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STATE OF INDIANA)
2000)
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED
LAKE SUPERIOR COURT
SITTING AT GARY, INDIANA

IN RE: THE ESTATE OF)
HELEN SWETKY HUTMAN,)
Deceased.)

CAUSE NO.:

FILED

MAR 21 2000

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

AFFIDAVIT OF SURVIVORSHIP

Andrew Joseph Hutman, being first duly sworn upon his oath, deposes and says as follows:

1. That he currently resides at 5012 Maryland Street, Gary, Indiana, 46409.

2. That Affiant is the son of Helen Swetky Hutman, who died a resident of Porter County, Indiana on the 1st, day of February, 1999, and whose record of death is duly entered in the records maintained by the Porter County Health Department, Valparaiso, Porter County, Indiana, a copy of which is attached hereto as Exhibit "A".

3. That Affiant, Andrew Joseph Hutman, owned real estate with said decedent, Helen Swetky Hutman, as joint-tenants with right of survivorship at the time of her death, said real estate being commonly known as 5012 Maryland Street, Gary, Indiana, and legally described as follows:

THE NORTH 1/2 OF LOT 2, BLOCK 5, BROADWAY GARDENS, IN THE CITY OF GARY, AS PER PLAT THEREOF, IN PLAT BOOK 19, PAGE 14 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key # 41-156-2

4. That more than one (1) year has elapsed since the date of death of Helen Swetky Hutman and no estate will be opened.

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*Return: Wm. Long
P.O. Box 69 #label 46342*

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Ticor Title recorded this document as an accommodation. Ticor did not examine the document or the title of the real estate affected.

5. That there were insufficient assets owned by Helen Swetky Hutman at the time of her death to require payment of Indiana Inheritance Tax or Federal or State Tax.

6. That this Affidavit is made for the purpose of establishing the above facts.

Further Affiant sayeth not.

IN WITNESS WHEREOF, the said Andrew Joseph Hutman has hereunto set his hand and seal this 13th day of March 2000.

Andrew Joseph Hutman
ANDREW JOSEPH HUTMAN, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

Subscribed and sworn to before me a Notary Public in and for said County and State, this 13th day of March 2000.

Sherry L. Advertiser
Notary Public

Resident of LAKE County

My Commission Expires: 12-19-07

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This Document Not Valid Unless
 Stamped on Reverse Side and
 Embossed with Raised Seal of
 Porter County

PORTER COUNTY
 CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
 155 Indiana Ave.
 Suite 104
 Valparaiso, IN 46383

85962
 PE/PRINT
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 RMANENT
 ACK INK

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

1. DECEASED—NAME (First Middle Last) HELEN HUTMAN		2. SEX Female	3a. TIME OF DEATH 7:15p.m.	3b. DATE OF DEATH (Month Day, Yr) February 1, 1999
4. SOCIAL SECURITY NUMBER 307-20-3079	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month Day, Yr) June 2, 1925
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence			
9a. WAS DECEDENT A U.S. VETERAN? No	9b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9c. FACILITY NAME (If not institution, give street and number) Fountainview Nursing Home		
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife	12b. KIND OF BUSINESS/INDUSTRY
13a. RESIDENCE—STATE Indiana	13b. COUNTY Porter	13c. CITY, TOWN, OR LOCATION Portage	13d. STREET AND NUMBER 2175 Lancer St.	
13e. ZIP CODE 46368	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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 (9-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First Middle Last) Joseph Swetky		
19. MOTHER'S NAME (First Middle Maiden Surname) Rose Kold		20a. INFORMANT'S NAME (Type/Print) George Hutman		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2181 Pennsylvania St. Portage, In		20c. Relationship Son		
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) Feb. 4, 1999 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Ind.
22a. EMBALMER'S NAME Anthony S. Rendina Jr.		22b. EMBALMER'S LICENSE NO. FD01010402	22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
23a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		23b. LICENSE NUMBER (of License) FD01010402	23c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In46408	
24. 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. renal failure				Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)				a. DUE TO (OR AS A CONSEQUENCE OF)
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. DUE TO (OR AS A CONSEQUENCE OF)
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>S. J. Deora</i>		25. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	26a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	26b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
27a. 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.		27b. SIGNATURE AND TITLE OF CERTIFIER <i>S. J. Deora</i>		
27c. MEDICAL LICENSE NO. 01007933		27d. DATE SIGNED (Month, Day, Year) 2-2-99		
28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 1400 Broadway Way IN 46402 SHREYAS DESAI MD				
29. HEALTH OFFICER'S SIGNATURE <i>Gary A. Babeske MD</i>				30. DATE FILED (Month, Day, Year) February 2, 1999
31. 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		32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY	32c. INJURY AT WORK? (Yes or no)
32d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		32e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
33. DATE PRONOUNCED DEAD (Month, Day, Year)		34. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. (3)		

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