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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 046178

2002 MAY 17 AM 9:04

MORRIS W. CARTER
RECORDER

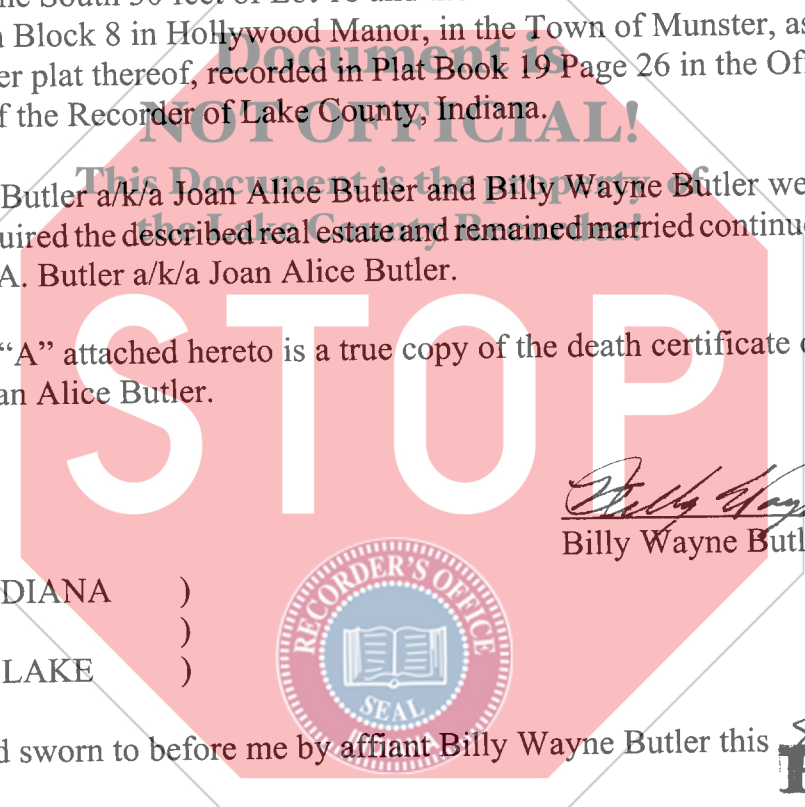
SURVIVORSHIP AFFIDAVIT

Comes now BILLY WAYNE BUTLER, being first duly sworn, and states:

1. He is the surviving spouse of JOAN A. BUTLER a/k/a Joan Alice Butler, who passed away on February 23, 2001.
2. He makes this Affidavit on his personal knowledge.
3. Prior to the February 23, 2001 death of Joan A. Butler a/k/a Joan Alice Butler, she and Billy Wayne Butler were the owners, as husband and wife, of certain real estate in Munster, Lake County, Indiana, to wit: c/k/a 8139 Highland Place

The South 30 feet of Lot 18 and the North 2 1/2 feet of Lot 19 in Block 8 in Hollywood Manor, in the Town of Munster, as per plat thereof, recorded in Plat Book 19 Page 26 in the Office of the Recorder of Lake County, Indiana.

4. Joan A. Butler a/k/a Joan Alice Butler and Billy Wayne Butler were married when they acquired the described real estate and remained married continuously to the death of Joan A. Butler a/k/a Joan Alice Butler.
5. Exhibit "A" attached hereto is a true copy of the death certificate of Joan A. Butler a/k/a Joan Alice Butler.



Billy Wayne Butler
Billy Wayne Butler

STATE OF INDIANA)
)
COUNTY OF LAKE)



Subscribed and sworn to before me by affiant Billy Wayne Butler this ^{5th} day of May, 2002.

