

C

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

2000 059980

2000 AUG 18 AM 10: 27

IN RE: ARNOLD H. LURIE, DECEASED

MORRIS W. CARTER  
RECORDER

**AFFIDAVIT FOR TRANSFER OF PERSONAL PROPERTY**

Comes now Victor Hoffman, and being duly sworn upon his oath, states:

1. That the above named decedent died testate on June 3, 2000, while domiciled in Lake County, Indiana. A copy of the death certificate of Arnold H. Lurie, is attached hereto as Exhibit "A".

2. That 45 days have elapsed since the death of decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. That the following named persons are the only heirs, legatees or devisees of the decedent:

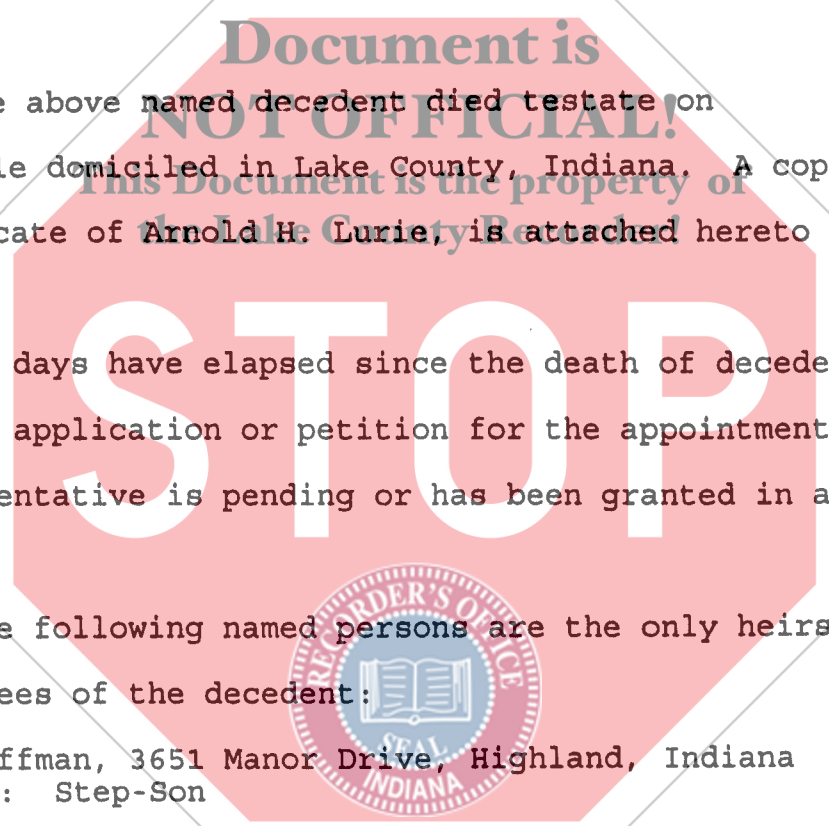
Victor R. Hoffman, 3651 Manor Drive, Highland, Indiana  
Relationship: Step-Son

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of \$25,000.00, as provided by IC 29-1-8-1.

6. Decedent held no personal property at his death.

7. Decedent had no debts or creditors at the death.

8. That by reason of the above-stated matters, the affiant requests that the above enumerated personal property of the



**FILED**

AUG 17 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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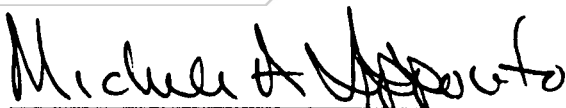
decedent, Metlife, Policy No. 656 919 132 A, be transferred to him pursuant to and in accordance with the provisions of IC 29-1-8-1 and IC 29-1-8-2.

WHEREFORE, the affiant herein requests that Metlife presently in possession of the above-enumerated personal property, namely Policy No. 656 919 132 A, transfer the same to said affiant, pursuant to the Indiana Code and that distribution of said property to the affiant herein, shall release said Metlife from any liability with regard to the proper application and disbursement of said personal property, and

That the affiant herein Victor R. Hoffman, hereby charges himself with the responsibility of proper disbursement of the funds according to the provisions of the Indiana Code, and hereby agrees to hold harmless said Metlife from any liability with regard to the transfer of said personal property.

