STATE OF INDIANA FILED
LAKE COUNTY
FILED FOR RECORD

APR 04 2000

2000 APR -5 AM 9:11

PETER BENJAMIN
LAKE COUNTY AUDITOR

MORRIS W. CARTER
RECORDER

STATE OF INDIANA) 2000 023031
) SS:
COUNTY OF LAKE)

4

AFFIDAVIT OF SURVIVORSHIP

Before me, an authority duly authorized to take oaths, did personally appear, James G. Platis, Personal Representative of the Estate of Bess Anderson, and being duly sworn upon his oath, did state as follows:

1. I am the Court-appointed Personal Representative of the Estate of Bess Anderson, the surviving owner of the following described real estate: KH 12-162-9

Part of Tract 9, Ventura Townhomes, Phase 2, a Planned Unit Development in St. John, Lake County, Indiana, as per plat thereof, recorded in Plat Book 73, page 7, in the Office of the Recorder of Lake County, Indiana, being more particularly described as follows:

Commencing at the Northeasternly corner of said Tract 9; thence Southerly along the Easterly line of said Tract 9, being a curve concave to the East and having a radius of 180.01 feet, an arc distance of 71.72 feet to the point of beginning; thence continuing Southerly along said curved Easterly line, an arc distance of 61.92 feet to the Southeasterly corner of said Tract 9; thence South 39 degrees 12 minutes 39.2 seconds West, along the Southerly line of said Tract 9, a distance of 222.01 feet; thence North 15 degrees 53 minutes 56.8 seconds West along the Westerly line of said Tract 9, a distance of 76.13 feet; thence North 37 degrees 10 minutes 24.3 seconds East, a distance of 156.12 feet; thence North 51 degrees 52 minutes 53.9 seconds East, a distance of 30.00 feet to the point of beginning.

Commonly Known as: 8658 Kelly Drive, St. John, Indiana 46373

2. Bess Anderson was married to Andrew Anderson around 1949 or 1950 and no divorce proceedings were ever commenced prior to the death of Andrew Anderson.

3. The above-described real estate was transferred by warranty deed to Andrew Anderson and Bess Anderson, husband and wife, as tenants by the entireties.

4. Andrew Anderson and Bess Anderson continued to own the property as tenants by the entireties until the time of Andrew Anderson's death on February 23, 1996. (A

922001050 Schultz TICOR Sch

15.00 ER TI

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true and accurate photocopy of Andrew Anderson's death certificate is attached hereto and incorporated herein by reference as Exhibit "A.")

5. Upon the death of Andrew Anderson, title to the above-described real estate vested solely in Bess Anderson, his surviving spouse and tenant by the entirety.

6. No Indiana Inheritance taxes, inheritance taxes from other states or countries, or federal estate taxes were due or payable by reason of the death of Andrew Anderson.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

James G. Platis

JAMES G. PLATIS, Affiant

Subscribed and sworn to before me, this 29th day of March, 2000.

Susan M. Sevena

Notary Public
Resident of Lake County, Indiana

My Commission Expires: 3-5-08

This instrument was prepared by RUMAN, CLEMENTS, TOBIN & HOLUB, P.C.
BY: Laura L. Rybicki, # 21389-45
5261 Hohman Avenue, Hammond, Indiana 46320; (219) 933-7600

LLR/id
99-0848

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER 445-2-96

MEDICAL EXAMINER'S – CORONER'S CERTIFICATE OF DEATH

NUMBER 603595

DECEDENT—NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ANDREW	C.	ANDERSON	2. MALE	3. FEBRUARY 23, 1996

COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. / DAYS	UNDER 1 DAY HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK	5a. 78	5b.	5c.	5d. SEPTEMBER 25, 1917

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HOSP, OR INST, INDICATE D O A, OP EMER, RM, INPATIENT (SPECIFY)
6a. CHICAGO	6b. Lakeside VA.	6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO)
7. CHICAGO, ILLINOIS	8a. MARRIED	8b. BESS PLATIS	9. YES

