Hold For:
Intercounty Title Co.
2050 45th Avenue
Highland, IN 46322

5158912N

INTERCOUNTY TITLE COMPANY
2050 45th Avenue • Highland, IN 46322 • (219) 922-4866 • Fax (219) 922-9095

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 MAR 10 AM 11: 17
MICHAEL B. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

2000 016712

(7)

STATE OF INDIANA
COUNTY OF LAKE } S. S.

On this MARCH 3, 2000 (Insert date) before me personally appeared ABEL H. KING

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 ABEL H. KING and DELLA KING;

4. Said DELLA KING (fill in name of co-tenant who died)
died on JUNE 27, 1999
leaving no (Insert "a" or "no"; if will left, attach a copy) will;

5. The legal description of the premises in question is:

LOT 24 AND THE SOUTH 8 1/2 FEET OF LOT 25 IN BLOCK 8 IN FORD-ROXANA ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20, PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

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 husband.

Signature: Abel H King
ABEL H. KING
Address: 2045 Porte De Leau, Highland, IN

Subscribed and sworn to before me by the affiant
this MARCH 3, 2000 (Insert date)

Janice L Maddox
Notary Public JANICE L. MADDOX

"OFFICIAL SEAL"
JANICE L. MADDOX
NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES MAR 22, 2000

My Commission Expires

1874

FILED
MAR 09 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

12.00 E.P.
CK# 200578

This instrument prepared by ABEL H. KING

* **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. 516

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AN COMPLETE COPY OF DEATH ON FILE WITH TH HAMMOND HEALTH DEPARTMENT.

Jun 29, 1999 — Franklin D. Bremuda M.D.
Date Issued — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Della D. King
2 SEX: Female
3a TIME OF DEATH: 5:09P.M
3b DATE OF DEATH (Month Day Yr): June 27, 1999
4 *SOCIAL SECURITY NUMBER: 411-50-4329
5a AGE—Last Birthday (Years): 63
5b UNDER 1 YEAR (Months Days):
5c UNDER 1 DAY (Hours Minutes):
6 DATE OF BIRTH (Mo Day Yr): Jul. 24, 1935
7 BIRTHPLACE (City and State or Foreign Country): Campbell County, Tenn.
8a WAS DECEDENT A US VETERAN?: No
8b YEAR LAST SERVED IN US ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution, give street and number): Saint Margaret Mercy Healthcare (North)
9c CITY TOWN OR LOCATION OF DEATH: Hammond
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Abel King
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Home Maker
12b KIND OF BUSINESS/INDUSTRY: Own Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Hammond
13d STREET AND NUMBER: 7424 Oakdale Ave.
13e ZIP CODE: 46324
13f INSIDE CITY LIMITS ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): 8; College (1 4 or 5 +):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Andrew Brock
19 MOTHER'S NAME (First, Middle Maiden Surname): Maudie (unavailable)

INFORMANT

20a INFORMANT'S NAME (Type/Print): Abel King
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 7424 Oakdale Ave., Hammond, Ind., 46324
20c Relationship: Husband

DISPOSITION

21a METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place): July 1, 1999 Chapel Lawn Cemetery
21c LOCATION—City or Town State: Schererville, Indiana
22a EMBALMER'S NAME: David R. Peterson
22b EMBALMER'S LICENSE NO: FDO 8601585
23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: A Kuiper
24b LICENSE NUMBER (of Licensee): FDO 1014511
25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home, 9039 Kleinman Rd Highland, Indiana 46322 FH 83007500

CAUSE OF DEATH

26 PART I 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

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a MULTI-ORGAN SYSTEM FAILURE
DUE TO (OR AS A CONSEQUENCE OF)
b STAPH AUREUS SEPSIS
DUE TO (OR AS A CONSEQUENCE OF)
c CELLULITIS
DUE TO (OR AS A CONSEQUENCE OF)
d

Conditions if any, which gave rise to the immediate cause stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I
CONGESTIVE HEART FAILURE
DIABETES MELLITUS II
SEVERE CHRONIC OBSTRUCTIVE LUNG DISEASE
ACUTE NEUROLOGICAL EVENT

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

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated
☐ 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
☐ 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: M. Kevin MD
29c MEDICAL LICENSE NO: 1036785
29d DATE SIGNED (Month Day Year): June 28, 1999
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): M. Kevin, M.D. 7905 Calumet Ave. Munster, Indiana 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin D. Bremuda M.D.
32 DATE FILED (Month Day Year): June 29, 1999

33 MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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 PLACE OF INJURY 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

FILED
MAR 09 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1