

STATE OF INDIANA

COUNTY OF LAKE

2000 044944

2000 JUN 26 PM 12:16

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

RECORDS & CLERK
RECORDED

Comes now Lois J. Edington, being duly sworn upon her oath, and states as follows:

1. 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 23 and the South 25 feet of Lot 22 in Block 2 in Independence Park, in Town of Munster, as per plat thereof, recorded in Plat Book 24, page 23, in the Office of the Recorder of Lake County, Indiana. Commonly known as 8968 Potomac Drive, Munster, IN 46321. # 28-118-23

2. That the Affiant and the decedent, Forest J. Edington, were married on August 6, 1943. That the decedent and Affiant were husband and wife at the time they acquired title to said real estate as tenants by the entirety by Deed of Conveyance dated April 3, 1946, and recorded in the Office of the Lake County Recorder.

3. That the marital relationship which existed between the Affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Forest J. Edington, on March 10, 1999, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

4. That the gross value of the estate of the decedent as determined for purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax return; therefore, the decedent's estate was not subject to Federal Estate tax nor was it required to file a Federal Estate Tax return.

5. That the decedent's estate was not subject to Indiana Inheritance tax.

Lois J. Edington
LOIS J. EDINGTON

SUBSCRIBED AND SWORN TO BEFORE ME by the affiant, this 24th day of April, 2000.

[Signature]
NOTARY PUBLIC

My Commission Expires: 11-11-01

Resident: LAKE County.

This Instrument Prepared By: Allen B. Zaremba, Atty. #1469
SPANGLER, JENNINGS & DOUGHERTY, P.C. PETER BENJAMIN
8396 Mississippi Street, Merrillville, IN 46410/PH: (219) 769-2323 LAKE COUNTY AUDITOR 01878

12.00
21086

* 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. #28-118-23

Local No. 260142

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Forest J. Edington				2. SEX Male	3a. TIME OF DEATH 6:20 P M	3b. DATE OF DEATH (Month, Day, Yr) March 10, 1999
4. SOCIAL SECURITY NUMBER 312-16-9400		5a. AGE—Last Birthday (Years) 76	5b. UNDER 1 YEAR Months - Days	5c. UNDER 1 DAY Hours - Minutes	6. DATE OF BIRTH (Mo, Day, Yr) July 5, 1922	7. BIRTHPLACE (City and State or Foreign Country) TerreHaut, IN
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a. 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				
9b. FACILITY NAME (If not institution, give street and number) Riley Memorial Residence				9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If w/f, give maiden name) Lois Cranford		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Foreman		12b. KIND OF BUSINESS/INDUSTRY Amoco Oil Co.	
13a. RESIDENCE—STATE IN		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 8968 Potomac Dr.	
13a. ZIP CODE 46321	13i. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) N/A College (1-4 or 5+) N/A	
18. FATHER'S NAME (First, Middle, Last) Forest B. Edington				19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Persinger		
20a. INFORMANT'S NAME (Type/Print) Lois Edington			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8968 Potomac Dr. 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 13, 1999 Elmwood Cemetery			21c. LOCATION—City or Town, State Hammond, IN	
22a. EMBALMER'S NAME Brian Burns		22b. EMBALMER'S LICENSE NO. 8601763		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Brian Burns</i>		24b. LICENSE NUMBER (of Licensee) 8601763		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish FH #3002819 8415 Calumet Ave. Munster, IN 46321		
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) X. Uremia - w/ renal of Dialysis DUE TO (OR AS A CONSEQUENCE OF) b. Severe Cardiac Angiopathy Conditions if any, which gave rise to the immediate cause, stating the underlying cause last c. End Stage Renal Disease 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) N/A	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
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 TYPE OF CERTIFIER <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 03000248	29d. DATE SIGNED (Month, Day, Year) 03-11-99	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S. Mischel M.D. 222 Douglas, Hammond, IN 46320						
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i> (HEALTH OFFICER CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL)						
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 (COUNTY HEALTH DEPT. #1100)	
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34i. LOCATION OF DEATH (City, State, Zip Code) LAKE COUNTY AUDITOR <i>Alexander Williams MD</i> LAKE COUNTY HEALTH COMMISSIONER			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, party, etc.				

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

FILED

LAKE COUNTY AUDITOR

LAKE COUNTY HEALTH COMMISSIONER