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2000 032816

2000 MAY 15 AM 8:59

MORRIS W. CARTER
RECORDER

FILED

MAY 08 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVOR'S AFFIDAVIT

Norma D. Barnard of the County of Lake, State of Indiana, being duly sworn upon her oath, alleges and says that Harold Barnard died intestate, a resident of Lake County, Indiana, on the 7th day of March, 2000; that she was his wife and she lived with him to the day of his death as husband and wife; that to the best of affiant's knowledge, there is no Federal Estate Tax or Indiana State Inheritance Tax due and owing due to his death.

The following described real estate was owned as husband and wife by the entireties at the death of the decedent (Death Certificate attached), and this affidavit is given for purposes of clearing title to said real estate:

The South 72 feet of Lot 4, Block 2, in Independence Hill, Lake County, Indiana.

(Key No. 15-0067-0018)

(Commonly known as 7712 Independence Street, Merrillville, Indiana 46410.)

Further affiant sayeth not.

Norma D Barnard
NORMA D. BARNARD

001040

13.00
10100

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public for said County and State, this 24th day of April, 2000.

Karen L. Pence

KAREN L. PENCE, Notary Public
Resident of Lake County

My Commission Expires:
April 18, 2007

Return to: → This instrument prepared by THOMAS M. DOGAN, ATTORNEY AT LAW.
8585 Broadway, Suite 780, Merrillville, Indiana 46410
(219) 769-0100

IC 16-36.

* 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

Local No. 06-19-00 State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): HAROLD C. BARNARD

2 SEX: Male

3a TIME OF DEATH: 10:55 P_M

3b DATE OF DEATH (Month Day Yr): March 7, 2000

4 *SOCIAL SECURITY NUMBER: 314-09-6248

5a AGE—Last Birthday (Years): 79

5b UNDER 1 YEAR Months Days:

5c UNDER 1 DAY Hours Minutes:

6 DATE OF BIRTH (Mo Day Yr): November 19, 1920

7 BIRTHPLACE (City and State or Foreign Country): Linton, Indiana

8a WAS DECEDENT A US VETERAN?: Yes

8b YEAR LAST SERVED IN US ARMED FORCES?: 1945

9a PLACE OF DEATH (Check only one See instructions)

HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA

OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution give street and number): Franciscan Home & Community Services

9c CITY TOWN OR LOCATION OF DEATH: Crown Point

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Married

11 SURVIVING SPOUSE (If wife give maiden name): Norma DeKoker

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Field Engineer

12b KIND OF BUSINESS/INDUSTRY: Cole Engineering

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY TOWN OR LOCATION: Merrillville

13d STREET AND NUMBER: 7712 Independence Street

13e ZIP CODE: 46410

13f INSIDE CITY LIMITS ☐ No ☒ Yes

13g ON A FARM? ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: U.S.A.

15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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 +):

PARENTS

18 FATHER'S NAME (First Middle Last): Charles Barnard

19 MOTHER'S NAME (First Middle Maiden Surname): Golda Poe

INFORMANT

20a INFORMANT'S NAME (Type/Print): Norma Barnard

20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 7712 Independence St, Merrillville, IN 46410

20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State

21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place): March 11, 2000 Chapel Lawn Memorial Gardens

21c LOCATION—City or Town State: Schererville, Indiana

22a EMBALMER'S NAME: Amy DeMunck

22b EMBALMER'S LICENSE NO: FI29900059

23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: [signature]

24b LICENSE NUMBER (of Licensee): 1009893

25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410

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 Colon Cancer

DUE TO (OR AS A CONSEQUENCE OF)

b

DUE TO (OR AS A CONSEQUENCE OF)

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

c

DUE TO (OR AS A CONSEQUENCE OF)

d

FILED

MAY 08 2000

PETER BENJAMIN

LAKE COUNTY AUDITOR

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

AUTOPSY PERFORMED? (Yes or no): No

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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

29c SIGNATURE AND TITLE OF CERTIFIER: [signature]

29c MEDICAL LICENSE NO: 01050785

29d DATE SIGNED (Month Day Year): March 9, 2000

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. K. Patel, 1121 South Indiana Avenue, Crown Point, IN 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander D. Hilliard MD

32 DATE FILED (Month Day Year): March 10, 2000

33 MANNER OF DEATH

☐ Natural ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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 Rural Route Number City or Town State)

MAR 10 2000

00104

34g DATE PRONOUNCED DEAD (Month Day Year):

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc.

Alexander D. Hilliard M.D.

LAKE CO. MEDICAL EXAMINER