  
VICTOR R. HOFFMAN

SUBSCRIBED and SWORN to before me, a Notary Public, this 8th day of August, 2000.

  
MICHELE A. IPPOLITO

My Commission Expires: August 8, 2007  
County of Residence : Lake

\* 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. 1307-00

261468  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

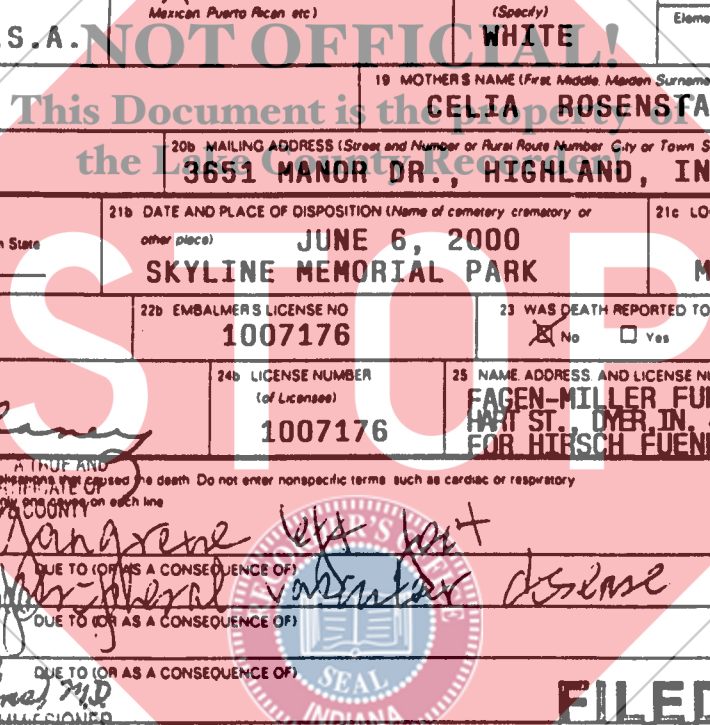
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

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

1 DECEASED—NAME (First Middle Last) <b>ARNOLD H. LURIE</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>5:45A. M</b>	3b DATE OF DEATH (Month Day Yr) <b>JUNE 3, 2000</b>	
4 SOCIAL SECURITY NUMBER <b>323-09-7221</b>	5a AGE—Last Birthday (Years) <b>83</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) <b>MARCH 9, 1917</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILLINOIS</b>	8a WAS DECEDENT A U.S. VETERAN? <b>YES</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1970</b>	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) <b>ST. ANTHONY HOME</b>	9c CITY, TOWN OR LOCATION OF DEATH <b>CROWN POINT</b>	9d COUNTY OF DEATH <b>LAKE</b>			
10 MARITAL STATUS (Specify) <b>WIDOWED</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SALESMAN</b>	12b KIND OF BUSINESS/INDUSTRY <b>JEWELERS</b>		
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY, TOWN OR LOCATION <b>CROWN POINT</b>	13d STREET AND NUMBER <b>203 FRANCISCAN DRIVE</b>		
13e ZIP CODE <b>46307</b>	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? <b>U.S.A.</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> College (1-4 or 5+)					
18 FATHER'S NAME (First Middle Last) <b>ALBERT LURIE</b>		19 MOTHER'S NAME (First Middle Maiden Surname) <b>CELIA ROSENSTACH</b>			
20a INFORMANT'S NAME (Type/Print) <b>VICTOR R. HOFFMAN</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>3651 MANOR DR., HIGHLAND, IN. 46322</b>		20c Relationship <b>STEP-SON</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>JUNE 6, 2000 SKYLINE MEMORIAL PARK</b>		21c LOCATION—City or Town State <b>MONEE, ILLINOIS</b>	
22a EMBALMER'S NAME <b>ED MULLANEY</b>		22b EMBALMER'S LICENSE NO <b>1007176</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ed Mullaney</i>		24b LICENSE NUMBER (of Licensee) <b>1007176</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>FAGEN-MILLER FUNERAL GARDENS, 1920 HART ST., DYER, IN. 46311 FH 83001504 AGENT FOR HIRSCH FUNERAL HOMES, CHGO. HTS., IL.</b>		
26 PART I THIS CERTIFICATE ABOVE A TRUE AND CORRECT STATEMENT OF THE FACTS AND CAUSES OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Acute Myocardial Infarction</b>			Approximate Interval Between Onset and Death <b>3 weeks</b>		
Conditions if any which gave rise to the immediate cause stating the underlying cause last <b>Alexander's Disease</b>			20 years		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Carcinoma of bladder.</b>					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or No) <b>NO</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>	
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>Alexander's Disease MD</i> <b>LAKE COUNTY HEALTH COMMISSIONER</b>			29c MEDICAL LICENSE NO <b>02601065</b>	29d DATE SIGNED (Month Day Year) <b>6.5.00</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Kirby Slifer 297 W. FRANCISCAN, CIV Crown Point IN 46307</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander's Disease MD</i>				32 DATE FILED (Month Day Year) <b>June 5, 2000</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"/> Homicide <input type="checkbox"/> Could not be Determined		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)			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc			



