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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: 1010 East 63rd Place
Merrillville, Indiana 46410

and with a Key Number of: 8-15-210-53

- 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.

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

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

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

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

MAY 18 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

2004 MAY 18 PM 1:18
LAKE COUNTY REC'D

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MORRIS REC'D



0015

12-5-04
G.D.G.

ATTENTION STATE: The Social Security # is required by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

Local No. 610
PE/PRINT
IN
PERMANENT
LACK INK

DECEDENT

MENTS

FORMANT

POSITION

USE OF
ATH

RTIFIER

ALTH
ICER

1 DECEASED—NAME (First Middle Last) DELMER SHERMAN CHENORE			2 SEX MALE		3a TIME OF DEATH 9:17 AM		3b DATE OF DEATH (Month, Day, Yr.) NOVEMBER 22, 2003			
4. *SOCIAL SECURITY NUMBER 305-20-4746		5a AGE—Last Birthday (Years) 75		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) Oct. 11, 1928		
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1947		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"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) 610 Ridge Road			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)		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Diesel Mechanic		12b KIND OF BUSINESS/INDUSTRY Trucking				
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Merrillville		13d STREET AND NUMBER 1014 E. 63rd. Place				
13e ZIP CODE 46410		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 		18 FATHER'S NAME (First Middle, Last) Sherman Chenore			19 MOTHER'S NAME (First Middle, Maiden Surname) Marie Brosseau					
20a INFORMANT'S NAME (Type/Print) Elaine Chenore			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1014 E. 63rd. Pl. Merrillville, IN 46410			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) November 29, 2003 Chapel Lawn Memorial Gardens Schererville, Indiana			21c LOCATION—City or Town, State					
22a EMBALMER'S NAME Ed Gleim		22b EMBALMER'S LICENSE NO. FD01016173		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a SIGNATURE OF FUNERAL DIRECTOR <i>Bret R. M...</i>		24b LICENSE NUMBER (of Licensee) FD20200020		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME STILINOVICH & WIATROLIK FH8300445 7535 Taft St. Merrillville, IN 46410						
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>Colon Cancer</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 _____ Approximate Interval Between Onset and Death: <u>10 months</u>										
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) <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. 01041301		29d DATE SIGNED (Month, Day, Year) 11/25/03		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. C. Morgan-Thrig 1630-45th. Ave. Munster, IN 46321 219-924-3232										
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month, Day, Year) 11/25/03				
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 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.							

