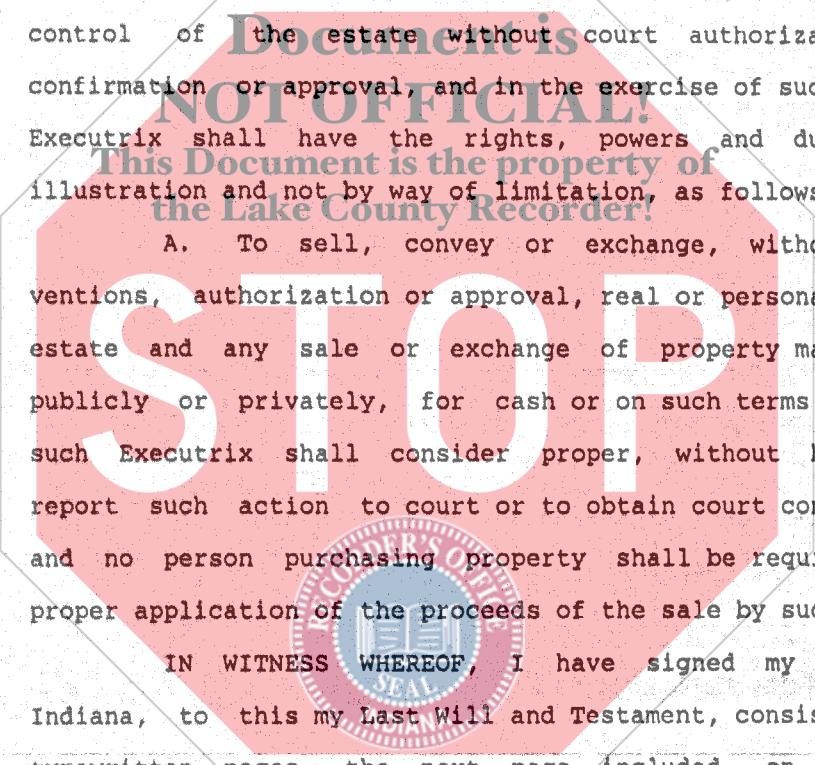
I hereby nominate and appoint my wife, VIRGINIA MAE SWATZELL, to be sole Executrix of this my Last Will and Testament. However, if she be unable to so act, I then appoint my daughter, LONNIE KAY SWATZELL, to act as Executrix herein and direct that either of them shall serve without bond.

IV. EXECUTRIX'S POWERS

I hereby empower and authorize my Executrix to do all things which she may deem desirable or expedient for the advantageous control of the estate without court authorization, direction, confirmation or approval, and in the exercise of such authority, such Executrix shall have the rights, powers and duties by way of illustration and not by way of limitation, as follows:

A. To sell, convey or exchange, without court interventions, authorization or approval, real or personal property of the estate and any sale or exchange of property may be accomplished publicly or privately, for cash or on such terms and conditions as such Executrix shall consider proper, without being required to report such action to court or to obtain court confirmation thereof and no person purchasing property shall be required to see to the proper application of the proceeds of the sale by such Executrix.

IN WITNESS WHEREOF, I have signed my name at Highland, Indiana, to this my Last Will and Testament, consisting of three (3) typewritten pages, the next page included, on this 10 day of September, 1987.

  
John William Swatzell  
JOHN WILLIAM SWATZELL

The above and foregoing instrument was on the aforesaid day signed, sealed, published and declared by the Testator, as and for his Last Will and Testament, in the presence of us, who at his

request, and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

Marianne Tomkowiak residing at Levittown, Illinois  
Witness

Sandra L. Stanford residing at Schererville, Indiana  
Witness

UNDER THE PENALTIES FOR PERJURY, WE, the Testator and the witnesses, respectively, whose names are signed to the attached Last Will and Testament, hereby solemnly, sincerely and truly declare and affirm:

1. That the Testator executed the instrument as his Will;
2. That, in the presence of both witnesses, he signed or acknowledged his signature already made or directed another to sign for him in his presence;
3. That he executed the Will as his free and voluntary act and for the purposes expressed in it;
4. That each of the witnesses, in the presence of the Testator, and of each other, signed the Will as Witness;
5. That the Testator was of sound mind; and,
6. That to the best of their knowledge, the Testator was at the time eighteen (18) or more years of age, or was a member of the Armed Forces or of the Merchant Marine of the United States or its allies.