FILED

01204  
EXHIBIT "A"

STATE OF INDIANA )  
COUNTY OF LAKE )

SS: 2000 059980

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 AUG 18 AM 10: 27

IN RE: ARNOLD H. LURIE, DECEASED

MORRIS W. CARTER  
RECORDER

**AFFIDAVIT FOR TRANSFER OF PERSONAL PROPERTY**

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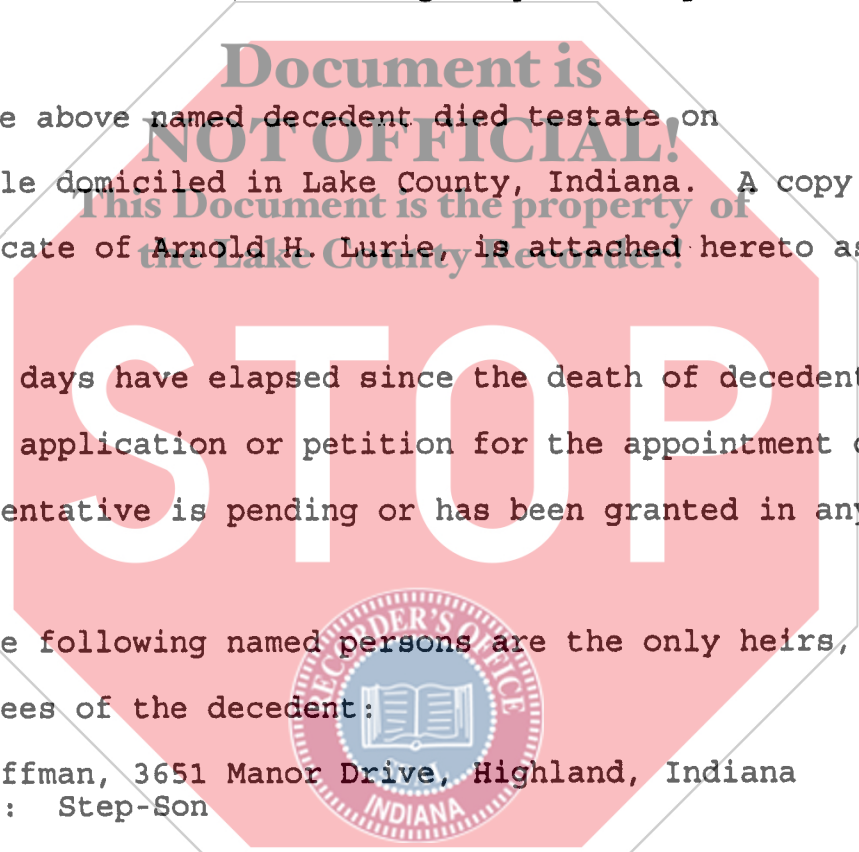
Victor R. Hoffman, 3651 Manor Drive, Highland, Indiana  
Relationship: Step-Son

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of \$25,000.00, as provided by IC 29-1-8-1.

