

2002 041971

2002 10 19 10:18:18 AM HOLD FOR MERIDIAN TITLE CORP

1335LK02

AFFIDAVIT OF SURVIVORSHIP

Bruce W. Hamilton of adult age, being first duly sworn, upon deposes and says:

That, Bruce W. Hamilton is the ^{HUSBAND} ~~wife~~ of Lynn L. Hamilton, deceased, who died on November 25, 1995 a resident of Lake County, In.

That Bruce W. Hamilton and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, Indiana, to wit:

Lot Numbered 74 as shown on the recorded plat of Plum Creek Village in Block 1 recorded in Plat Book 46, page 101 in the Office of the Recorder of Lake County, Indiana.

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from recorded as _____ in the Office of the Recorder of Lake County, Indiana.

That Bruce W. Hamilton and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That said decedent (left no will) (left a will in which no attempt was made to dispose of any interest in the Real Estate except to said surviving spouse).

That affiant (knows) (is informed and believes) that the total value of the gross estate of said decedent for federal estate taxes does not equal or exceed the exemption equivalent applicable under federal law, and so, no federal estate tax could be, or is, due.

And further affiant sayeth not.

Bruce W. Hamilton

Bruce W. Hamilton

State of Indiana, County of Porter ss:

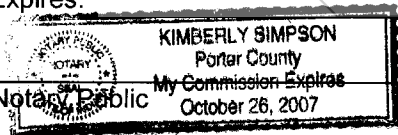
Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 25th 25th ___ day of April, 2002.

WITNESS my hand and Notarial Seal.

My Commission Expires:

Kimberly Simpson

Signature of Notary Public



Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by: Frank A. Antonovitz, Attorney-at-Law #2437-98.
202 S. Michigan St., Ste. 1000, South Bend, IN 46601
1335LK02 Is

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAY 03 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

11- McH M7

378X

ATTENTION ESTATE: Disclosure of the decedent's assets is required if we need to pursue our responsibilities and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2662-95

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Lynn L. Hamilton				2. SEX Female	3a. TIME OF DEATH 12:15PM	3b. DATE OF DEATH (Month, Day, Yr) November 25, 1995	
4. *SOCIAL SECURITY NUMBER 344-48-4155		5a. AGE—Last Birthday (Years) 42	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) Jan. 9, 1953		7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois
8a. WAS DECEDENT A U.S. VETERAN? No.		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Never		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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 110 Willow Lane				9c. CITY, TOWN, OR LOCATION OF DEATH Scherverville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Bruce Hamilton		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher		12b. KIND OF BUSINESS/INDUSTRY Elementary School	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Scherverville		13d. STREET AND NUMBER 110 Willow Lane	
13e. ZIP CODE 46375		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input 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+) 4			
18. FATHER'S NAME (First, Middle, Last) George Fransen				19. MOTHER'S NAME (First, Middle, Maiden Surname) June Skold			
20a. INFORMANT'S NAME (Type/Print) Bruce Hamilton				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 110 Willow Ln. Scherverville, IN 46375		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) November 28, 1995 Chapel Lawn memorial Gardens			21c. LOCATION—City or Town, State Scherverville, IN	
22a. EMBALMER'S NAME NA			22b. EMBALMER'S LICENSE NO. NA		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edwin B. LaHayne</i>			24b. LICENSE NUMBER (of Licensee) FDO1000857		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne FH83002885 5746 Hohman Hammond, IN for Schroeder-Lauer 3227 Ridge Rd. Lansing, IL 60438		
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. Rectal carcinoma, metastatic DUE TO (OR AS A CONSEQUENCE OF): c. MIV 27 1995 DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death: 5 mo.							
PART II: Other significant conditions contributing to death but not previously stated in Part I. <i>Alzheimer's Disease</i> LAKE COUNTY HEALTH COMMISSIONER				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>John M. Callard MD</i>					29c. MEDICAL LICENSE NO. 01028396		29d. DATE SIGNED (Month, Day, Year) 11/27/95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. JOHN ADLARD, M.D. 7905 CALUMET AV. MUNSTER IN 46321							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>						32. DATE FILED (Month, Day, Year) November 27, 1995	
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
			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.			

