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2002 FEB 21 PM 3:02
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

DONALD TERMUNDE, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, BEVERLY TERMUNDE died (without leaving a will) ~~XXXXXXXXXXXXXXXX~~ on FEBRUARY 1, 2002 ~~19xx~~ at SCHERERVILLE, INDIANA

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

LOT 2 CLINE MEADOWS UNIT NO. 1,

known as 738 SANDI LANE, SCHERERVILLE, IN.

key 13-188-2

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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.

Donald Termunde
DONALD TERMUNDE

Subscribed and sworn to before me, a Notary Public, this 20th day of FEBRUARY, 2002, ~~19xx~~.

[signature]
Notary Public

PREPARED BY: DONALD TERMUNDE

RETURN TO: DONALD TERMUNDE, 738 SANDI LANE, SCHERERVILLE, IN. 46375

FILED
FEB 21 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

001303 11 CS

(2)

* **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.

Local No. 272-02

384117

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEDENT--NAME (First, Middle, Last): Beverly A. Termunde
2. SEX: Female
3a. TIME OF DEATH: 1:20am M
3b. DATE OF DEATH (Month, Day, Yr.): February 01, 2002
4. *SOCIAL SECURITY NUMBER: 311-28-0071
5a. AGE--Last Birthday (Years): 70
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo. Day. Yr): October 11, 1931
7. BIRTHPLACE (City and State or Foreign Country): Gary , Indiana
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: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 738 Sandy Lane
9c. CITY, TOWN, OR LOCATION OF DEATH: Schererville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Don Termunde
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Beautician
12b. KIND OF BUSINESS/INDUSTRY: Salon
13a. RESIDENCE--STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Schererville
13d. STREET AND NUMBER: 738 Sandy Lane
13e. ZIP CODE: 46375
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE--American Indian, Black, White, etc. (Specify): Caucasian
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Wayne Peters
19. MOTHER'S NAME (First, Middle, Maiden Surname): Helena Ridgely

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Don Termunde
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 738 Sandy Lane Schererville, Indiana 46375
20c. Relationship: Spouse

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): February 04, 2002 Chapel Lawn Memorial Gardens
21c. LOCATION--City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: Jeffery N. Sachs
22b. EMBALMER'S LICENSE NO.: FD29800086
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD08700086
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Chapel Lawn Funeral Home, 8178 Cline Avenue, Schererville, Indiana, 46375

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. Advanced Non-Small Cell Lung Cancer
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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): —

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: [signature]
29c. MEDICAL LICENSE NO.: 29176
29d. DATE SIGNED (Month, Day, Year): 2.4.02
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): M. Y. Ali, M.D. 1630 45th Ave. Munster, IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] D.O.
32. DATE FILED (Month, Day, Year): February 4, 2002

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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.

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RECORDER'S OFFICE INDIANA