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8. That by reason of the above-stated matters, the affiant requests that the above enumerated personal property of the



**FILED**

AUG 17 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

land, walk + hand  
235 45th St  
Highland IN 46322

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1300  
7H

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That the affiant herein Victor R. Hoffman, hereby charges himself with the responsibility of proper disbursement of the funds according to the provisions of the Indiana Code, and hereby agrees to hold harmless said Metlife from any liability with regard to the transfer of said personal property.



VICTOR R. HOFFMAN

SUBSCRIBED and SWORN to before me, a Notary Public, this 8th day of August, 2000.

  
MICHELE A. IPPOLITO

My Commission Expires: August 8, 2007  
County of Residence : Lake



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

File No. 1307-00

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

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10 MARITAL STATUS (Specify) <b>WIDOWED</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SALESMAN</b>		12b KIND OF BUSINESS/INDUSTRY <b>JEWELERS</b>	
13a RESIDENCE—STATE <b>INDIANA</b>		13b COUNTY <b>LAKE</b>		13c CITY, TOWN OR LOCATION <b>CROWN POINT</b>		13d STREET AND NUMBER <b>203 FRANCISCAN DRIVE</b>	
13e ZIP CODE <b>46307</b>		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? <b>U.S.A.</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
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20a INFORMANT'S NAME (Type/Print) <b>VICTOR R. HOFFMAN</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>13651 MANOR DR., HIGHLAND, IN. 46322</b>			20c Relationship <b>STEP-SON</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>JUNE 6, 2000 SKYLINE MEMORIAL PARK</b>			21c LOCATION—City or Town, State <b>MONEE, ILLINOIS</b>		
22a EMBALMER'S NAME <b>ED MULLANEY</b>		22b EMBALMER'S LICENSE NO. <b>1007176</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ed Mullaney</i>		24b LICENSE NUMBER (of Licensee) <b>1007176</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>EAGEN-MILLER FUNERAL GARDENS, 1920 HART ST., DYER, IN. 46311 PH 83001504 AGENT FOR HIRSCH FUNERAL HOMES, CHG. HTS., IL.</b>			
26 PART I IMMEDIATE CAUSE (The disease or condition resulting in death) <b>Angiogram left heart</b>		26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Carcinoma of bladder.</b>				Approximate Interval Between Onset and Death <b>3 weeks</b> <b>70 years.</b>	
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>(No)</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>			
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>Alexander Hillman MD</i>				29c MEDICAL LICENSE NO. <b>02601665</b>		29d DATE SIGNED (Month, Day, Year) <b>6.5.00.</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Kirby Slifer 297 W. FRANCISCAN, LV Crown Point IN 46307</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Hillman MD</i>				32 DATE FILED (Month, Day, Year) <b>AUG 17 2000</b>		32 DATE FILED (Month, Day, Year) <b>June 5, 2000</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 <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>		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)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

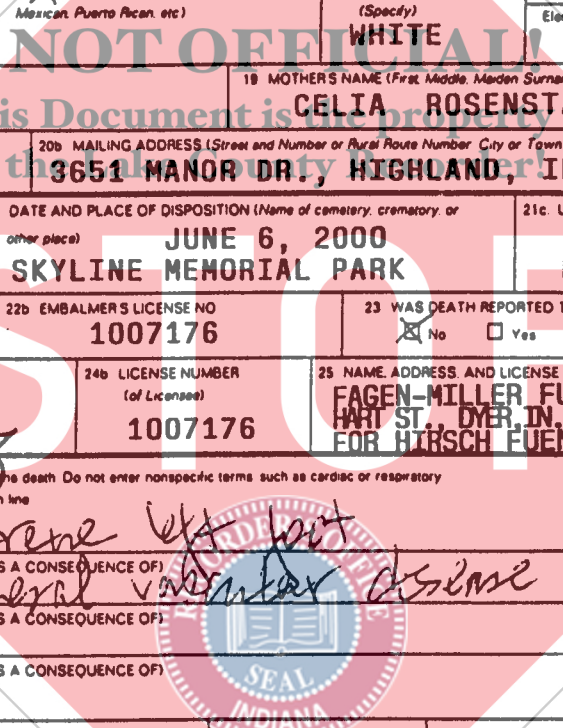


EXHIBIT "A"