

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 010870

2000 FEB 16 AM 9:52

MORRIS W. CARTER
RECORDER

62000012420

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

I, LAUREN AKERS, on this 25 day of January, 2000, being first duly sworn upon oath, states as follows:

1. That she is the Personal Representative of the Estate of HELEN S. BLACK, deceased and the daughter of HELEN S. BLACK, deceased and HERBERT C. BLACK, deceased;

2. That my father, HERBERT C. BLACK, passed away on the 22 day of July 1980;

3. That my mother, HELEN S. BLACK, passed away on the 2nd day of September, 1999;

4. That my mother and father were duly and legally married at the time they, as husband and wife, acquired the following real estate:

The South sixteen and two-thirds (16 2/3) feet of Lot Six (6) and Lot Seven (7), in Block Two (2), Woodlawn Addition to Griffith, Indiana.

Commonly known as: 422 Griffith Boulevard, Griffith, Indiana
Key No.: 26-158-6

5. That the marital relationship which existed between my mother and father at the time they acquired title to said real estate remained in effect and unbroken until the date of my father's death;

6. That all funeral expenses in connection with the deaths of my mother and my father have been paid in full; and

7. That neither the estate of my mother nor my father necessitated the filing of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

Lauren Akers

LAUREN AKERS,
Personal Representative of the Estate
of HELEN S. BLACK, deceased

Subscribed and sworn to before me a Notary Public in and for said county and state this 25th day of January, 2000.

My Commission Expires:
4/27/02

FILED

Kathy S. Welbanks
Notary Public FEB 15 2000
Kathy S. Welbanks

Resident of Lake County
PETER BENJAMIN
LAKE COUNTY AUDITOR

THIS INSTRUMENT PREPARED BY: Robert F. Tweedle, #20411-45, Attorney at Law
2633 - 45th Street, Highland, IN 46322
(219) 924-0770

11-50
m
c

INTESTATE: 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

State No.

Local No. 2012-99

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 18-1-18-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last) Helen Black		2 SEX Female	3a TIME OF DEATH 11:23A M	3b DATE OF DEATH (Month, Day, Yr) Sept. 2, 1999
4 SOCIAL SECURITY NUMBER 312-09-3320	5a AGE—Last Birthday (Year) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Nov. 26, 1918
7 BIRTHPLACE (City and State or Foreign Country) Brownsville, PA	8a WAS DECEDENT A U.S. VETERAN? No			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8c PLACE OF DEATH (Check only one—See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9a FACILITY NAME (If not institution, give street and number) 422 North Griffith Blvd.		9b CITY, TOWN OR LOCATION OF DEATH Griffith		9c COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Own Home
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Griffith	13d STREET AND NUMBER 422 North Griffith Blvd.	
13e ZIP CODE 46319	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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 (8-12) College (1-4 or 5+) 12		18 FATHER'S NAME (First, Middle, Last) (unavailable) Fozkos		
19 MOTHER'S NAME (First, Middle, Last) (unavailable)		20 INFORMANT'S NAME (Type/Print) Lauren Akers		
20a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3015 Butterfield Rd. Yakima, WA 98901		20b Relationship Daughter		

PARENTS

INFORMANT

DISPOSITION

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) September 8, 1999 Elmwood Cemetery	21c LOCATION—City or Town, State Hammond, Indiana
22a EMBALMER'S NAME Ronald A. Reed	22b EMBALMER'S LICENSE NO. FD01001081	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ronald A. Reed</i>	24b LICENSE NUMBER (of License) FD01001081	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home FH83007500 9039 Kleinman Rd. Highland, IN

CAUSE OF DEATH

26 PART I Enter the immediate causes 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 (certifies the above) Respiratory collapse DISEASE OR CONDITION (certifies the above) Arteriosclerotic heart and vascular disease CONDITIONS OF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE OR DISEASE OR CONDITION (certifies the above) SEP 07 1999 DUE TO (OR AS A CONSEQUENCE OF)	27 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unknown
--	--

CERTIFIER

HEALTH OFFICER

28 PART II Other (certifies the above) Alexander S. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER	29 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	30a WAS AN AUTOPSY PERFORMED? (Yes or no) No	30b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
31a CERTIFIER (Check only one) Deputy <input checked="" 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) as stated	31b CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated	31c 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	32 SIGNATURE AND TITLE OF CERTIFIER <i>Paul R. Castro</i> Deputy Coroner
32a MEDICAL LICENSE NO. N/A	32b DATE SIGNED (Month, Day, Year) September 7, 1999	33 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 181 (Type/Print) Paul R. Castro, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307	
34 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>		35 DATE FILED (Month, Day, Year) September 7, 1999	
36 MANNER OF DEATH <input checked="" 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	37a DATE OF DEATH (Month, Day, Year) INJURY	37b INJURY AT WORK? (Yes or no)	38 DESCRIBE HOW INJURY OCCURRED
39a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		39b LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34a DATE PRONOUNCED DEAD (Month, Day, Year) September 2, 1999		34b MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No	