FILED

My Commission expires: August 20, 2008
County of Residence: Lake

MAY 14 2002
Peter Benjamin
PETER BENJAMIN
LAKE COUNTY AUDITOR
David Paul Allen, Notary Public

This instrument prepared by: David Paul Allen, Attorney at Law, 5231 Hohman Ave., Suite 703, Hammond, Indiana 46320 (219) 931-7275

Return to: David Paul Allen, Attorney at Law, 5231 Hohman Ave., Hammond, Indiana 46320

1218

ck # 4784
11 02
3B

* 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

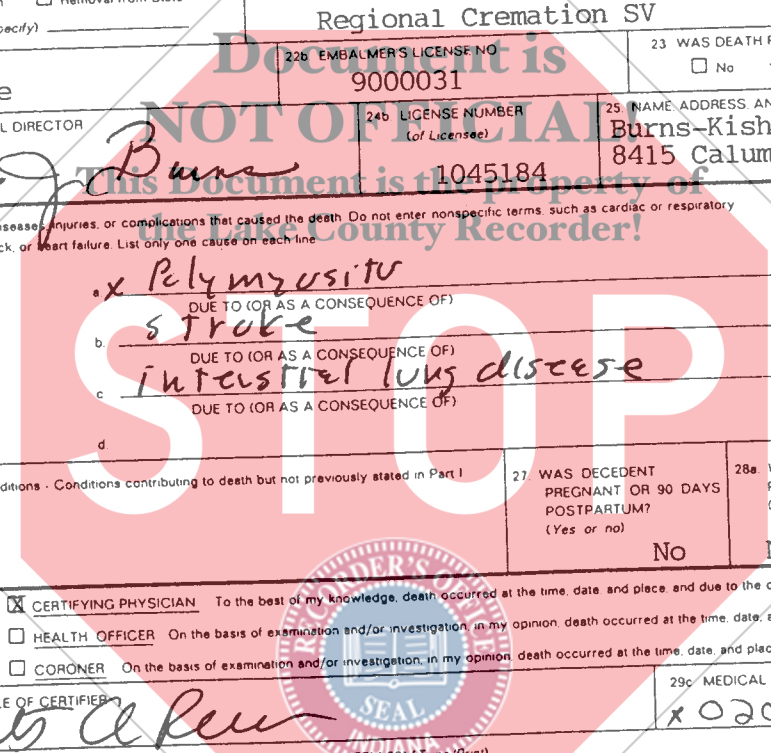
State No.

Local No. 444-01

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

393739
TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle, Last) Joan Alice Butler				2 SEX Female	3a TIME OF DEATH 5:30A	3b DATE OF DEATH (Month, Day, Yr.) February 23, 2001
4 *SOCIAL SECURITY NUMBER 311-36-4892	5a AGE—Last Birthday (Years) 63	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) July 21, 1937	7 BIRTHPLACE (City and State or Foreign Country) Hammond, IN	
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	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) 8139 Highland Place			9c CITY, TOWN, OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Billy W. Butler		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Home	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Munster		13d STREET AND NUMBER 8139 Highland Place		
13a ZIP CODE 46321	13i INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2
18 FATHER'S NAME (First, Middle, Last) Walter Schultz			19 MOTHER'S NAME (First, Middle, Maiden Surname) Alice Clark			
20a INFORMANT'S NAME (Type/Print) Billy W. Butler			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8139 Highland Place Munster, IN 46321		20c Relationship Husband	
21a METHOD OF DISPOSITION <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) February 24, 2001 Regional Cremation SV Munster, IN			21c LOCATION—City or Town, State	
22a EMBALMER'S NAME John T. Noble		22b EMBALMER'S LICENSE NO. 9000031		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321		
26 PART I Enter the disease, 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. Polymyositis b. Stroke c. Interstitial lung disease		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) ---	
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						
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) and manner 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>Kurt A. Reich</i>		29c MEDICAL LICENSE NO. 02001078	29d DATE SIGNED (Month, Day, Year) February 23, 2001	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) K. Reich, D.O. 761 45th Munster, IN 46321						
31 HEALTH OFFICER'S SIGNATURE <i>Daryl L. Fortson, M.D.</i>						
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK (Yes or no)		
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) Munster, IN				
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT (Yes or no)				



THIS CERTIFICATE IS FILED IN THE REGISTRY OF DEATHS ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
MAY 14 2002
PETER BENJAMIN
 LAKE COUNTY AUDITOR #19

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

EXHIBIT "A"