

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA  
COUNTY OF LAKE

} S. S.

On this April 7, 2000 before me personally appeared \_\_\_\_\_  
(insert date)  
JAMES A. EMINHIZER, JR.

2000 028780

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is the son of owner  
(state interest of affiant in the above premises as "owner," "son of owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties of  
JAMES A. EMINHIZER, SR. and ELINOR EMINHIZER

4. Said James A. Eminhizer, Sr. died on December 14, 1998  
(fill in name of co-tenant who died)  
and said Elinor Eminhizer  
died on April 9, 1999  
leaving \_\_\_\_\_ a \_\_\_\_\_ will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:  
Lot 16, Glenview Section Addition to the Town of Griffith, as shown in Plat Book 37, page 90, in Lake County, Indiana.

26-0289-0016

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
No

(If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_);

8. Affiant's relationship to the deceased was son

Signature: [Signature]  
James A. Eminhizer, Jr.  
Address: 1345 N. Arbogast  
Griffith, IN 46319

Subscribed and sworn to before me by the affiant  
this 7th day of April 2000  
(insert date)

[Signature]  
Notary Public  
My Commission Expires 11-30-2001

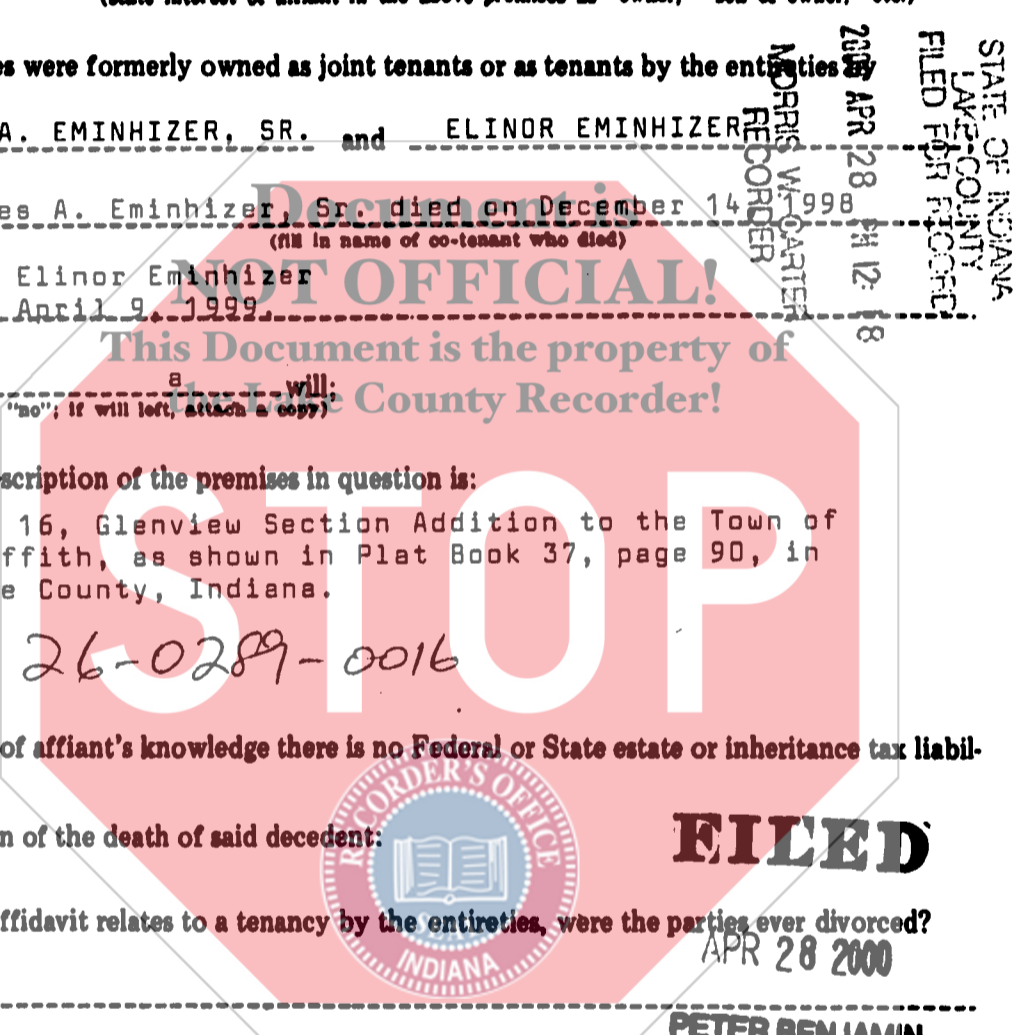
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This instrument prepared by Jerry I. Shapiro, Attorney at Law  
506 Ridge Road, Munster, IN 46321  
9 Mail To:

NOTARY PUBLIC  
LAKE COUNTY  
MY COMMISSION EXP. NOV. 30, 2001

[Signature]

17  
8000911  
244



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER  
2000 APR 28 PM 12:18  
DORRIS W. CARTER  
RECORDER

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ....

Local No. 2753-98

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-110-3

1268275  
TYPE PRINT  
IN  
PERMANENT  
BLACK INK

PRECEDENT

ARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>JAMES A. EMINHIZER SR</b>		2. SEX <b>Male</b>	3a TIME OF DEATH <b>5:46p</b>	3b DATE OF DEATH (Month Day Year) <b>December 14, 1998</b>	
4 SOCIAL SECURITY NUMBER <b>306-03-8531</b>	5a AGE—Last Birthday (Years) <b>82</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) <b>March 19, 1916</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Hobart, Ind.</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	8c PLACE OF DEATH (Check only one and See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) <b>Community Hospital</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Munster</b>	9c COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Elinor Youngmark</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Carpenter</b>		12b KIND OF BUSINESS/INDUSTRY <b>Construction</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Griffith</b>	13d STREET AND NUMBER <b>749 N. Wheeler St.</b>		
13e ZIP CODE <b>46319</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b>		17 College (13 or 14)			
18 FATHER'S NAME (First Middle Last) <b>George Eminhizer</b>		19 MOTHER'S NAME (First Middle Maiden Surname) <b>Debbie Richmond</b>			
20a INFORMANT'S NAME (Type/Print) <b>Elinor Eminhizer</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>749 N. Wheeler Griffith, In 46319</b>	20c Relationship <b>Wife</b>		
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) <b>December 17, 1998 Chapel Lawn Mem. Gardens</b>		21c LOCATION—City or Town, State <b>Schererville, Ind.</b>	
22a EMBALMER'S NAME <b>Anthony S. Rendina Jr.</b>		22b EMBALMER'S LICENSE NO. <b>FD01010402</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) <b>FD01010402</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina Funeral Home FH83007819 5100 Cleveland St., Gary, In 46408</b>		
26 PART I Enter the disease, injury, 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. <b>STROKE</b>				Approximate Interval Between Onset and Death <b>7 DAYS</b>	
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)					
Conditions if any which gave rise to the immediate cause stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)					
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) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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>Jennifer Pallone DO</i>		29c MEDICAL LICENSE NO. <b>02001957</b>	29d DATE SIGNED (Month Day Year) <b>12/16/98</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>521 E. 86th AVE, SUITE 2, MERRELLVILLE, IN 46410</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Stikema MD</i>			32 DATE FILED (Month Day Year) <b>December 16, 1998</b>		
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
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Route and Box or PO Box, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

