SURVIVORSHIP AFFIDAVIT

107576 2002

2002 NOV 22 AMII: 14

COUNTY OF LAKE

MURKIS W. CARTER

On this 20th day of November, 2002 x20 before me personally appeared ORDER Raymond J. Johnsen , who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

Lot 26 Block 3, Forestdale, in the City of Hammond as shown in Plat Book 20 Page 16, In the Office of the Recorder of Lake County Indiana.

2. That said premises were formerly owned as tenants by the entireties by Raymond J.Johnsen _ and Jill A.Johnsen

_, husband and wife. died on Feb.6,2002 Jill A.Johnsen , a resident of

Lake County, Indiana, leaving no Will.

4. That by reason of the death of Jill A. Johnsen _, there are no Federal Estate taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

That on the date of the death of Jill A. Johnsen said parties, namely, Raymond J. Johnsen
wife and have not been divorced. and <u>Jill A.Johnsen</u> , were husband and

Further Affiant saith not.

JOHNSEN

the Lake County Reco

STATE OF INDIANA

COUNTY OF _ LAKE

Before me, the undersigned, a Notary Public in and for said County and State, the November 2002, 20, personally appeared Raymond R. Johnsen and acknowled the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official spall V/12 2 2002

My Commission expires:

LINDA S. WOOD

NOTARY PUBLIC, Lake County, Indiana County of Residence: My Commission Expires October 17, 2006

Resident of Lake County, Indiana

This instrument was prepared by:

Jacob M. Yonkman Attorney at Law #1432-45

JU179.

