

STATE OF INDIANA)
2000ss:026603
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED

2000 APR 19 AM 9:07

AFFIDAVIT OF SURVIVORSHIP

Comes now Bank Calumet, N.A., Personal Representative of the Estate of Esther Radun by James B. Funkhouser, Trust Officer, being duly sworn upon his oath, and states as follows:

That Affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 12 in Block 3 in Broadmoor, in the Town of Munster, as per plat thereof, recorded in Plat Book 18, page 3, in the Office of the Recorder, Lake County, Indiana.

Commonly known as: 7932 Hohman Ave., Munster, IN 46321

That the Decedents Walter Radun and Esther Radun acquired title as tenants by the entireties of said real estate by deed of conveyance recorded in the Office of the Lake County Recorder.

That the Decedents jointly held title to said real estate until the death of Walter Radun on the 6th day of March, 1998 in Munster, Lake County, Indiana. Thereafter, Esther Radun died on the 10th day of January, 2000, at which time this affiant acquired title to real estate pursuant to property law.

That the gross value of the estate of Walter Radun was neither subject to Federal Estate Taxes nor Indiana Inheritance Taxes.

FILED

By: Bank Calumet, N.A.
Personal Representative of the
Estate of Esther Radun.

APR 18 2000

James B. Funkhouser
James B. Funkhouser, Trust Officer

PETER BENJAMIN
STATE OF INDIANA)
LAKE COUNTY AUDITOR)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 11th day of April, 2000, personally Bank Calumet, N.A., by and through its Trust Officer, James B. Funkhouser, as Personal Representative of the Estate of Esther Radun, deceased, and acknowledged the execution of the foregoing affidavit for the uses and purposes therein set forth.

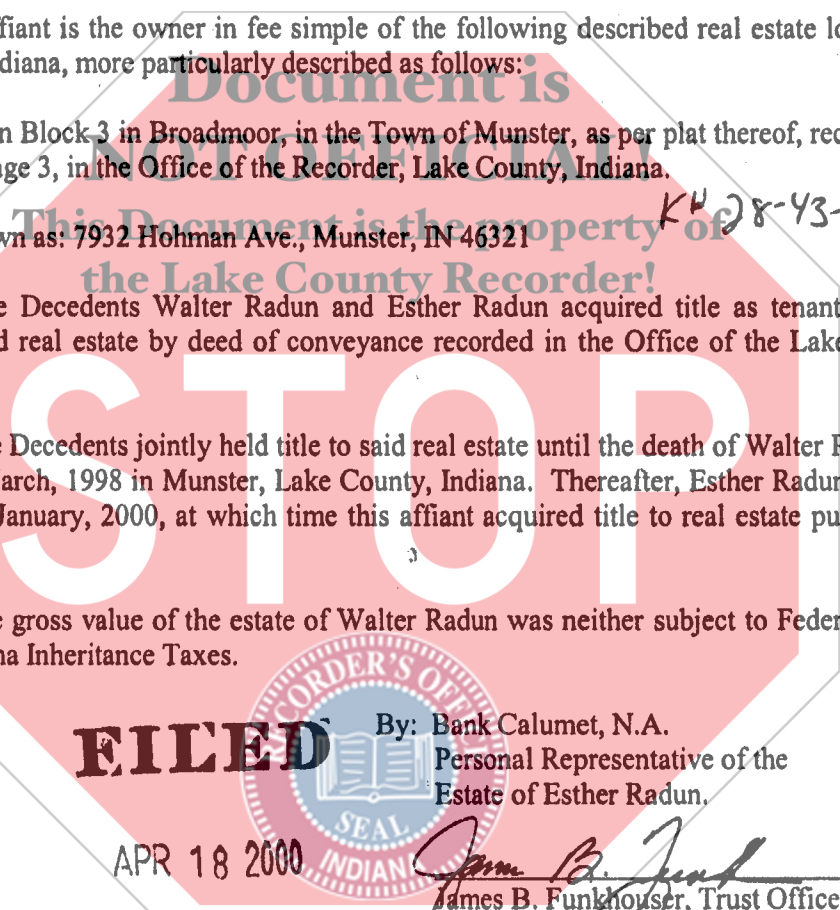
My Commission Expires: 9/21/2007
County of Residence: Lake

Sheri L. Bianco
Sheri L. Bianco, Notary Public

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E.P.,
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TICOR No 920001247
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ATTENTION ESTABLISH 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. 0545-98

42806
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

1. DECEASED—NAME (First, Middle, Last) Walter E. Radun		2. SEX Male	3a. TIME OF DEATH 10:00 P M	3b. DATE OF DEATH (Month, Day, Yr) March 6, 1998
4. SOCIAL SECURITY NUMBER 489-09-3485	5a. AGE—Last Birthday (Years) 86	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) February 3, 1912
7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. WAS DECEDENT A U.S. VETERAN? Yes	9b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9c. CITY, TOWN, OR LOCATION OF DEATH Munster		
9d. FACILITY NAME (If not institution, give street and number) William J. Riley Memorial Residence		9e. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Ester Ortal	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Clerk	12b. KIND OF BUSINESS/INDUSTRY Hammond Post Office	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster	13d. STREET AND NUMBER 7932 Hohman Ave.,	
15a. ZIP CODE 46321	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 (0-12) 12		College (1-4 or 5+) 2		
18. FATHER'S NAME (First, Middle, Last) Emil Radun		19. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Harke		
20a. INFORMANT'S NAME (Type/Print) Ester Radun		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7932 Hohman Ave., Munster, IN 46321		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) March 10, 1998 Concordia Cemetery		21c. LOCATION—City or Town, State Hammond, IN
22a. EMBALMER'S NAME Henry J. Blake		22b. EMBALMER'S LICENSE NO. F001019406	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Elden V. LaHayne</i>		24b. LICENSE NUMBER (of Licensee) F001041928	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc., FH83002885 5746 Hohman Ave., Hammond, IN 46320	
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. obstruction of small intestine DUE TO (OR AS A CONSEQUENCE OF) b. Dementia, Alzheimer's Type DUE TO (OR AS A CONSEQUENCE OF) c. Bleeding esophagus by you in Alexander's Killings M.D. DUE TO (OR AS A CONSEQUENCE OF) d. _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATE THE UNDERLYING CAUSE LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MAR 12 1998 LAKE COUNTY HEALTH COMMISSIONER				
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) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge and belief, the cause 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 PETER BENJAMIN LAKE COUNTY AUDITOR				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Benjamin</i>			29c. MEDICAL LICENSE NO. 02001336	29d. DATE SIGNED (Month, Day, Year) March 10, 1998
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donald Stork, D.O., 7905 Galumet Ave, Munster, IN 46321				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander's Killings M.D.</i>				32. DATE FILED (Month, Day, Year) March 12, 1998
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		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		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) 7932
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Rth 11
H/6 92000247