John William Swartzell  
Testator

Marianne Tomkowiak  
Witness

Sandra L. Stanford  
Witness

John F. Hilbrich, Esq.  
Hilbrich, Cunningham & Schwerd  
2637 - 45th Street  
Highland, Indiana 46322  
Phone: 219/924-2427

\* 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. 0831-98  
264024

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

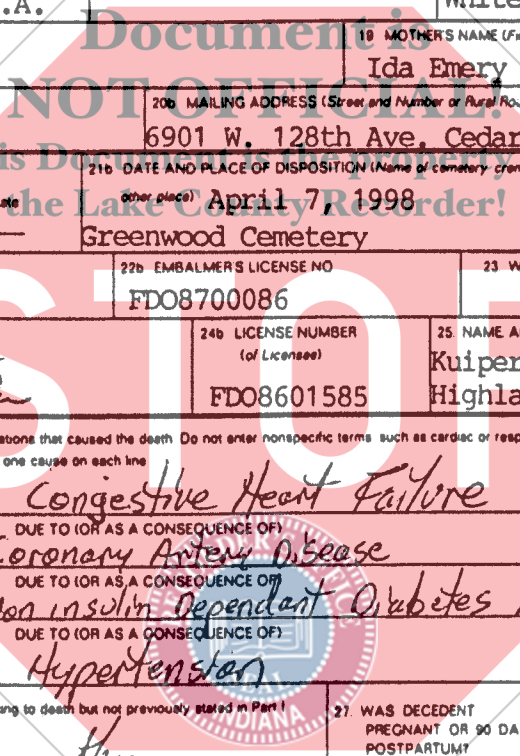
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>John W. Swatzell</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>9:12 A M</b>	3b DATE OF DEATH (Month, Day, Yr) <b>April 3, 1998</b>	
4 *SOCIAL SECURITY NUMBER <b>408-30-4763</b>	5a AGE—Last Birthday (Years) <b>71</b>	5b UNDER 1 YEAR Months: _____ Days: _____	5c UNDER 1 DAY Hours: _____ Minutes: _____	6 DATE OF BIRTH (Mo, Day, Yr) <b>Dec. 9, 1926</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Knoxville, Tennessee</b>	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence				
8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	9a FACILITY NAME (If not institution, give street and number) <b>The Community Hospital</b>			
9b CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>		9c COUNTY OF DEATH <b>Lake</b>			
10 MARITAL STATUS (Specify) <b>Widowed</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Not Applicable</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Truck Driver</b>	12b KIND OF BUSINESS/INDUSTRY <b>Steel Manufacturing</b>		
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Highland</b>	13d STREET AND NUMBER <b>8001 Glenwood</b>		
15a ZIP CODE <b>46322</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>10</b> College (1-4 or 5+) _____		18 FATHER'S NAME (First, Middle, Last) <b>Lon E. Swatzell</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ida Emery</b>		20a INFORMANT'S NAME (Type/Print) <b>Lonnie Fenés</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6901 W. 128th Ave, Cedar Lake, In, 46303</b>		20c Relationship <b>Daughter</b>			
21a METHOD OF DISPOSITION <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) <b>April 7, 1998 Greenwood Cemetery</b>		21c LOCATION—City or Town, State <b>Knoxville, Tennessee</b>	
22a EMBALMER'S NAME <b>Raymond E. White</b>		22b EMBALMER'S LICENSE NO. <b>FDO8700086</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Donald J. Tanis</i>		24b LICENSE NUMBER (of Licensee) <b>FDO8601585</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Rd, Highland, Indiana 46322 FH83007500</b>	
26 PART II HEALTH DEPARTMENT: 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 OF DEATH (disease or condition resulting in death) <b>APR 07 1998</b>		a <b>Congestive Heart Failure</b>		Approximate Interval Between Onset and Death <b>Years</b>	
b <b>Coronary Artery Disease</b>		c <b>Diabetes Mellitus</b>		<b>Years</b>	
d <b>Hypertension</b>		e <b>Insulin dependent Diabetes Mellitus</b>		<b>Years</b>	
PART II Other significant conditions—Conditions contributing to death but not previously stated in Part I <b>Atrial Fibrillation, Ischemic Cardiomyopathy, Left Bundle Branch Block</b>					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Not Applicable</b>	
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>Donald J. Tanis MD</i>			29c MEDICAL LICENSE NO. <b>01045665</b>	29d DATE SIGNED (Month, Day, Year) <b>04/06/98</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donald J. Tanis MD 9122 Columbia Munster In. 46321</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>			32 DATE FILED (Month, Day, Year) <b>April 7, 1998</b>		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34a 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.			





