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STATE OF INDIANA  
LAKE COUNTY  
FILED

2000 MAR 20 AM 8:45

NOTARIAL PUBLIC  
REC'D

STATE OF INDIANA )  
                          ) ss:  
COUNTY OF LAKE )

RE: WILMA F. DIXON  
     (a/k/a Wilma Fern Dixon)  
DATE OF DEATH: OCTOBER 5, 1996

AFFIDAVIT AS TO  
JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

VERNA JEAN BALDNER, being first duly sworn upon oath, deposes and says:

That she is an adult and the Daughter, of WILMA F. DIXON (a/k/a Wilma Fern Dixon), who died intestate on October 5, 1996, a resident of Lake County, Indiana (a copy of her Death Certificate is attached hereto).

That WILMA F. DIXON (a/k/a Wilma Fern Dixon) AND VERNA JEAN BALDNER held title to the following described real estate, as joint tenants with right of survivorship, to wit:

Lots 1, 2, 3, and 4, in Block 4, as marked and laid down on the recorded Plat of Ridgewood Addition to Griffith as the same appears of record in Plat Book 2, page 80, in the Office of the Recorder of Lake County, Indiana

a/k/a 145 N. True Street, Griffith, IN 46319

Key # 26-141-1

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, at the time of her death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

**FILED**

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PETER BENJAMIN  
LAKE COUNTY AUDITOR

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness have been fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing ownership of said real estate in the sole name of Verna Jean Baldner.

**NOT OFFICIAL!**  
This Document is not for  
the Lake County Recorder!  
*Verna Jean Baldner*  
VERNA JEAN BALDNER  
Affiant

Subscribed and sworn to before me, a Notary Public residing in Lake County, Indiana, on this *14<sup>th</sup>* day of *March*, 2000.

*Kathryn M. Murphy*  
KATHRYN M. MURPHY  
Notary Public

My Commission Expires: *4-27-00*

My County of Residence: *Lake*



**This Instrument Prepared By:**

ROBERT M. SCHWERD # 220-45  
HILBRICH, CUNNINGHAM & SCHWERD  
2637 - 45th Street  
Highland, IN 46322  
Phone: (219) 924-2427

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\* 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.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 9416-96

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1 DECEASED—NAME (First Middle Last) <b>Wilma F. Dixon</b>		2 SEX <b>female</b>		3a TIME OF DEATH <b>4:30 A</b>		3b DATE OF DEATH (Month Day Yr) <b>October 5, 1996</b>	
4 *SOCIAL SECURITY NUMBER <b>307-30-5434</b>		5a AGE—Last Birthday (Years) <b>75</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) <b>February 15, 1921</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>(Unknown), Indiana</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>no</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>n/a</b>		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" 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>St. Margaret-Mercy Health Care Center-South Dyer</b>				9c CITY, TOWN OR LOCATION OF DEATH <b>Dyer</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>widowed</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>n/a</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Home maker</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>Griffith</b>		13d STREET AND NUMBER <b>145 True Street</b>	
13e ZIP CODE <b>46319</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</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>8</b> College (14 or 5+) <b></b>					
18 FATHER'S NAME (First Middle Last) <b>Charles Bishop</b>				19 MOTHER'S NAME (First Middle Maiden Surname) <b>Lillie May Brown</b>			
20a INFORMANT'S NAME (Type/Print) <b>Verna Baldner</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>145 True Street, Griffith, Indiana, 46319</b>		20c Relationship <b>Daughter</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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>October 8, 1996 Burr Oak Cemetery</b>		21c LOCATION—City or Town, State <b>Burr Oak, Indiana</b>			
22a EMBALMER'S NAME <b>Ronald A. Reed</b>		22b EMBALMER'S LICENSE NO. <b>FDO1001081</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>R. A. Reed</i>		24b LICENSE NUMBER (of Licensee) <b>FDO1014511</b>		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH83007500</b>			
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 <b>Left lower lobe pneumonia</b>							
b <b>Chronic obstructive pulmonary disease</b>							
c <b>Cor pulmonale</b>							
d							
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) <b>no</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>n/a</b>			
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>[Signature]</i>				29c MEDICAL LICENSE NO. <b>000476</b>		29d DATE SIGNED (Month Day Year) <b>10-8-96</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>William G. Catalano, M.D. 840 Richard Road, Dyer, IN 46311</b>							
31 DEATH OFFICER'S SIGNATURE <i>[Signature]</i>				32 THIS CERTIFIES THE ABOVE STATEMENTS ARE TRUE AND COMPLETE COPY OF THE CERTIFICATE IS FILED IN THE DEPARTMENT OF HEALTH. <b>10/9/96</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 DATE AND HOW INJURY OCCURRED HEALTH OFFICER <b>10-09-1996</b>		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>no</b>					
LAKE COUNTY HEALTH COMMISSIONER							