TICOR TITLE INSURANCE

2000 0059456

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 AUG 17 9 RS
MICHAEL B. BROWN
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Jane A. Kelderman, being first duly sworn upon oath, deposes and says:

1. That Robert W. Kelderman died on February 11, 1994 at Dyer, Indiana.

2. That Robert W. Kelderman and Jane A. Kelderman were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 34 in Baker Estates, in the Town of Schererville, as per plat thereof, recorded in Plat Book 31 page 56, as corrected by instrument recorded August 26, 1980 as Document No. 595796, in the Office of the Recorder of Lake County, Indiana.

Key No. 13-324-34.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Jane A. Kelderman
Jane A. Kelderman

Subscribed and sworn to before me, a Notary Public, this 11th day of August, 19 2000.

Denise K. Zawada Notary Public

DENISE K. ZAWADA NOTARY PUBLIC LAKE COUNTY, INDIANA Exp. 8-31-06

My Commission expires:

8-31-06

County of Residence:

Lake

This Instrument prepared by Jane A. Kelderman

Ticor-Scher. 920003624 Nedza

T.I.

*AT ...STATE: Disclosure of the SS# ...pursue our responsibilities is vo... there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0396-94 ..... CERTIFICATE OF DEATH ..... State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
ROBERT W. KELDERMAN	MALE	11:55PM	2-11-1994

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
317-50-4181	45			1-15-1949	EAST CHICAGO, INDIA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
NO		HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
ST.MARGARET MERCY SOUTH	DYER	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	JANE STOKESBERRY	SALES	SEAWAY STEEL CORP.

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	SCHERERVILLE	868 JORDAN CR.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
46375	☐ No ☒ Yes	☒ No ☐ Yes	U.S.	☒ No ☐ Yes	WHITE	1

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
WILLIAM KELDERMAN	MAE CHAMBERS

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
JANE KELDERMAN	868 JORDAN CR. SCHERERVILLE, IN.	WIFE

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)	2-15-1994 ST. MICHAEL CEMETERY	SCHERERVILLE, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
CHARLES WELLS	FD01042372	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Eli Temple	FD01008300	LINCOLN RIDGE F.H. 88800070 7607W.LINCOLN HWY.CROWN POINT,IND

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. Congestive Heart failure	Long Standing
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	? DUE TO (OR AS A CONSEQUENCE OF): Myocarditis	Long Standing
	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
		YES	YES

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.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Pathologist	010411169	2-13-94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Miles J. Jones, MD 3903 West Vaverly Rd Lg Pointe IN 46350

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE Alexander S. Williams, MD

32. DATE FILED (Month, Day, Year) Feb 14, 1994

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. [illegible] (Yes or no)	34d. [illegible]
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, building, etc. (Specify)

34f. LOCATION (Street and Number or Rural Route Number, 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.

FILED
AUG 16 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

I CERTIFY THAT THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
JUL 07 2000
Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER