

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 006174

2000 JAN 28 AM 9:54

MORRIS W. CARTER

Chicago Title Insurance Company

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

H1990037640

On this July 1, 1999 before me personally appeared Lewis E. Hansen, Jr.
(insert date)

to me personally known, who being duly sworn on oath did say that:

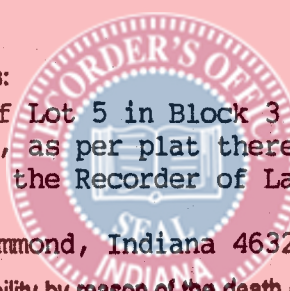
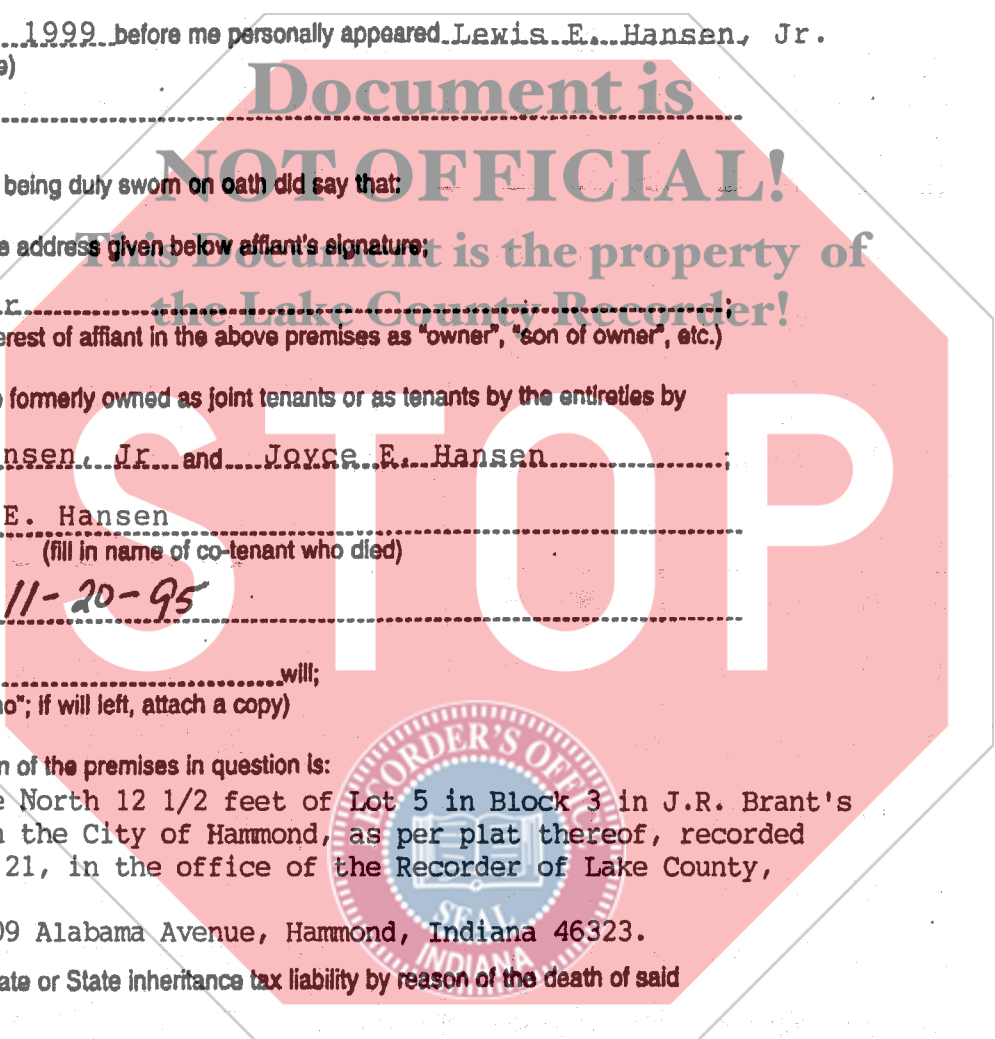
1. Affiant resides at the address given below affiant's signature;
2. Affiant is Owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Lewis E. Hansen, Jr. and Joyce E. Hansen
4. Said Joyce E. Hansen
(fill in name of co-tenant who died)
died on 11-20-95
leaving No will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Lots 3 and 4, and the North 12 1/2 feet of Lot 5 in Block 3 in J.R. Brant's
Parkview Addition, in the City of Hammond, as per plat thereof, recorded
in Plat Book 20 page 21, in the office of the Recorder of Lake County,
Indiana.
Commonly known as 7409 Alabama Avenue, Hammond, Indiana 46323.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said
decedent? Yes No

If yes, then estimated taxes due are \$

The taxes due are paid or unpaid.



FILED

JAN 27 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

13-06
per
ct

01594A

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

.....NO.....

(If answer is "Yes," identify the divorce proceedings:

.....);

8. Affiant's relationship to the deceased was.....SPOUSE.....

Signature: *Lewis E. Hansen Jr.*

Printed Name Lewis E. Hansen Jr.

Address: 77609 Alabama Avenue
Hammond, Indiana 46323

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

Subscribed and sworn to before me by the affiant
this July 1 1999
(insert date)

[Signature]
Notary Public

Printed Name Christine Toth

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 10/21/06



This instrument prepared by Douglas K. Walker
BLACKMUN, BOMBERGER & MORAN
9006 Indianapolis Boulevard
Highland, IN 46322

H199003764

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.

* 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.

Local No. 857

Not. 22, 1995
Date Issued Franklin S. Dremuda
Hammond Health Commissioner

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) Joyce Eilleen Hansen		2. SEX Female	3a. TIME OF DEATH 1:43 P.M.	3b. DATE OF DEATH (Month, Day, Year) November 20, 1995	
4. SOCIAL SECURITY NUMBER 360-32-2343	5a. AGE—Last Birthday (Year) 56	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 12, 1939	
7. BIRTHPLACE (City and State or Foreign Country) Mattoon, IL		8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None		8c. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence			
9a. FACILITY NAME (If not institution, give street and number) 7409 Alabama		9b. CITY, TOWN, OR LOCATION OF DEATH Hammond	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife give maiden name) Lewis Hansen	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) School Teacher		12b. KIND OF BUSINESS/INDUSTRY Park Forest School District	
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 7409 Alabama		
13e. ZIP CODE 46323	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+		18. FATHER'S NAME (First, Middle, Last) T.A. Murphy			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary N.A.		20a. INFORMANT'S NAME (Type/Print) Rev. Lewis Hansen			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7409 Alabama Hammond, IN 46323		20c. Relationship Husband			
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) November 22, 1995 Gilman Cemetery		21c. LOCATION—City or Town, State Gilman, IL	
22a. EMBALMER'S NAME James Porras		22b. EMBALMER'S LICENSE NO. 1045964	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J Burns</i>		24b. LICENSE NUMBER (of Licensee) 1045184	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet MUnster, IN 46321		
26. PART I Enter the disease, 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. CARCINOMA OF BREAST WITH METASTASES		2 1/2 YRS	
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 - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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>Franklin S. Dremuda</i>		29c. MEDICAL LICENSE NO. 01030107	29d. DATE SIGNED (Month, Day, Year) November 21, 1995		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) B.H. Barai, M.D. 125 E. 89th Ave. Merrillville, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Franklin S. Dremuda, M.D.</i>			32. DATE FILED (Month, Day, Year) NOV 22 1995		
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) FILED	34d. 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) JAN 27 2000			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver's license number, etc. PETER BENJAMIN LAKE COUNTY AUDITOR			