

STATE OF INDIANA )  
 ) ss  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

I, **ELAINE B. CHENORE**, being first duly sworn, and in support of this Affidavit of Survivorship, deposes and says:

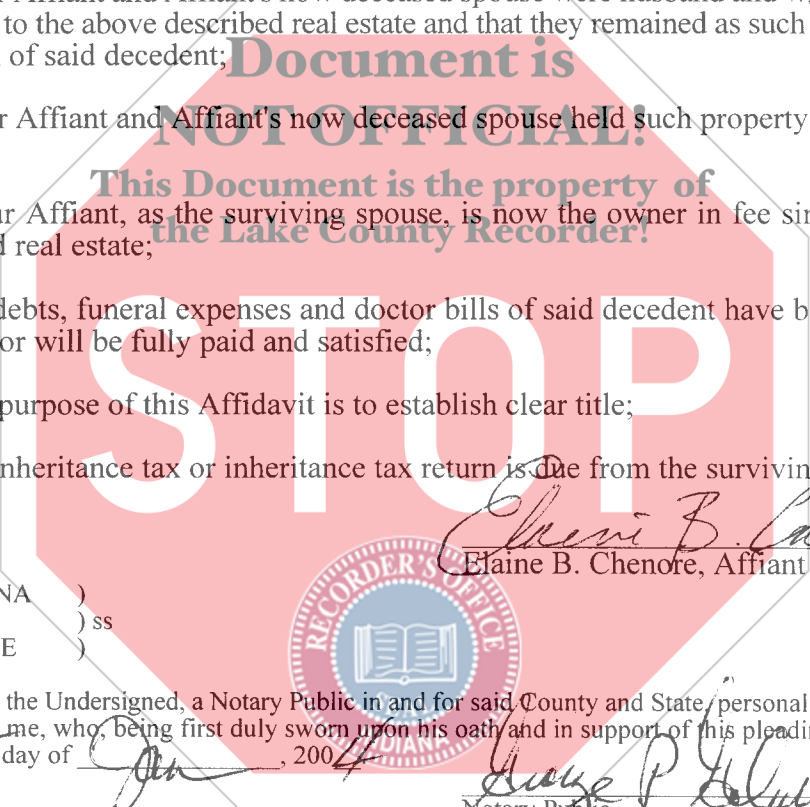
1. That your Affiant is of lawful age and resides in Lake County, Indiana;
2. That your Affiant is the surviving spouse of Delmer S. Chenore, now deceased;
3. That Delmer S. Chenore, now deceased, a resident of Lake County, Indiana, died on November 22, 2003 (See attached copy of the Medical Certificate of Death);
4. That during their lifetimes, your Affiant and Affiant's now deceased spouse were owners and grantees of a certain parcel of real estate situated in Lake County, Indiana:

More commonly known as: 1008 East 63<sup>rd</sup> Place  
Merrillville, Indiana 46410

and with a Key Number of: 8-15-210-5

5. That your Affiant and Affiant's now deceased spouse were husband and wife at the time they took title to the above described real estate and that they remained as such continuously until the death of said decedent;
6. That your Affiant and Affiant's now deceased spouse held such property as Tenants by the Entirety;
7. That your Affiant, as the surviving spouse, is now the owner in fee simple of the above described real estate;
8. That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied or will be fully paid and satisfied;
9. That the purpose of this Affidavit is to establish clear title;
10. That no inheritance tax or inheritance tax return is due from the surviving spouse.

2004 MAY 18 10:11 AM  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 MORRIS REC'D



*Elaine B. Chenore*  
Elaine B. Chenore, Affiant

STATE OF INDIANA )  
 ) ss  
COUNTY OF LAKE )

Before me, the Undersigned, a Notary Public in and for said County and State, personally appeared Elaine B. Chenore, known to me, who, being first duly sworn upon his oath and in support of this pleading or paper, executed same on this 15 day of Jan, 2004.

*George P. Galanos*  
Notary Public  
*George P. Galanos*

My commission expires: April 10, 2012  
My county of residence: Lake

DAILY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER  
MAY 18 2004

Prepared by: George P. Galanos Attorney at Law One Professional Center, #306 Crown Point, IN 46307 219/663-1938

↑

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

00154... 12-1  
C.D.G.

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to resolve 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. 5610

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

PERMANENT LACK INK

DECEDENT

INFORMANT

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>DELMER SHERMAN CHENORE</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>9:17 AM</b>	3b DATE OF DEATH (Month Day Yr) <b>NOVEMBER 22, 2003</b>	
4 *SOCIAL SECURITY NUMBER <b>305-20-4746</b>	5a AGE—Last Birthday (Years) <b>75</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) <b>Oct. 11, 1928</b>	
7a WAS DECEDENT A US VETERAN? <b>Yes</b>	7b YEAR LAST SERVED IN US ARMED FORCES? <b>1947</b>	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> <b>OTHER <input checked="" type="checkbox"/> Residence</b>			
9b FACILITY NAME (If not institution, give street and number) <b>610 Ridge Road</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Munster</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Diesel Mechanic</b>	12b KIND OF BUSINESS/INDUSTRY <b>Trucking</b>		
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Merrillville</b>	13d STREET AND NUMBER <b>1014 E. 63rd. Place</b>		
13e ZIP CODE <b>46410</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HIS/FANIC 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) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>	18 FATHER'S NAME (First, Middle, Last) <b>Sherman Chenore</b>		19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Marie Brosseau</b>		
20a INFORMANT'S NAME (Type/Print) <b>Elaine Chenore</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1014 E. 63rd. Pl. Merrillville, IN 46410</b>		20c Relationship <b>Wife</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Site <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>November 29, 2003 Chapel Lawn Memorial Gardens Schererville, Indiana</b>		21c LOCATION—City or Town, State	
22a EMBALMER'S NAME <b>Ed Gleim</b>		22b EMBALMER'S LICENSE NO. <b>FD01016173</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) <b>FD20200020</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>STILINOVICH &amp; WIATROLIKFH8300445 7535 Taft St. Merrillville, IN 46410</b>		
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 <b>Color Change</b>		Approximate Interval Between Onset and Death <b>15 minutes</b>	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b			
		c			
		d			
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) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>		
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. <b>01041301</b>	29d DATE SIGNED (Month, Day, Year) <b>11/25/03</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. C Morgan-Ihrig 1630-45th Ave. Munster, IN 46321 219-924-3232</b>					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month, Day, Year) <b>November 26, 2003</b>		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
		34a 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.			

