

STATE OF INDIANA
LAKE COUNTY
FILED

2000 JAN -5 AM **FILED**

MOTER V. CARTER
RECORDED JAN 04 2000

2000 6612 **SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

On this 30 day of December, 1999, before me personally appeared **JEAN M. LINDHOLM**, to me personally known, who being duly sworn upon her oath did say that:

1. Affiant resides at 9823 Kennedy Avenue, Highland, Indiana 46322.
2. Affiant is the ^{2nd wife} ~~husband~~ of Carlyle A. Lindholm, deceased;
3. The premises located at 8772 Monroe, Munster, Indiana 46321-2428, were formerly owned by Carlyle A. Lindholm and Jean M. Lindholm, as co-Trustees under a Joint Revocable Trust Agreement dated the 26th day of March, 1993;
4. That Carlyle A. Lindholm died on October 31, 1994, leaving a Last Will and Testament dated March 26, 1993;
5. The legal description of the premises in question is:

LOT 6 IN BLOCK 6, RUETH ESTATES 2ND ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 42, PAGE 42 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Tax Key No. 28-345-6.
6. That Affiant states that there never was an estate probated concerning the death of her husband, Carlyle A. Lindholm, that there were no claims filed as a result of the death of Carlyle A. Lindholm, and that the funeral expenses and all expenses of illness were paid at the time of his death.
7. That as a result of the death of Carlyle A. Lindholm, there was no State of Indiana inheritance taxes or federal estate taxes that were due.
8. Affiant further states that Carlyle A. Lindholm and Jean M. Lindholm were never divorced and continued to be married until the death of Carlyle A. Lindholm and that Jean M. Lindholm did not remarry after her death.
9. Affiant's relationship to the decedent is that of surviving spouse.

Further, Affiant sayeth not.

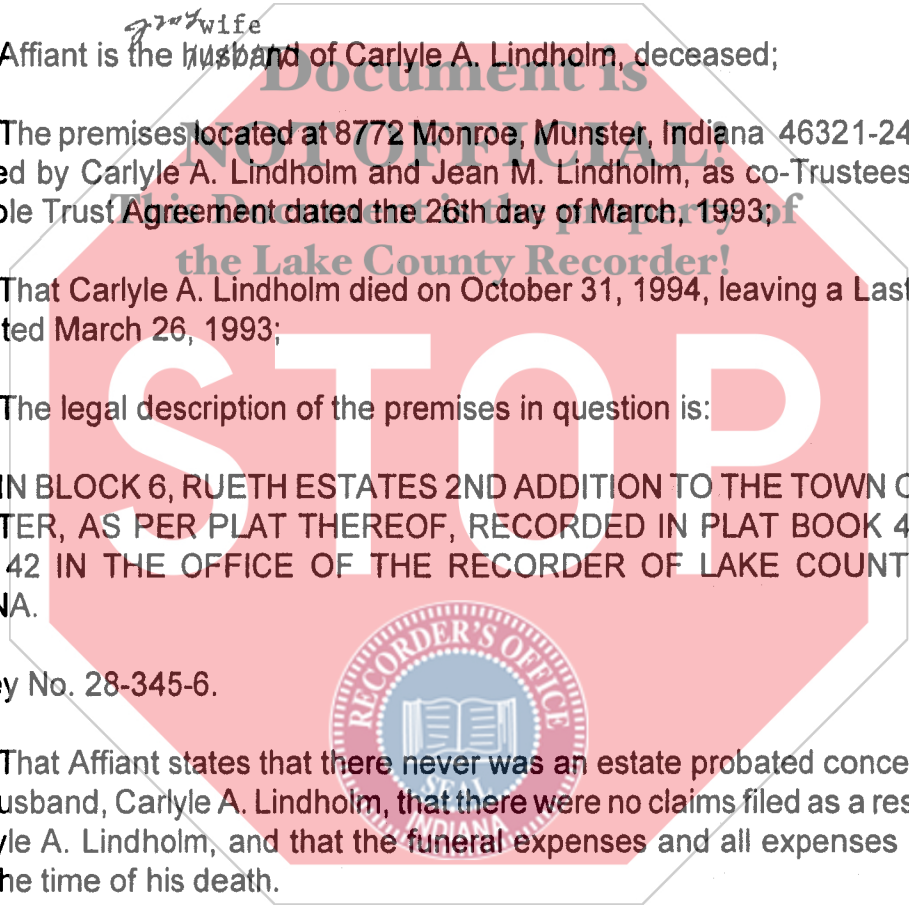
Jean M. Lindholm
JEAN M. LINDHOLM

0-1003

13.00
4/2
H

LINDEN #99 1224 BT H/O

BURNETT TITLE



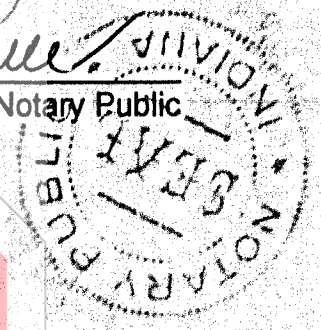
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared **JEAN M. LINDHOLM**, and acknowledged the execution of said Survivorship Affidavit to be her voluntary act and deed for the uses and purposes expressed therein.

