

2003 106068

2003 OCT 3 10:40

RECORDER'S OFFICE  
LAKE COUNTY, INDIANA

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA)

**HOLD FOR MERIDIAN TITLE CORP**

)SS:

*MTL-3091UK03*

COUNTY OF LAKE )

**SHERI STARKEY**, an adult, ("Affiant"), being first duly sworn, on oath states:

1. That John Binder Jr. and Ione C. Binder, Husband and Wife was/were the owner in fee simple of the following described real estate located in Lake County, Indiana, to-wit:

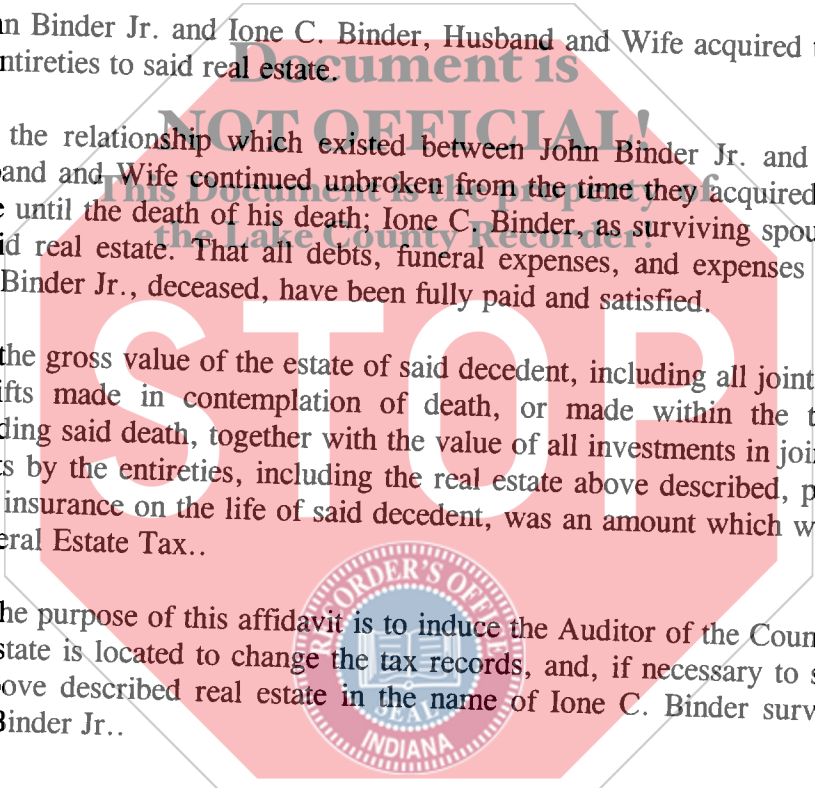
Lots 5 and 6 in Block 4 as shown on the recorded plat of Kelley-Semmes Boulevard Heights Addition to Gary recorded in Plat Book 9 page 23 in the Office of the Recorder of Lake County, Indiana.

2. , John Binder Jr. and Ione C. Binder, Husband and Wife acquired title as tenants by the entireties to said real estate.

3. That the relationship which existed between John Binder Jr. and Ione C. Binder, Husband and Wife continued unbroken from the time they acquired title to said real estate until the death of his death; Ione C. Binder, as surviving spouse, acquired title to said real estate. That all debts, funeral expenses, and expenses of last illness of John Binder Jr., deceased, have been fully paid and satisfied.

4. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in contemplation of death, or made within the three years next preceding said death, together with the value of all investments in joint properties and tenants by the entireties, including the real estate above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax..

5. That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Ione C. Binder surviving spouse of John Binder Jr..



**FILED**

OCT 3 2003

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

000263

*Handwritten initials/signature*

6. That Affiant has personal knowledge of the above statement based upon being provided with a copy of the death certificate and information from Ione C. Binder.

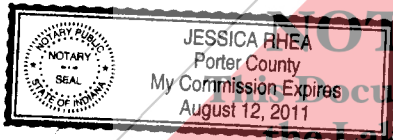
IN WITNESS WHEREOF, the Affiant has executed this affidavit this 25th day of September, 2003.

Sheri Starkey  
SHERI STARKEY

Before me a Notary Public in and for said County and State, personally appeared **SHERI STARKEY**, who acknowledged the execution of the foregoing Survivorship Affidavit on the 25th day of September, 2003.

