

4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA  
COUNTY OF LAKE

2000 066734  
) SS  
)

2000 SEP 13 AM 10:58

MORRIS W. CARTER  
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now, Edgar F. King, as the surviving spouse of the Estate of June E. King, Deceased, being duly sworn upon his oath, and states as follows:

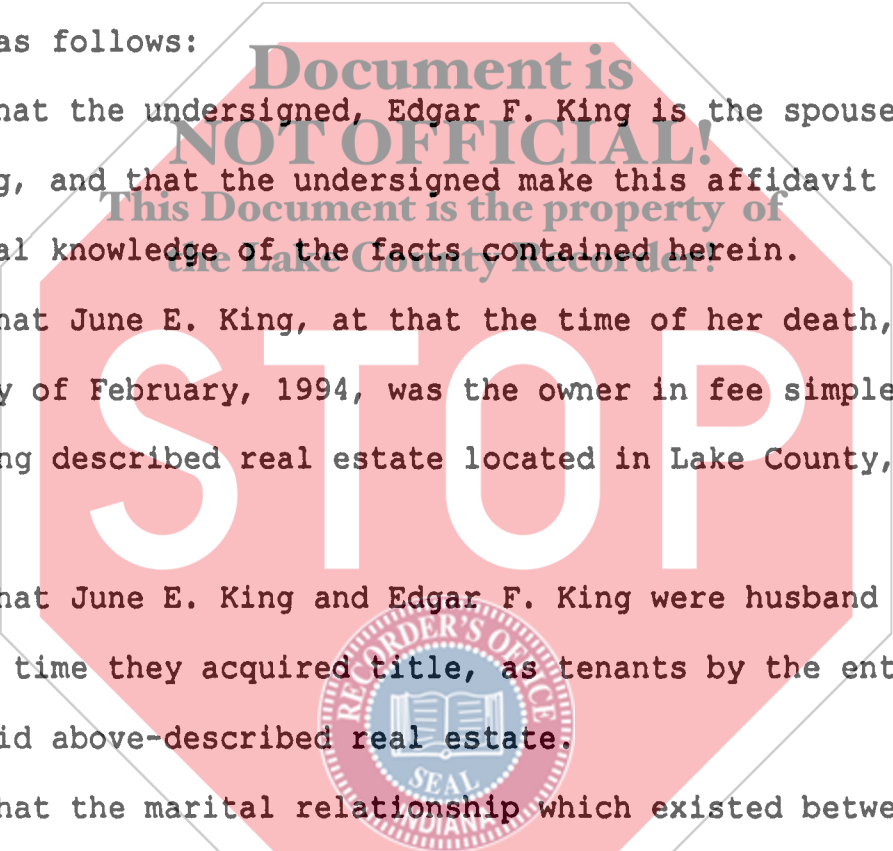
1. That the undersigned, Edgar F. King is the spouse of June E. King, and that the undersigned make this affidavit based upon personal knowledge of the facts contained herein.

2. That June E. King, at that the time of her death, being the 19th day of February, 1994, was the owner in fee simple of the following described real estate located in Lake County, Indiana.

3. That June E. King and Edgar F. King were husband and wife at the time they acquired title, as tenants by the entireties, to said above-described real estate.

4. That the marital relationship which existed between said June E. King and Edgar F. King continued unbroken from the time they so acquired title to said above-described real estate until the death of June E. King on the 19th day of February, 1994.

5. That the gross value of the estate of the decedent, June E. King, as determined for the purpose of federal estate taxes, was less than the value required for the filing of a



FILED

SEP 13 2000

Edgar F. King  
75240 W 45th Ave  
GARY, IN. 46408

PETER BENJAMIN  
LAKE COUNTY AUDITOR

15.00  
AC  
e.s.



**EXHIBIT "A"**

**E. 60.03 Ft. of S. 340.32 Ft. of W 1/2 W 1/2 SW. SE. S.25 T.36 R.9 Cont'g .468A. in  
Lake County, Indiana. Key # 1-39-47-8**



ATTENTION ESTATE: Disclosure of the  
SSS we need to pursue our responsibilities  
is voluntary and there will be no penalty for  
refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Local No. .... 0458-94 .....