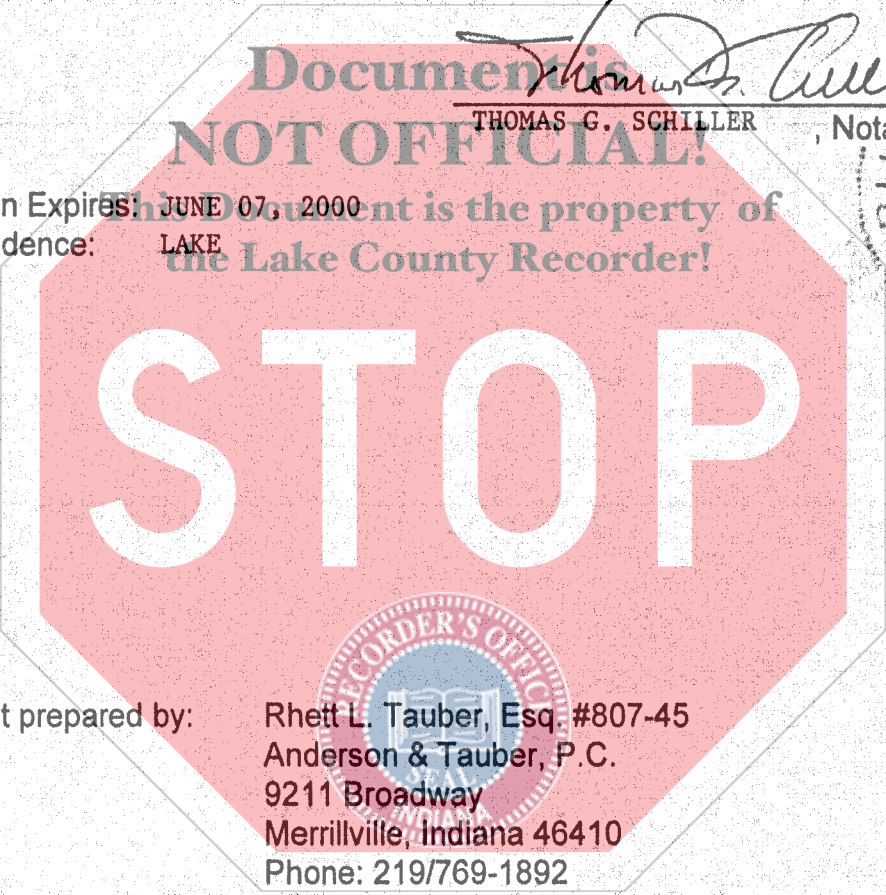
WITNESS MY HAND AND SEAL this 30 day of December, 1999.

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

Thomas G. Schiller
THOMAS G. SCHILLER, Notary Public



My Commission Expires: JUNE 07, 2000
County of Residence: LAKE



This instrument prepared by: Rhett L. Tauber, Esq. #807-45
Anderson & Tauber, P.C.
9211 Broadway
Merrillville, Indiana 46410
Phone: 219/769-1892

DISTRICT NO 151
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

620149

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
1 Carlyle Alfred Lindholm 2 Male 3 October 31, 1994

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
4 Cook 5a 67 5b 5c 5d April 23, 1927

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA OF INPATIENT (SPECIFY)
6a Chicago 6b Northwestern Memorial Hospital 6c Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) WAS DECEASED EVER IN U.S. ARMY OR FORCES? (YES-NO)
7 Hammond, IN 8a Married 8b Jean M. Tobin 9 Yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGH SCHOOL GRADE COMPLETED)
10 305-20-2878A 11a Supervisor 11b Public Utility 12 4

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO INSIDE CITY (YES-NO) COUNTY
13a 8772 Monroe Ave. 13b Munster 13c Yes 13d Lake

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKAN) OF HISPANIC ORIGIN (SPECIFY) (YES, IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
13e Indiana 13f 46321 14a White 14b NO (YES SPECIFY)

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15 Carl A. Lindholm 16 Florence Andres

FORMER SINE (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP)
17a Jackie Smith 17b Medical Records 17c 303 E. Superior Chicago, IL 60611

PART I Enter the diseases, 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)
(a) Pulmonary Embolism
DUE TO, OR AS A CONSEQUENCE OF
(b) Deep Venous Thrombosis
DUE TO, OR AS A CONSEQUENCE OF
(c) Ischemic Cardiomyopathy

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I
AUTOPSY (YES/NO) YES 19a NO 19b
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES [] NO [] 20c

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a 20b

IF DID (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) AND AS I SAW HIM HERALIVE ON
21a I did last attend/October 31, 1994
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES 21b
HOUR OF DEATH 21c 8:10 P. M.

TO THE BEST OF MY KNOWLEDGE (DEATH OCCURRED) THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
22a SIGNATURE
22b DATE SIGNED (MONTH, DAY, YEAR) November 2, 1994

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c Gregory Brisson, M.D., 303 E. Ohio Chicago, IL 60611 22d 36-87007

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED
23

BURIAL CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
24a Burial 24b Calumet Park Cemetery 24c Merrillville, Indiana 24d Nov. 4, 1994

FUNERAL HOME NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP
25a Opyt Funeral Home 13350 S. Baltimore Ave. Chicago, Illinois 60633

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b Joe Francis Stodden 25c 034-12311

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
26a RSM 26b NOV 3 1994

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 3 1994

I, SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

BURNETT TITLE
LINDEN #991224BT
H/O

DEPARTMENT OF HEALTH - CITY OF CHICAGO