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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 039999

2004 MAY 14 AM 11:38

MORRIS WEAVER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MARY THEODORA JOHNSON, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, ROBERT EUGENE JOHNSON died ~~(XXXXXXXXXXXXXXXXXXXX)~~ (leaving a will) on SEPTEMBER 2 19 2000 at COMMUNITY HOSPITAL, MUNSTER, IN 46321

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 1 AND 2 IN BLOCK 5 IN JOLIDON ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2, PAGE 94, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~(her)~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

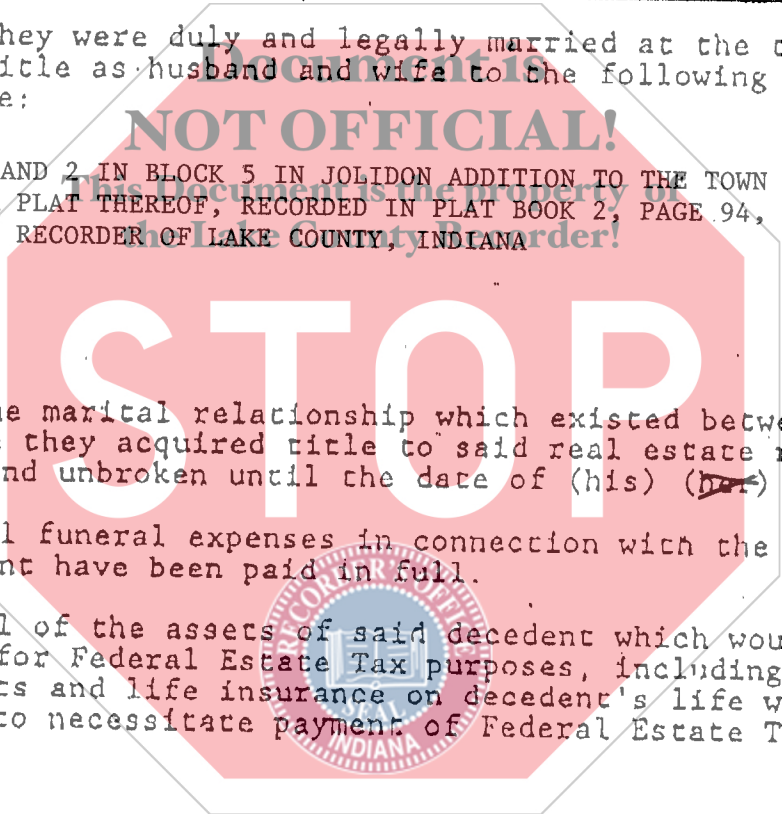
Mary T Johnson

Subscribed and sworn to before me, a Notary Public, this 1ST day of MAY, 2004.

Nancy Steininger
NANCY STEININGER Notary Public
RESIDENT OF LAKE COUNTY
EXPIRATION DATE: 01/10/07

This instrument prepared by: MARY T. JOHNSON

Bankers Title # 320040714



OK #6580
MM/02

ATTENTION ESTATE: Disclosure of the decedent's assets is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 2079-00

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

Bankers Title #320040714

CERTIFIER

HEALTH OFFICER

| | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|---|---|--|------------------------------------|---|--|---|--|--|--|
| 1. DECEASED-NAME (First Middle Last) Robert Eugene Johnson | | | | 2. SEX Male | | 3a. TIME OF DEATH 8:00PM | | 3b. DATE OF DEATH (Month Day Yr) September 2, 2000 | | | | | | | |
| 4. SOCIAL SECURITY NUMBER 304-38-9018 | | 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) June 18, 1937 | | 7. BIRTHPLACE (City and State or Foreign Country) Bush, IL | | | | | |
| 8a. WAS DECEDENT A U.S. VETERAN? Yes | | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1959 | | 9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA | | | | OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) Community Hospital | | | | | | 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) Mary Theodora Dixon | | | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Locomotive Engineer | | | 12b. KIND OF BUSINESS INDUSTRY Steel Manufacturing | | | | | | | |
| 13a. RESIDENCE - STATE Indiana | | 13b. COUNTY Lake | | 13c. CITY TOWN OR LOCATION Griffith | | | 13d. STREET AND NUMBER 347 N. Wiggs | | | | | | | | |
| 13e. ZIP CODE 46319 | | 13f. INSIDE CITY LIMITS <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) 12 College (1-4 or 5+) | | | | | |
| 18. FATHER'S NAME (First, Middle, Last) Oren Douglas Johnson | | | | | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Laura Pennington | | | | | | | | | |
| 20a. INFORMANT'S NAME (Type/Print) Mary Johnson | | | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 347 N. Wiggs, Griffith, IN 46319 | | | | 20c. Relationship Wife | | | | | | | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) September 7, 2000 Chapel Lawn Memorial Gardens | | | | 21c. LOCATION - City or Town State Schererville, Indiana | | | | | | | |
| 22a. EMBALMER'S NAME Henry A. Gray | | | | 22b. EMBALMER'S LICENSE NO. FD29900123 | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Georg J. Johnson</i> | | | | 24b. LICENSE NUMBER (of Licensee) FDE8900006 | | 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH19900009 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323 | | | | | | | | | |
| 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. | | | | | | | | | | Approximate Interval Between Onset and Death | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MORBID OBESITY DUE TO (OR AS A CONSEQUENCE OF) b. RIGHT VENTRICULAR FAILURE / ANACARDIA DUE TO (OR AS A CONSEQUENCE OF) c. Diabetic foot ulcer, cellulitis, NEPS DUE TO (OR AS A CONSEQUENCE OF) d. | | | | | | | | | | | | | | | |
| PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. ux atrial fibrillation. | | | | | | | | | | 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>[Signature]</i> | | | | | | 29c. MEDICAL LICENSE NO. 01048722 | | 29d. DATE SIGNED (Month Day Year) 9/11/00 | | | | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Robert Chen, 7905 CALUMET AVE, Munster, IN 46321 | | | | | | THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. | | | | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i> | | | | | | 32. DATE FILED (Month Day Year) September 12, 2000 | | | | | | | | | |
| 33. MANNER OF DEATH <input checked="" 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 OCCURRED? (Yes or no) SEP 12 2000 | | 34d. PLACE OF INJURY - At home, farm, street, factory, building, etc. (Specify) LAKE COUNTY HEALTH COMMISSIONER | | | | | | | |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. | | | | | | | | | | | |