

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 021346

2000 MAR 29 AM 9:27

NOTARY PUBLIC  
RECORDS

**SURVIVORSHIP AFFIDAVIT  
AFFIDAVIT OF INHERITANCE  
TAX EXEMPTION**

**FILED**

MAR 29 2000

IN RE THE TITLE OF: Lot 84, East Suburban Addition To Town of  
Dyer, Lake County, IN; Community known as  
1445 - 215<sup>th</sup> Street, Dyer, IN 46311  
Real Estate Tax Key 14-66-84

Debra Hess Cabrera, upon her oath states:

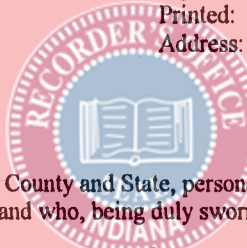
- 1) She is the adult daughter of Cora B. Hess.
- 2) The above described real estate was owned as joint tenants by CORA B. HESS and DEBRA HESS CABRERA.
- 3) Cora B. Hess died, October 29, 1999, a resident of Lake County, Indiana.
- 4) Cora B. Hess left no Last Will and Testament. There is no estate proceedings pending by reason of decedent's death.
- 5) Decedent's gross estate, consisting of all property subject to Indiana Inheritance Tax, including, but not limited to, decedent's property held jointly with others surviving; transferred or payable on death to others; insurance proceeds payable upon decedent's death not exempt under IC 6-4.1-3-6; annuity payments taxable under Regulation 45 IAC 4.1-3-4; trust property held for decedent and transferred to others upon decedent's death; and/or property held in decedent's name alone did not exceed the exemptions provided by law. There is no inheritance tax due or owing by reason of decedent's death.

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Dated: 3-20-2000

Signature: Debra Hess Cabrera  
Printed: Debra Hess Cabrera  
Address: 1445 - 215<sup>th</sup> Street  
Dyer, Indiana 46311

STATE OF INDIANA )  
  ) SS:  
COUNTY OF LAKE )



Before me, a Notary Public in and for said County and State, personally appeared Debra Hess Cabrera, who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained therein to be true.

WITNESS my hand and Notarial Seal this 20<sup>th</sup> day of March, 2000.

(Signature) Kenneth A. Manning  
(Printed) Kenneth A. Manning, Notary Public

My commission expires: 12-2-2006  
County of Residence: Lake

Instrument prepared by: Kenneth A. Manning, 200 Monticello Drive, Dyer, Indiana, Attorney at Law (9015-45)

02199

11.00  
E.P.  
21159

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

CERTIFICATE OF DEATH

State No. ....

Local No. 2482-99

269772

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Cora B. Hess		2 SEX Female	3a TIME OF DEATH 2:50P M	3b DATE OF DEATH (Month, Day, Yr) October 29, 1999
4 *SOCIAL SECURITY NUMBER 313-36-5725	5a AGE—Last Birthday (Years) 61	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Oct. 14, 1938
7 BIRTHPLACE (City and State or Foreign Country) Logansport, IN	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	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 checked="" type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) 1445 215th	9c CITY, TOWN, OR LOCATION OF DEATH Dyer	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	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) Homemaker	12b KIND OF BUSINESS/INDUSTRY Home	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Dyer	13d STREET AND NUMBER 1445 215th St.	
13e ZIP CODE 46311	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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 (0-12) College (1-4 or 5 +) - 8 ---		18 FATHER'S NAME (First, Middle, Last) Donald Camp		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Helen Hardy		20a INFORMANT'S NAME (Type, Print) Debra Cabrera		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1445 215th Dyer, IN 46311		20c Relationship Daughter		
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) November 2, 1999 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Scherverville, IN	
22a EMBALMER'S NAME John T. Noble	22b EMBALMER'S LICENSE NO. 9000031	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b LICENSE NUMBER (of Licensee) 1021590	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #300496 8415 Calumet Munster, IN 46321		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Pulmonary carcinoma</i> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any, which gave rise to the immediate cause, stating the underlying cause last.				Approximate Interval Between Onset and Death
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				27 WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no) No
28 WAS AN AUTOPSY COMPLETED? (Yes or no) No				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---
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. X 20000745	29d DATE SIGNED (Month, Day, Year) Nov. 1, 1999
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) G. Davidson, D.O. 840 Richard Rd Dyer, IN 46311				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32 DATE FILED (Month, Day, Year) NOV 01 1999
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 (DATE, CITY, HEALTH DEPT) HEALTH DEPT
34a 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) NOV 01 1999 02200		
34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, bicyclist, etc. <i>Alexander S. Williams, M.D.</i> LAKE COUNTY HEALTH COMMISSIONER			