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

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ....

Local No. 16-97-95

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS  
INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1 DECEASED—NAME (First Middle Last) <b>Virginia M. Swatzell</b>		2 SEX <b>Female</b>		3a TIME OF DEATH <b>3:51 P.M.</b>		3b DATE OF DEATH (Month, Day, Yr) <b>July 30, 1995</b>	
4 *SOCIAL SECURITY NUMBER <b>493-14-5850</b>		5a AGE—Last Birthday (Year) <b>75</b>		5b UNDER 1 YEAR Months: Days: Hours: Minutes:		5c UNDER 1 DAY Hours: Minutes:	
6 DATE OF BIRTH (Mo, Day, Yr) <b>Dec. 30, 1919</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>brookfield, Missouri</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		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 checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>8001 Glenwood</b>				9c CITY, TOWN OR LOCATION OF DEATH <b>Highland</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>John Swatzell</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Home Maker</b>		12b KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN OR LOCATION <b>Highland</b>		13d STREET AND NUMBER <b>8001 Glenwood</b>	
13e ZIP CODE <b>46322</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White, etc (Specify) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>12</b> College (1-4 or 5+):			
18 FATHER'S NAME (First Middle Last) <b>Fay Feal</b>				19 MOTHER'S NAME (First Middle, Maiden Surname) <b>Lillian Benson</b>			
20a INFORMANT'S NAME (Type/Print) <b>John Swatzell</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8001 Glenwood Highland, Indiana</b>		20c Relationship <b>Husband</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>August 2, 1995 Greenwood Cemetery</b>		21c LOCATION—City or Town, State <b>Knoxville, TN.</b>			
22a EMBALMER'S NAME <b>Ronald A. Reed</b>		22b EMBALMER'S LICENSE NO. <b>FDO 1001081</b>		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 License) <b>FDO 1014511</b>		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FH83007500</b>			
26 PART I: Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. List only one cause on each line. <b>THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT</b> <b>CARCINOMA</b> DUE TO (OR AS A CONSEQUENCE OF) <b>CHRONIC OBSTRUCTIVE LUNG DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF) <b>HEART FAILURE</b> DUE TO (OR AS A CONSEQUENCE OF) <b>HEART FAILURE</b> Approximate Interval Between Onset and Death <b>MONTHS</b> <b>YEARS</b>							
PART II: Enter the disease, injuries or complications contributing to death but not previously stated in Part I. <b>Alcohol Abuse, Illness, etc.</b> <b>LAKE COUNTY HEALTH COMMISSIONER</b>				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	
28b. 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>[Signature]</i>				29c MEDICAL LICENSE NO. <b>0201161</b>		29d DATE SIGNED (Month, Day, Year) <b>7/31/95</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>CLAUDE A. FOREIT, D.O.</b> <b>3831 KORKHAN AVE, INDIANAPOLIS, IN 46327</b>							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month, Day, Year) <b>July 31, 1995</b>	
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)					
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			