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STATE
LAKE COUNTY
FILED

2000 055702

2000 AUG -7 AM

C6200029527D

MORRIS W. GIBSON
RECORDER

Chicago Title Insurance Company

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Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 8-1-00 before me personally appeared Patricia Peterson
(insert date)

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 Personal Representative 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 by
Harry E. Furnifur Jr. (died 1-9-2000) and Virginia Furnifur

4. Said Virginia Furnifur AKA Virginia M. Furnifur
(fill in name of co-tenant who died)

died on October 13, 1998

leaving No will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
The south 25 feet of Lot 30 and all Lot 39 in Mary E. Woods Addition, in the Town (now City) of Crown Point, as plat per thereof, recorded in Miscellaneous Record "A" page 548, in the office of the Recorder of Lake County, Indiana.
23-9-94-33

6. Is there Federal Estate or State Inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$

The taxes due are paid or unpaid.

FILED

AUG 4 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

00409

13.00 AM

4

25x10

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 Daughter

Signature: Patricia A. Peterson

Document is
NOT OFFICIAL

Printed Name Patricia A. Peterson

This Document is the property of
the Lake County Recorder

Address: 211 Magnolia Drive

CROWN POINT IN 46307

Subscribed and sworn to before me by the affiant

this August 1, 2000

(Insert date)

[Signature]

Notary Public

Printed Name Star Lugar

Star Lugar
Notary Public, State of Indiana
Lake County
My Commission Exp. 6/25/07

My County of Residence is: Lake

In the State of _____

My Commission Expires _____

This instrument prepared by Patricia Peterson

* 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.

Local No. 2267-98

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

269821
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last) Virginia M. Furnifur		2 SEX Female	3a TIME OF DEATH 4:40A _M	3b DATE OF DEATH (Month, Day, Yr) October 13, 1998
4 SOCIAL SECURITY NUMBER 338-01-8239	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) SEP 8, 1918
7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8a WAS DECEDENT A U.S. VETERAN? No			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA 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) St. Anthony Medical Center		9b CITY, TOWN OR LOCATION OF DEATH Crown Point		9c COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Harry Furnifur	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Recorder		12b KIND OF BUSINESS/INDUSTRY Title Company
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Crown Point		13d STREET AND NUMBER 280 S. Ridge
13e ZIP CODE 46307	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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) College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Albert Humble		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Hattie Link		20a INFORMANT'S NAME (Type/Print) Harry Furnifur		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 280 S. Ridge, Crown Point, IN. 46307		20c Relationship Husband		

PARENTS

INFORMANT

DISPOSITION

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) OCT 17, 1998 St. Mary's Cemetery	21c LOCATION—City or Town, State Crown Point, IN.
22a EMBALMER'S NAME Ray White	22b EMBALMER'S LICENSE NO. FD08700086	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ray White</i>	24b LICENSE NUMBER (of Licensee) FD09000013	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH83001253 Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN46307

CAUSE OF DEATH

25 PART I STATE THE IMMEDIATE CAUSE OF DEATH (Disease or condition resulting in death) that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. List on file with the LAKE COUNTY HEALTH DEPARTMENT. IMMEDIATE CAUSE OF DEATH

Uterine Cancer

OCT 15 1998

25b PART II LAKE COUNTY HEALTH COMMISSIONER'S SIGNATURE
Alexander Stullman MD

CERTIFIER

HEALTH OFFICER

26a CERTIFIER (Check only one) <input 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 checked="" 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.	26b SIGNATURE AND TITLE OF CERTIFIER <i>R. S. Drasga</i>	26c MEDICAL LICENSE NO. 01031484	26d DATE SIGNED (Month, Day, Year) Oct. 14, 1998
27 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) Ray E. Drasga M.D., 8127 Merrillville Road, Merrillville, IN 46410			
28 HEALTH OFFICER'S SIGNATURE <i>Alexander Stullman MD</i>			28a DATE FILED (Month, Day, Year) October 15, 1998
29 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	30a DATE OF INJURY (Month, Day, Year)	30b TIME OF INJURY	30c INJURY AT WORK? (Yes or no)
30d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		30e LOCATION (Street and Number or Rural Route Number, City or Town, State)	
31 DATE PRONOUNCED DEAD (Month, Day, Year)		32 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	