My Commission Expires: \_\_\_\_\_

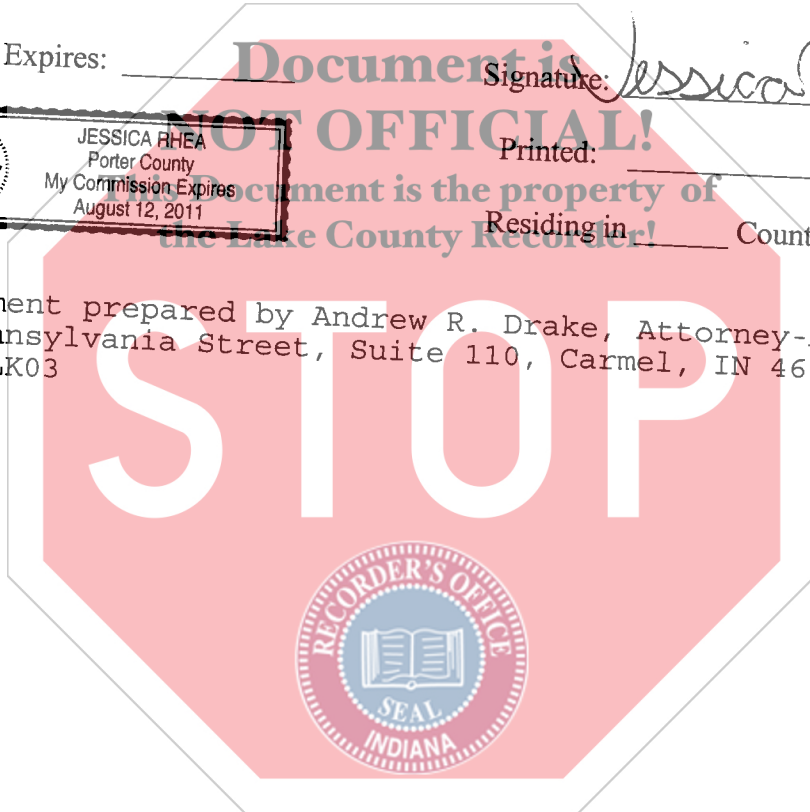
Signature: Jessica Rhea



Printed: \_\_\_\_\_

Residing in \_\_\_\_\_ County, Indiana

This instrument prepared by Andrew R. Drake, Attorney-At-Law,  
11711 N. Pennsylvania Street, Suite 110, Carmel, IN 46032.  
Case: 3091LK03



Sec 1

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there shall be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
HOLD FOR MERIDIAN TITLE CORP  
MTL-30914K03  
State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 15-37-1-10

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) **JOHN BINDER JR.**

2 SEX **Male**

3a TIME OF DEATH **2:35 P.M.**

3b DATE OF DEATH (Month, Day, Year) **November 21, 2001**

4a SOCIAL SECURITY NUMBER **306-09-1240**

4b AGE—Last Birthday (Years) **92**

5a UNDER 1 YEAR Months Days

5b UNDER 1 DAY Hours Minutes

6 DATE OF BIRTH (Mo., Day, Yr) **February 19, 1909**

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 and See instructions) **Gary, Indiana**

HOSPITAL  Inpatient  ER/Outpatient  DOA

OTHER  Nursing Home  Other (Specify)  Residence

9b FACILITY NAME (If not institution, give street and number) **Southlake Nursing and Rehab. Center**

9c CITY, TOWN, OR LOCATION OF DEATH **Merrillville**

9d COUNTY OF DEATH **Lake**

10 MARITAL STATUS (Specify) **Married**

11 SURVIVING SPOUSE (If wife, give maiden name) **Ione C. Johnson**

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retards) **Accounting Clerk**

12b KIND OF BUSINESS/INDUSTRY **Steel Industry**

13a RESIDENCE—STATE **Indiana**

13b COUNTY **Lake**

13c CITY, TOWN, OR LOCATION **Gary**

13d STREET AND NUMBER **323 W. 43rd Avenue**

13e ZIP CODE **46408**

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) **White**

17 DECEDENT'S EDUCATION (Specify only highest grade completed) **11th**

18 FATHER'S NAME (First, Middle, Last) **John Binder**

19 MOTHER'S NAME (First, Middle, Maiden Surname) **Regina Maurer**

20a INFORMANT'S NAME (Type/Print) **Ione C. Binder**

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **323 W. 43rd Avenue, Gary, Indiana 46408**

20c Relationship **Wife**

21a METHOD OF DISPOSITION  Burial  Cremation  Removal from State  Donation  Other (Specify) -----

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **November 27, 2001**

21c LOCATION—City or Town, State **Merrillville, Indiana**

22a EMBALMERS NAME -----

22b EMBALMER'S LICENSE NO. -----

23 WAS DEATH REPORTED TO CORONER?  No  Yes

24a SIGNATURE OF FUNERAL DIRECTOR *Ronald Mesnard*

24b LICENSE NUMBER (of Indiana) **FDO1005912**

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME **Geisen Funeral Home, Inc. #FH83007762  
7905 Broadway, Merrillville, IN 46410**

26 PART I: Enter the disease, injuries or complications that caused the death. Do not enter non-specific terms, such as "old age" or "respiration arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. *Arterial vascular insufficiency*

b. *Infected Arterial vascular*

c. *Ulcer*

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) **No**

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) as stated

29b SIGNATURE AND TITLE OF CERTIFIER *A. Steiner*

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **Alexandr A. Steiner, M.D., 919 Main Street, Suite 202, Dyer, Indiana 46311**

29c MEDICAL LICENSE NO. **01025591B**

29d DATE SIGNED (Month, Day, Year) **11-26-01**

31 HEALTH OFFICER'S SIGNATURE *Susan W. Best, D.O.*

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

