

2-11

STATE OF INDIANA
STATE OF INDIANA
LAKE COUNTY

SURVIVORSHIP AFFIDAVIT

0000087 2000 022207

COMES NOW the affiant Richard G. Tomkutonis whom being first sworn, and upon his/her oath and under penalties for perjury, solemnly swears and states that:

1. He is the legal title owner of the real estate located at 9827 5th Street, Highland, IN 46322 more particularly described as follows:

Lot 53, Lakeside Third Addition to the Town of Highland, as shown in Plat Book 37, page 2, Lake County, Indiana.

2. He acquired title to the afore-mentioned real estate with his/her husband/wife by Warranty Deed recorded in Instrument No. 648034, in the Office of the Recorder of Lake County, Indiana.
3. He and his wife Jean M. Tomkutonis held title by the entireties until the date of his/her death on December 7, 1999.
4. By virtue of the operation of law in the he is the survivor of them, the affiant should now be shown as the sole owner of the real estate.
5. The total value of my late wife's estate, including the proceeds of life insurance, and interests in jointly owned real estate, was not large enough to be subject to federal estate tax.

Affiant makes these statements to induce the appropriate governmental authorities to cause the title to the real estate to be shown in the sole name of the affiant and that all tax records are shown accordingly.

Richard G. Tomkutonis
Richard G. Tomkutonis

DAILY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

APR 10 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

MAR 31 2000

STATE OF INDIANA)

COUNTY OF Lake)

PETER BENJAMIN
LAKE COUNTY AUDITOR

Before me, a Notary Public, in and for said State and County, personally appeared the affiant herein Richard G. Tomkutonis who acknowledges the truthfulness of the contents herein.

Witnessed this 22nd day of March 2000

My Commission Expires: _____

[Signature]
Notary Public
Resident of _____ County

Prepared By: Richard G. Tomkutonis

Return to Centier Bank
600 E 84th Ave.
Merrillville IN
416416

William D. Gibr
8-25-2008 Expires
Resident of Porter County

277A

2000
8.1
797

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. 8789-99

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

385348
TYPEPRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Jean M. Tomkutonis		2 SEX Female	3a TIME OF DEATH 12:59P	3b DATE OF DEATH (Month Day, Yr) December 7, 1999
4 SOCIAL SECURITY NUMBER 368-22-7529	5a AGE—Last Birthday (Year) 72	5b UNDER 1 YEAR Month Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Oct. 1, 1926
7a WAS DECEASED A US VETERAN? No	7b YEAR LAST SERVED IN US ARMED FORCES? None	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> DCA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a FACILITY NAME (If not institution give street and number) Community Hospital		9b CITY, TOWN OR LOCATION OF DEATH Munster	9c COUNTY OF DEATH Lake	
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife give maiden name) Richard Tomkutonis	12a DECEASED'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 Highland	13d STREET AND NUMBER 9827 5th Ave.	
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZENSHIP OF WHAT COUNTRY? U.S.A.	15 WAS DECEASED 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <input checked="" type="checkbox"/> College (1-4 or 5) <input type="checkbox"/>		18 FATHER'S NAME (First Middle Last) Fred St. Amour		
19 MOTHER'S NAME (First Middle Maiden Surname) Ann Buckley		20a INFORMANT'S NAME (Type/Print) Richard Tomkutonis		
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 9827 5th Ave. Highland, IN 46322		20c Relationship Husband		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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) December 10, 1999 Regional Cremation SV		21c LOCATION—City or Town State Munster, IN
22a EMBALMER'S NAME John T. Noble		22b EMBALMER'S LICENSE NO. 9000031	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Eric J. Burns</i>		24b LICENSE NUMBER (of Licensee) 8601763	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #8800 8415 Calumet Munster, IN 4632	
26 PART I: State the disease, injury, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory failure. List only one cause on each line. IMMEDIATE CAUSE (The disease or injury which directly resulted in death) Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF) coronary artery disease DUE TO (OR AS A CONSEQUENCE OF) M.D. 09 1999 DUE TO (OR AS A CONSEQUENCE OF)				
PART II: (Do not complete unless death occurred in hospital or in a health care facility. Do not complete if death occurred in a health care facility but not previously listed in Part I.)				
27 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28c WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY FINANCES 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) as stated				
29b SIGNATURE AND TITLE OF CERTIFIER A. Hendricks, MD		29c MEDICAL LICENSE NO. 01049110	29d DATE SIGNED (Month Day, Yr) Dec. 9, 1999	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Archana Hendricks, M.D. 919 Main St. Dyer, IN 46311				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32 DATE FILED (Month Day, Year) December 9, 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"/> Homicide <input type="checkbox"/> Could not be Determined		33a DATE OF INJURY (Month Day Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34b LOCATION (Street and Number or Rural Route Number City or Town State)		
34c DATE PROMOUNCED DEAD (Month Day Year)		34d MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		