

3 pages

2002 011923

2002 FEB 14 10:52

STATE OF INDIANA)
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

COMES NOW JANET E SCRIVNOR WHO, BEING DULY SWORN UPON HER OATH, STATES AS FOLLOWS:

THAT THE AFFIANT IS THE OWNER, IN FEE SIMPLE, OF CERTAIN REAL ESTATE, LOCATED IN LAKE COUNTY, INDIANA, (REAL ESTATE) WHICH IS MORE PARTICULARLY DESCRIBED AS FOLLOWS:

See Schdule "A"
COMMONLY KNOW AS: 7919 MARSHALL PL, MERRILLVILLE IN 46410

THAT AFFIANT AND JAMES E SCRIVNOR ("DECEDENT"), ACQUIRED TITLE, AS TENANTS BY THE ENTIRETIES, THE REAL ESTATE BY DEED, RECORDED SEPT 3RD 19 82 AS INSTRUMENT NO. 679767 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

THAT AFFIANT AND DECEDENT WERE HUSBAND AND WIFE AT THE TIME THEY ACQUIRED TITLE, AS TENANTS BY THE ENTIRETIES, TO THE REAL ESTATE.

THAT THE MARITAL RELATIONSHIP WHICH EXISTED BETWEEN THE AFFIANT AND THE DECEDENT CONTINUED UNBROKEN FROM THE DATE THAT THEY ACQUIRED TITLE TO THE REAL ESTATE UNTIL THE DEATH OF THE DECEDENT ON THE 1ST DAY OF SEPTEMBER, 2001, AT WHICH TIME THIS AFFIANT ACQUIRED TITLE TO THE REAL ESTATE AS THE SURVIVING TENANT IN THE REAL ESTATE.

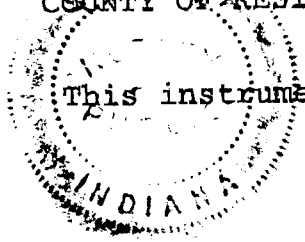
THAT THE GROSS VALUE OF THE ESTATE OF THE DECEDENT, AS DETERMINED FOR THE PURPOSE OF FEDERAL ESTATE TAXES, WAS LESS THAN THE VALUE REQUIRED FOR THE FILING, AND THE DECEDENT'S ESTATE WAS NOT SUBJECT TO FEDERAL ESTATE TAX.

Peter Benjamin
LAKE COUNTY AUDITOR

BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED Janet E Scrivnor, WHO ACKNOWLEDGED THE EXECUTION OF THE FOREGOING SURVIVORSHIP AFFIDAVIT, AND WHO, HAVING BEEN DULY SWORN, STATED THAT ANY REPRESENTATIONS THEREIN CONTAINED ARE TRUE.

WITNESS MY HAND AND NOTARIAL SEAL THIS 23rd DAY OF January 2002.

MY COMMISSION EXPIRES: 5-10-09
COUNTY OF RESIDENCE: Lake, County Darleen S Birchel
NOTARY PUBLIC (SIGNATURE)



This instrument was prepared by:

000130

DARLEEN S. BIRCHEL
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires May 10, 2009
Resident of Lake County, Indiana

2 cash
CF # 5184
13A

SCHEDULE "A"

LOT 202, LINCOLN GARDENS FIFTH SUBDIVISION, AS SHOWN IN PLAT BOOK
38, PAGE 111, LAKE COUNTY, INDIANA.



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 1990-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT IN PERMANENT INK

DECEDENT

MENTS

ORMANT

POSITION

USE OF

RTIFIER

ALTH FICER

1 DECEASED—NAME (First Middle Last) JAMES E. SCRIVNOR		2 SEX MALE		3a TIME OF DEATH 9:17 AM		3b DATE OF DEATH (Month Day Yr) SEPTEMBER 1, 2001	
4 *SOCIAL SECURITY NUMBER 383-30-9441		5a AGE—Last Birthday (Years) 66		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) Sept. 13, 1934		7 BIRTHPLACE (City and State or Foreign Country) Michigan City, Indian					
8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? -		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 7919 Marshall Place			9c CITY, TOWN OR LOCATION OF DEATH Merrillville			9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Janet Patton		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver		12b KIND OF BUSINESS/INDUSTRY Trucking	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Merrillville		13d STREET AND NUMBER 7919 Marshall Place	
13e ZIP CODE 46410		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		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) 12 College (1-4 or 5+) -					
18 FATHER'S NAME (First, Middle, Last) Edward Scrivnor				19 MOTHER'S NAME (First, Middle, Maiden Surname) Vera DesElms			
20a INFORMANT'S NAME (Type/Print) Janet Scrivnor			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7919 Marshall Pl. Merrillville, IN 46410			20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> 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) September 7, 2001 Regional Cremation Service			21c LOCATION—City or Town, State Munster, Indiana		
22a EMBALMER'S NAME Henry Blake		22b EMBALMER'S LICENSE NO. FD1019406		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert T. Applegate</i>		24b LICENSE NUMBER (of Licensee) FD29700058		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME STILINOVICH & WIATROLIKFH8300445 7535 Taft St. Merrillville, IN 46411			
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)		a Cerebrovascular accident					Approximate Interval Between Onset and Death
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b _____					_____
		c _____					_____
		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) 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) NO
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>Suzanne W. Best M.D.</i>			29c MEDICAL LICENSE NO. 01028410			29d DATE SIGNED (Month Day Year) 9-5-01	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) N. O'Baid, M.D. 8895 Broadway Merrillville, IN 46410 219-738-2081							
31 HEALTH OFFICER'S SIGNATURE <i>Suzanne W. Best D.O.</i>						DATE FILED (Month Day Year) September 7, 2001	
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.			