

STATE OF INDIANA)

COUNTY OF LAKE)

) SS:
2002 065112

RECORDED
INDEXED

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SURVIVORSHIP AFFIDAVIT

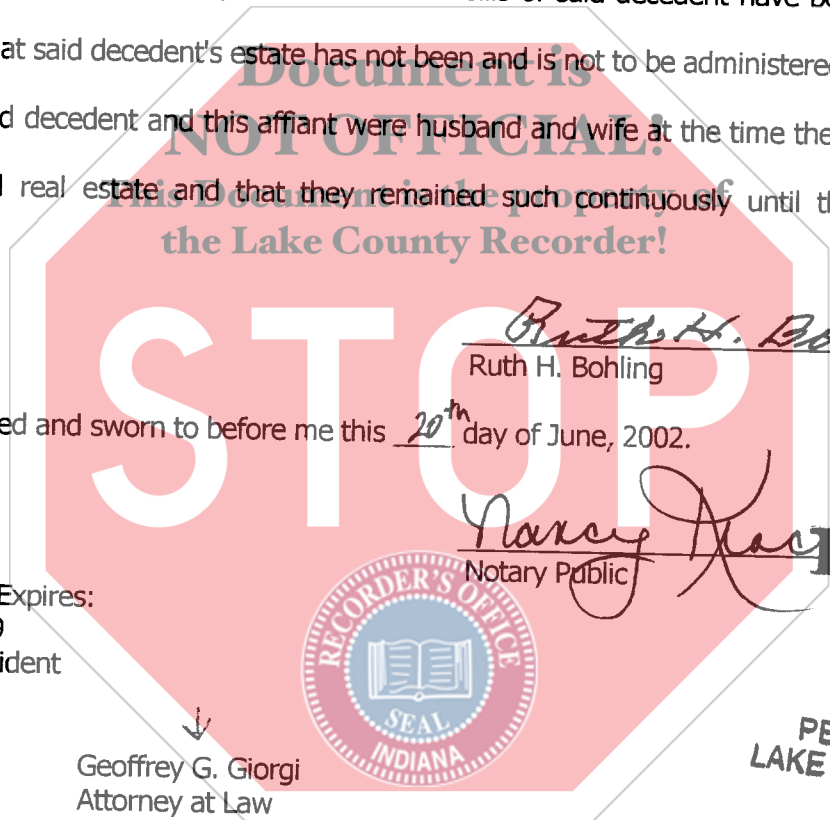
MONNIS J. GUYER
RECORDER

Ruth H. Bohling, being first duly sworn upon her oath states that she is of lawful age and resides in the County of Lake, State of Indiana. That she is the surviving spouse of Edward C. Bohling, who died on the 14th day of May, 2002, and that as such surviving spouse is the owner of the following real estate situated in Lake County, Indiana:

Lot 1, except the West 20 feet thereof, in Harding-Meyers Subdivision in the Town of Lowell, as per plat thereof, recorded in Plat Book 28, page 63, in the Office of the Recorder of Lake County, Indiana, and the improvements thereon situated

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were husband and wife at the time they took title to the above-described real estate and that they remained such continuously until the death of said decedent.



Ruth H. Bohling
Ruth H. Bohling

Subscribed and sworn to before me this 20th day of June, 2002.

Nancy MacNeil
Notary Public

My Commission Expires:
February 8, 2009
Lake County Resident

FILED

JUL 18 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

Prepared by.

Geoffrey G. Giorgi
Attorney at Law
One Professional Center, Suite 204
2100 North Main Street
Crown Point, IN 46307
PHONE: 663-3113

001173

11:00 AM
4679

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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.

Local No. 2078-02

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

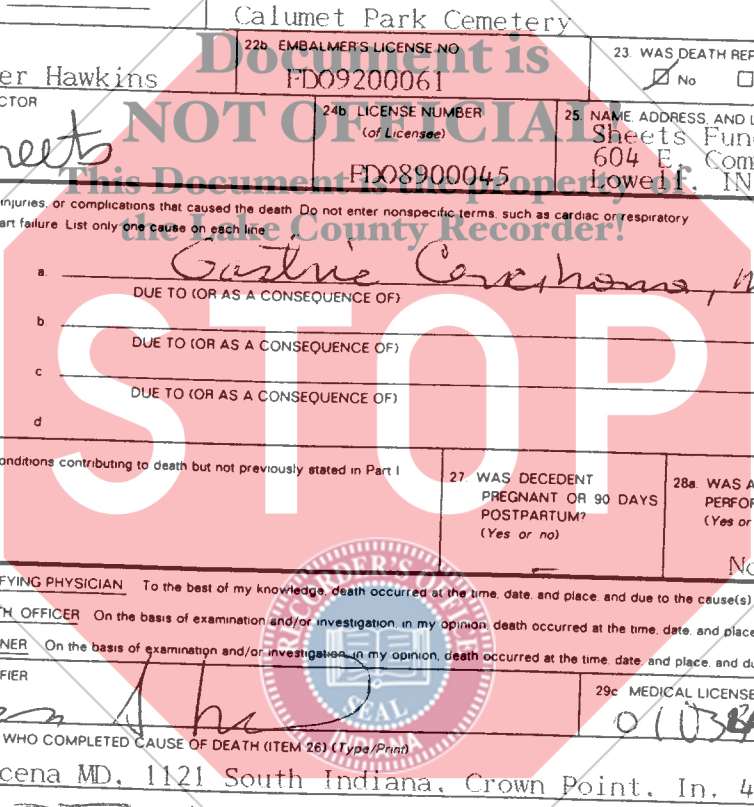
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Edward Carl Bohling		2 SEX Male	3a TIME OF DEATH 09:25P _M	3b DATE OF DEATH (Month, Day, Yr.) May 14, 2002	
4 *SOCIAL SECURITY NUMBER 312-05-7948	5a AGE—Last Birthday (Years) 90	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) Jul 31, 1911	
7 BIRTHPLACE (City and State or Foreign Country) Miller, IN	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) Wittenburg Home		9c CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Ruth H. Buchmeier	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator		12b KIND OF BUSINESS/INDUSTRY Steel Mill	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Lowell		13d STREET AND NUMBER 621 W. Oakley	
13e ZIP CODE 46356	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12			
18 FATHER'S NAME (First, Middle, Last) John Bohling		19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Johnson			
20a INFORMANT'S NAME (Type/Print) Ruth H. Bohling		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 621 W. Oakley, Lowell, IN 46356		20c Relationship Wife	
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) May 20, 2002 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, IN	
22a EMBALMERS NAME Molly E. Tucker Hawkins		22b EMBALMERS LICENSE NO. FDO9200061		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR Ken Sheets		24b LICENSE NUMBER (of Licensee) FDO8900045		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home, FHS3004277 604 E. Commercial Ave., Lowell, IN	
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 <u>Gastric Carcinoma, metastatic</u> 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		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No	
28b WERE AUTOPSY FINDINGS AVAILABLE TO CORONER TO DETERMINE CAUSE OF DEATH? (Yes or 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) as stated.			
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. <u>PETER BENJAMIN</u> <u>0103 LAKE COUNTY AUDITOR</u>			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Bernardo S. Lucena MD, 1121 South Indiana, Crown Point, In. 46307					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</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 LOCATION (Street and Number or Rural Route Number, City or Town, State) MAY 23 2002 CORNER
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



FILED

MAY 18 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

MAY 23 2002