

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 012236

2000 FEB 23 AM 9:24

MORRIS W. CARTER  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

COMES NOW: Casey W. Rachels being duly sworn upon his oath and states as follows:

That Casey W. Rachels is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:  
**THE EAST 1/2 OF LOT 32 AND ALL OF LOT 33 IN BLOCK 6 IN HOLLYWOOD OF HAMMOND, IN THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19 PAGE 21, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

Commonly known as: **325 Sunnyside Avenue, Munster, Indiana 46321**

And that Eugenia J. Rachels who died testate, was Casey W. Rachel's Wife at the time they acquired title, as tenants by the entireties, to said real estate by deed of conveyance which was recorded in the Office of Lake County Recorder.

That the relationship which existed between the affiant and Casey W. Rachels his Wife continued unbroken from the time they so acquired title to said real estate until the death of Eugenia J. Rachels his Wife on February 17, 1997 at which time the affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Eugenia J. Rachels as determined for the purposes of Federal Estate Tax was less than the value required for the filing of Federal Estate Tax.

That the decedent's estate as a result of this transfer was not subject to Indiana Inheritance Tax.

I affirm under penalties for perjury that the foregoing representations are true.

Casey W. Rachels  
Casey W. Rachels

Subscribed and sworn to before me the undersigned, a Notary Public in and for said County and State, on this 11th day of February, 2000.

Joyce M. Barr  
Notary Public - Printed Name

Joyce M. Barr  
Notary Public Signature

My Commission Expires: 3-18-08 Resident of Lake County

This Instrument was prepared by: Jon E. DeGuilio, Attorney at Law  
141 W. Lincoln Highway  
Schererville, Indiana 46375

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

FEB 22 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

012236

↓  
Peoples Bank  
141 W. Lincoln Hwy  
Schererville In. 46375

11.00  
/m  
20231  
20329

\*ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.\*

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 0376-97

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>Eugenia Justine Rachels</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>9:31 AM</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>February 17, 1997</b>	
4. *SOCIAL SECURITY NUMBER <b>337-16-4386</b>	5a. AGE—Last Birthday (Years) <b>73</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>June 6, 1923</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Roseland Chicago IL</b>		8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>Community Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Casey Rachels</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</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>Munster</b>	13d. STREET AND NUMBER <b>325 Sunnyside Ave.</b>		
13a. ZIP CODE <b>46321</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>12</b> College (1-4 or 5+) <b>2</b>		18. FATHER'S NAME (First, Middle, Last) <b>Anton Jones</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Tillie Unavailable</b>		20a. INFORMANT'S NAME (Type/Print) <b>Casey Rachels</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>325 Sunnyside Ave. Munster, IN 46321</b>		20c. Relationship <b>Husband</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>February 20, 1997 Chapel Lawn Memorial</b>		21c. LOCATION—City or Town, State <b>Schererville, IN</b>	
22a. EMBALMER'S NAME <b>Brian Fitzpatrick</b>		22b. EMBALMER'S LICENSE NO. <b>034011651</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24. SIGNATURE OF FUNERAL DIRECTOR <i>Dea. Wag</i>		24b. LICENSE NUMBER (of Licensee) <b>8800057</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, Indiana 46324 for Brown Funeral Home 13820 Lincoln Ave. Dolton, Illinois 60419</b>		
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.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a. Myocardial infarction</b> DUE TO (OR AS A CONSEQUENCE OF)  <b>b.</b> DUE TO (OR AS A CONSEQUENCE OF)  <b>c.</b> DUE TO (OR AS A CONSEQUENCE OF)  <b>d.</b> DUE TO (OR AS A CONSEQUENCE OF)		26. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>R. for Thoraxotomy Feb 3, 1997</b>			
27. 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.		28. CERTIFICATE OF DEATH (Check only one) <input checked="" type="checkbox"/> COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. <input type="checkbox"/> AVAILABLE FOR FILING			
29a. SIGNATURE AND TITLE OF CERTIFIER <b>Kwang-Duck You, M.D.</b>		29b. MEDICAL LICENSE NO. <b>01026577</b>	29c. DATE SIGNED (Month, Day, Year) <b>2/18/97</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED THIS USE OF DEATH (ITEM 26) (Type/Print) <b>931 Franklin Blvd. Munster, IN 46321</b>					
31. SIGNATURE OF HEALTH OFFICER <i>Alexander...</i>		32. DATE FILED (Month, Day, Year) <b>February 18, 1997</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 <b>...</b>
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.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

