3

Key No 26-32-105-13

2000 019128

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this 21st day of February, 2000, before me personally appeared SHIRLEY J. WILSON, to me personally known, who being duly sworn on oath did state that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is the daughter of PAULINE J. WINKLER who owned, at the time of her death, a life estate in the following described real estate:

> LOT THIRTEEN (13) IN BLOCK THREE (3), in CALUMET CENTER ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19 PAGE 21 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

more commonly known as 821 River Drive in Hammond, Lake County, Indiana.

3. Said PAULINE J. WINKLER died a resident of Lake County, Indiana, on April 28, 1991.

4. Affiant is the surviving remainderman and exclusive owner of the above-described parcel of real property.

5. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid PAULINE J. WINKLER.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 MAR 21 AM 11:15
MICHAEL A. BROWN
RECORDER

FILED

MAR 21 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

00410

13.50
fee
CASH

6. Said real estate described above is not subject to inheritance tax liability or state tax liability.

SIGNATURE: Shirley Jackson

ADDRESS: 7141 Schneider Avenue
Hammond, Indiana 46323

Subscribed and sworn to before me by the Affiant this 21st day of ~~January~~ February, 2000.

Patrick P. Devine

Notary Pubic Patrick P. Devine

My Commission Expires: 6/30/07
My County of Residence: Lake

This instrument was prepared by PATRICK P. DEVINE, Esq., Hand Wilk & Hand, 3235 - 45th Street, Highland, Indiana 46322-3284

Local No. 320

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

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

Jan 24, 2000 — Date Issued

Franklin D. Pernudez M.D. — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)		2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
Pauline	Winkler	Female	3:04 A M	April 28, 1991

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months	Days	5c UNDER 1 DAY Hours	Minutes	6 DATE OF BIRTH (Mo Day Yr)	7 BIRTHPLACE (City and State or Foreign Country)
310-22-9242	81					Nov. 14, 1909	Grant Park, IL

8a WAS DECEDENT A US VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No	No	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
St. Margaret Hospital	Hammond	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Widow	-	Homemaker	Home

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
IN	Lake	Hammond	821 River Dr.

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban Mexican Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12)	College (1 4 or 5 +)
46324	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	9	

PARENTS

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First Middle Maiden Surname)
August Blank	Mary Poppe

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	20c Relationship
Shirley Wilson	7141 Schneider St. Hammond, IN 46324	Daughter

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory, or other place)	21c LOCATION—City or Town State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ____ ☐ Entombment	May 1, 1991 Concordia Cemetery	Hammond, IN

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
James Porras	1045964	☐ No ☐ Yes XX

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Thomas J. Burns	1045184	Burns-Kish Funeral Home#300496 8415 Calumet Munster, In 46321

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 Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF)	Unknown
Conditions if any which gave rise to the immediate cause stating the underlying cause last	b DUE TO (OR AS A CONSEQUENCE OF)	
	c DUE TO (OR AS A CONSEQUENCE OF)	
	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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
Frank R Hieber	19344	April 30, 1991

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Dr. F. Hieber 7550 Hohman Avenue Munster- Indiana 46321

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month Day Year)
Franklin D. Pernudez M. D.	APRIL 30, 1991

CORONER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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

EXHIBIT A

SBH06 004 State Form 10110 (R2/3-89) DEA CERT/PD 1