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECLARED—NAME (Print Name Last, First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month Day Year)
June Elizabeth King		Female	8:55 A.M.	February 19, 1994
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Year)	5b. UNDER 1 YEAR (Months Days)	5c. UNDER 1 DAY (Hours Minutes)	6. DATE OF BIRTH (Month Day Year)
313-26-6030	70			Feb. 2, 1924
7. BIRTHPLACE (City and State or Foreign Country)	8a. PLACE OF DEATH (Check only one. See instructions)			
Nashville, Tennessee	HOSPITAL <input type="checkbox"/> Institution <input type="checkbox"/> E.V.O. Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A)		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		<input checked="" type="checkbox"/> Residence
9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATH		9c. COUNTY OF DEATH
5240 W. 45th Ave		Gary (Calumet Township)		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	Edgar King	Home Maker		Own Home
13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION		13d. STREET AND NUMBER
Indiana	Lake	Gary (Calumet Township)		5240 W. 45th Ave.
13e. ZIP CODE	13f. RESIDE CITY LIMITS (No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> )	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)
46408		U.S.A.		White
17. DECEDENT'S EDUCATION (Specify only highest grade completed)	18. FATHER'S NAME (Print Middle, Maiden Surname)			
Elementary/Secondary 10-12	William Spurlock			
19. MOTHER'S NAME (Print Middle, Maiden Surname)	20a. INFORMANT'S NAME (Type/Print)			
	Maude Hayes			
	Edgar King			
	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		20c. Relationship	
	5240 W. 45th Ave. Gary, Indiana		Husband	
21a. METHOD OF DISPOSITION (Burial <input checked="" 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)		21c. LOCATION—City or Town, State
		February 22, 1994 Calumet Park Cemetery		Merrillville, Indiana
22a. EMBALMER'S NAME		22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?	
Ronald A. Reed		FDO 1001081	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (if Licensed)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	
<i>[Signature]</i>		FDO 1014511	Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500	
26. PART I: Specify the disease, injuries, or conditions that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory failure, shock, or brain failure. List only one cause on each line. <b>IMMEDIATE CAUSE</b> (that disease or condition resulting in death) <b>IMMEDIATE CAUSE</b> <b>IMMEDIATE CAUSE</b>				
Vascular collapse Due to arteriosclerotic heart and vascular disease				
EB 22, 1994				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)				
NO				
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)				
NO				
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				
29a. 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.				
29b. SIGNATURE AND TITLE OF CERTIFIER		29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month Day Year)	
<i>Kathy Philpot, Deputy Coroner</i>		N/A	February 22, 1994	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STATEMENT (Type/Print)				
Kathy Philpot, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307				
31. HEALTH OFFICER'S SIGNATURE				32. DATE FILED (Month Day Year)
<i>Alexander S. Williams, MD</i>				Feb 22, 1994
33. MANNER OF DEATH		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
<input checked="" 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				
34d. PLACE OF INJURY—(In home, farm, street, factory, office, building, etc. (Specify))		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month Day Year)		34f. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		
February 19, 1994				



### Official Stamp

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 066734

35

2000 SEP 13 AM 10:58

MORRIS W. CARTER  
RECORDER

## Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

**Document is NOT OFFICIAL**  
**Document is the property of the Lake County Recorder!**

**STOP**

Name EDGAR F. KING

Address 5240 W. 45<sup>TH</sup> AVE

City St Zip GARY IN 46408

Telephone (219) 838-0558

Signature Printed EDGAR F. KING

Signature Written Edgar F. King

Date of Signature 9-13-2000

Check Number \_\_\_\_\_

Check Amount CASH \$31.00

### Office Use Only

Check Equals Amount Due  Yes  No

Total \_\_\_\_\_

Initials AC