1116118

of Northwest Indiana 8695 Broadway Merriliville, IN 46410

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

State | Feb 8, 2002 Frankle 90 pem 6 5002

	THE RECORDS IN THIS S	ERIES ARE CONFIDENTIAL P	ER IC 16-37-1-10			Otato	Date Issued F	lammond Health Commissione	
TYPE/PRINT	1 DECEASED—NAME (First Middle, Last)								
IN	Jill	Tohngon		ł	3a. TIME OF DEAT		3b. DATE OF DEATH (Month, Day, Yr)		
ERMANENT	4. *SOCIAL SECURITY NUMBER	A . 5a. AGE—Last Birthday	Johnsen 56. UNDER 1 YEAR		[Fema]	Le 3:40 A	Februa	ery 6, 2002	
BLACK INK	310-62-4	(Veere)	Months Days		Inutes	E OF BIRTH (Mo. Day, Yr)	7 BIRTHPLACE (CA	ary 6, 2002 ty and State or Foreign Country)	
	8a. WAS DECEDENT	86 YEAR LAST SERVED IN	<u> </u>	<u> </u>	Apr	c. 18, 1954	Hammond	, Indiana	
	A U.S. VETERAN?	U.S. ARMED FORCES?			9a PLAC	CE OF DEATH (Check only one	See instructions.)	Trataria	
	No.	N/A	HOSPITAL Inpe			OTHER: Nursing Home			
	96 FACILITY NAME (If not institut	☐ ER/Outpatient ☐ DOA			Residence				
DECEDENT	6717 Hur				N. OR LOCATION OF DEATH 9d. COUNTY OF DEATH				
	10. MARITAL STATUS			Hamm	Hammond		Lake		
	i (Snacifu)	12a DECEDEN		IT'S USUAL OCCUPATION (Give kind of working most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY			
	Married	(If wife, give maiden name) Raymond John	sen	Monitor d	aintenance		1		
	13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN, OR	LOCATION	enance	1,01,070-	Mall		
	Indiana	Lake	Hammond			13d. STREET AND NUI			
	13e. ZIP CODE 13f. INSIDE CIT	Y LIMITS 14. CITIZEN OF	<u>لــــــــــــــــــــــــــــــــــــ</u>				uron Ave.		
	□ No □	Yes WHAT COUNTRY		 WAS DECEDENT OF HISPANIC OR No □ Yes (If yes, spe 		Black, White, etc.	17. DEC	EDENT'S EDUCATION	
	46323 13g. ON A FARI	U.S.A.	Mexican, Puerto I	Rican. etc.)	, , , , , , , , , , , , , , , , , , , ,	(Specify)	(Specify only highest grade completed)		
	<u>\$</u> w c			White		Elementary/Secondar	y (0-12) College (1-4 or 5 +)		
'ARENTS	18. FATHER'S NAME (First, Middle,	Last)	<u> </u>			- 1	12		
	Errnst Kraft 19. MOTHERS NAME (First, Middle, Maiden Surname)								
NFORMANT	20a. INFORMANT'S NAME (Type/I	2A				ores Stanage			
	Raymond Johns	en	20b. MAILING	G ADDRESS (Street	and Number or	Rural Route Number, City or T.	own, State, Zip Code)	20c. Relationship	
	21s METHOD OF DISPOSITION		0/1/	Huron Av	re.,Ham	mond, Indian	a 46323	Husband	
	_	Entombment	21b. DATE AND PLAC	E OF DISPOSITION	(Name of ceme		c LOCATION—City		
	Burial X Cremation	☐ Removal from State	other place)		ary 8,	, ···	c. LOCATION—City	ar Town, State	
	☐ Donation ☐ Other (Specif	y)	Pegio	ກລວີໂຂຕ	ary o,	2002			
3	228. EMBALMER'S NAME	7	22b. EMBALMER'S	nal Crem	acton		Munster,	Indiana	
	None	/,				23. WAS DEATH REPORT			
	24a SIGNATURE OF FUNERAL DIRECTOR								
	240. LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FILE								
	Romal a leal PDO 1001081 Kuiper Funeral Home, 9039 Kleinman Ro								
	V	real 1	I UFD	O 100108	14	ighland Ind	iana 1622	2 FH 19900008	
	26. PART Enter the disease	s, injuries, or complications that cause	sed the death. Do not lead	1		J. T.	Idia 4032	2 FH 19900008	
	arrest, shock, or	heart failure. List only one cause on	each line.	13 CHICIP	. Such as cardia	C or respiratory		Approximate	
	IMMEDIATE CAUSE (Final	Nay	to Vistoria	enty Ra	todade	ייי למיב		Interval Between	
1.	disease or condition	DUE TO (O	R AS A CONSEQUENC	son	clev	a south		Onset and Death	
EATH	esulting in death)	h	THE A CONSEQUENC	E OF):					
	Conditions, if any, which gave DUE TO (OR AS A CONSEQUENCE OF)								
	ise to the immediate cause, stating the underlying	С.							
	cause last	DUE TO (OF	DUE TO (OR AS A CONSEQUENCE OF)						
	d.								
·	PART II. Other significant conditions	Conditions		 					
	PART II. Other significant conditions -	Conditions contributing to death but	t not previously stated in		AS DECEDENT	28a. WAS AN AI	TOPSV 385 W	CDE ALIZADA	
. 1 2				P	REGNANT OR OSTPARTUM?	90 DAYS PERFORMED		ÆRE AUTOPSY FINDINGS VAILABLE PRIOR TO	
				i c	Yes or no)	(Yes or no)	C	OMPLETION OF CAUSE	
								DEATH? (Yes or no)	
	9e CERTIFIER (Check only ONLY) HEALTH OFFICED Only HEALTH OFFICED ONLY ON								
	HEALTH OFFICER On the basis of exemination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated								
	co	RONER On me basis of examination	OD and/or investigation	gaton, in my opinion.	death occurred	at the time, date, and place, and	due to the cause(s) as	s stated.	
	96 SIGNATURE AND TITLE OF CE	RTIFIER	and/or sivestigation, to	my opinion, death o	occurred at the t	ime, date, and place, and due to	the cause(s) and mann	er as stated.	
HITFIEH						29c MEDICAL LICENSE NO	29d DA	TE SIGNED (Month, Day, Year)	
	NAMETANO ADDRESS OF DEED		E			is lulyors	し トマカ	1-U7	
	NAME AND ADDRESS OF PERS	COMPLETED CAUSE OF	DEATH OTEM 26) (Typ	pe/Print)	. —	11/ 1/			
<u></u>	070/000	4. IJ. 1903	LA JUM	ETWH	VE. /	MUNSTER	IN U	6321	
·-··	HEALTH OFFICER'S SIGNATURE	0		THUILD		/			
TICER		Shand	Liel I	10	0/1		32 DATE	E FILED (Month, Day, Year)	
32	MANNER OF DEATH	34a DATE OF INJURY	34b TIME OF	TALK.	ar h	1,0	Itebri	1900 × 1900	
i		(Month, Day, Year)	INJURY	34c. INJURY (Yes or r		34d. DESCRIBE HOW IN	JURY OCCURRED		
1	Natural Pending							į	
	Accident Investigation				_			ł	
1	Suicide Could not be	34e. PLACE OF INJURY building, etc. (Specify	-At home, farm, street, factory, office		34f LOCATION (Street and Number		or Bural Paris	Purel Co. A. N.	
1	☐ Homicide Determined	,,		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)					
 									
34	DATE PRONOUNCED DEAD (MC	inth Day, Year) 34h MOTOR V	EHICLE ACCIDENT? (Yes or no) If were	pecify druss	Present and			
					, y univer, pa	assauger, pedestrian, etc]	
L.									
SE	0H06-004 State Form 10	0110 (R5/1-99)							
		· · /							