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary, Secondary (0-12) / College (1-4 or 5+)
10. 339-05-6071	11a. POLICE OFFICER	11b. LAW ENFORCEMENT	12. 12

RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES NO)	COUNTY
13a. 8658 KELLY DRIVE	13b. ST. JOHN	13c. YES	13d. LAKE

STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. INDIANA	13f. 46373	14a. WHITE	14b. ☒ NO ☐ YES SPECIFY:

FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST
15. N/A	16. N/A

INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. BESS ANDERSON	17b. WIFE	17c. 8658 KELLY DR. ST. JOHN, INDIANA 46373

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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) Coronary atherosclerosis	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (b)	
	DUE TO, OR AS A CONSEQUENCE OF (c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Bronchopneumonia

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)	AUTOPSY (YES NO) / WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO)
20a. Natural	20b.	20c. M.	20d.	19a. yes / 19b.

INJURY AT WORK (YES NO)	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO.; COUNTY; STATE)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20e.	20f.	20g.	20h. YES ☐ NO ☐

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT	THE DECEDENT WAS PRONOUNCED DEAD ON MONTH / DAY / YEAR	AT
	21b. Feb. 24, 96	21c. 8:30 p. M.

CORONER'S/MEDICAL EXAMINER'S SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
22a. ▶ E.P. Choi, M.D.	22b. Feb 24, 96
CORONER'S/PHYSICIAN'S NAME (Type or Print) EUPIL CHOI, M.D.	DATE SIGNED (MONTH, DAY, YEAR)
23a. ▶	23b.

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. CREMATION	24b. OAKLAND MEMORIAL LAWN	24c. DOLTON,	ILLINOIS	24d. FEBRUARY 28, 1996

FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE ZIP
25a.	SHIMKUS FUNERAL SERVICE	1941 W. CERMAK	CHICAGO	ILLINOIS 60608

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. ▶	25c. 034-014633
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. ▶ Sheila Lyne, RSM	26b. FEB 27 1996

VR202 (Rev. 5-89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 27 1996

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

FILED
APR 04 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

EXHIBIT A

* **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.

Local No. 8820-99

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

11961 1

TYPE/PRINT IN PERMANENT BLACK INK

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

DECEDENT

1 DECEASED—NAME (First Middle Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
Bess Anderson	Female	2:40A M	December 12,1999

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)
305-20-1663	76					July 23,1923	Detroit,MI

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No	None	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
Lincolnshire Home Health	Merrillville	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	St. John	8658 Kelly 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+)
46373	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	12	--

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Sam Platis	Mae Theodore

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
Jim Platis	427 Fisher St. Munster,IN 46321	Brother

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) _____	December 14,1999 Regional Cremation SV	Munster,IN

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
-----	----	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
[signature]	1021590	Burns-Kish Funeral Home#3004968 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. ☒ congestive cardiac failure

DUE TO (OR AS A CONSEQUENCE OF)
b. arteriosclerotic heart disease

Conditions if any which gave rise to the immediate cause stating the underlying cause last

DUE TO (OR AS A CONSEQUENCE OF)
c. arteriosclerotic cerebrovascular disease

DUE TO (OR AS A CONSEQUENCE OF)
d. complicated arteriosclerosis

FILED

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I
Dehydration
Mal nutrition

APR 04 2000

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

PETER BENJAMIN
LAKE COUNTY AUDITOR

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
X [signature] (Title)	X IN25043	Dec. 14, 1999

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Dr. Potti 8300 Broadway Merrillville,IN 46410

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE [signature] M.D.

32 DATE FILED (Month Day Year) December 14,1999

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				DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

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)
	3091 DEC 14 1999

34g DATE PRONOUNCED DEAD (Month Day Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian
	[signature] M.D. LAKE COUNTY HEALTH COMMISSIONER

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1