

STATE OF INDIANA )

JASPER )  
COUNTY OF LAKE)

SS:

2004 042984

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2004 MAY 24 09:00 AM

MCPLS  
REC'D

**SURVIVORSHIP AFFIDAVIT**  
**AND PROOF OF**  
**GENERAL DURABLE POWER OF ATTORNEY**

On this 24<sup>th</sup> day of ~~April~~<sup>May</sup> 2004, before me personally appeared

**NORMA K. RILEY, 5750 EAST 129<sup>TH</sup> AVENUE, CROWN POINT, IN 46307**

Known to me personally, and identified herself as the Affiant herein, and upon her oath did say that:

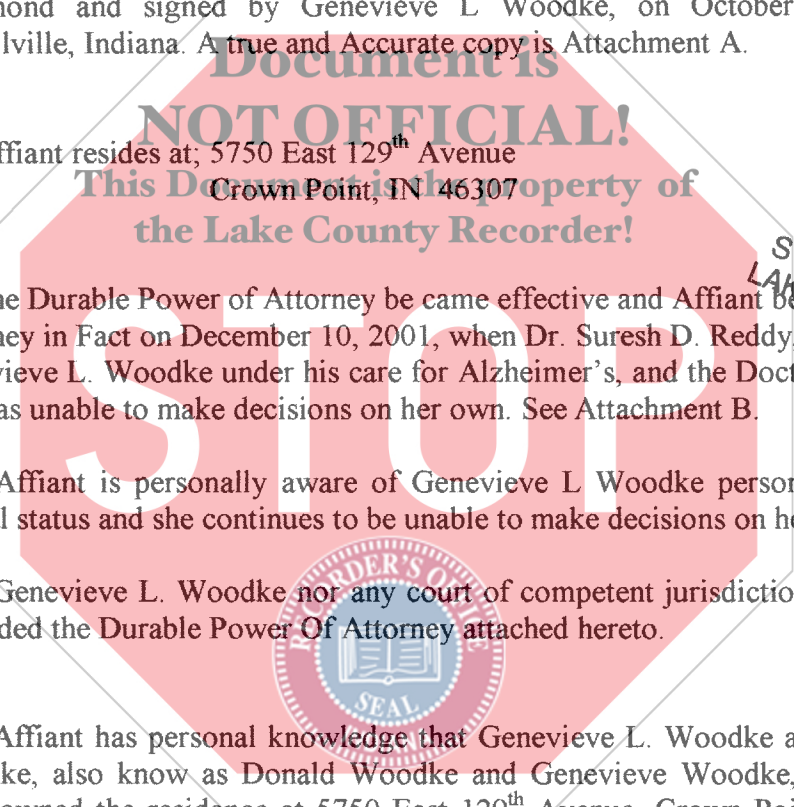
1. That the Affiant name is Norma K. Riley, the Attorney-in-fact for Genevieve L. Woodke pursuant to a Durable Power of Attorney prepared by Attorney Lynn Hammond and signed by Genevieve L. Woodke, on October 9<sup>th</sup> 1996 at Merrillville, Indiana. A true and Accurate copy is Attachment A.
2. That Affiant resides at, 5750 East 129<sup>th</sup> Avenue  
Crown Point, IN 46307
3. That the Durable Power of Attorney became effective and Affiant became the Attorney in Fact on December 10, 2001, when Dr. Suresh D. Reddy, M.D., placed Genevieve L. Woodke under his care for Alzheimer's, and the Doctor determined she was unable to make decisions on her own. See Attachment B.
4. That Affiant is personally aware of Genevieve L. Woodke personal health and mental status and she continues to be unable to make decisions on her own.
5. That Genevieve L. Woodke nor any court of competent jurisdiction has revoked or voided the Durable Power Of Attorney attached hereto.
6. That Affiant has personal knowledge that Genevieve L. Woodke and Donald O. Woodke, also know as Donald Woodke and Genevieve Woodke, husband and wife, owned the residence at 5750 East 129<sup>th</sup> Avenue, Crown Point, Indiana as tenants by entireties, pursuant to the Warranty Deed Recorded June 19, 1981, as Document No. 633515, and legally described as:

**001962**

This Document Prepared by: Angelo Sabato Attorney at Law  
6980 West 115<sup>th</sup> Avenue  
Crown Point, In 46307

Page 1 of 3

Tel. 219- 663 - 7933



**FILED**  
MAY 24 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

22  
19

Part of the South half of the Southwest Quarter of the Northeast Quarter of Section 19, Township 34 North, Range 7 West of the Second Principle Meridian, in Lake County, Indiana, described as follows:

Commencing at the Southwest corner of the East 10 acres of said South half of the Southwest Quarter of the Northeast Quarter (said Southeast corner being the corner of the real estate conveyed to the Mattel's by Deed dated November 27, 1976 and recorded November 29, 1976 as Document No. 381295 in the Recorders Office of Lake County, Indiana); thence West 330 feet; thence North 330 feet; thence East 330 feet, to the West line of said Mattel tract; and thence South 330 feet, along the West line of said Mattel tract to the point of beginning. Said parcel containing 2.5 acres  $\pm$ , together with all the improvements there on.

Commonly known as 5750 East 129<sup>th</sup> Avenue, Crown Point, Indiana ( Key No. 44-54-0011-0030).

- Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**
7. That Donald O. Woodke also known as Donald Woodke Died on October 25<sup>th</sup> 1995. See Attachment C, INDIANA STATE DEPARTMENT OF HEALTH, CERTIFICATE OF DEATH, Donald O. Woodke.
8. There was no Federal or State Inheritance or Death Tax due as a result of the Death of Donald O. Woodke.
9. That Affiant states that Donald O. Woodke and Genevieve L. Woodke were not divorced.
10. That the Affiant is the Daughter of Donald O. Woodke and Genevieve L. Woodke.

Further more the Affiant sayeth not. I hereby sign this under the pain and penalty of perjury, witness my signature this 24 day of April May 2004.

Norma K. Riley P.O.A.  
NORMA K. RILEY  
Affiant, Attorney in Fact

Subscribed and sworn before me by the Affiant this

Susan E. Sutton  
NOTARY PUBLIC

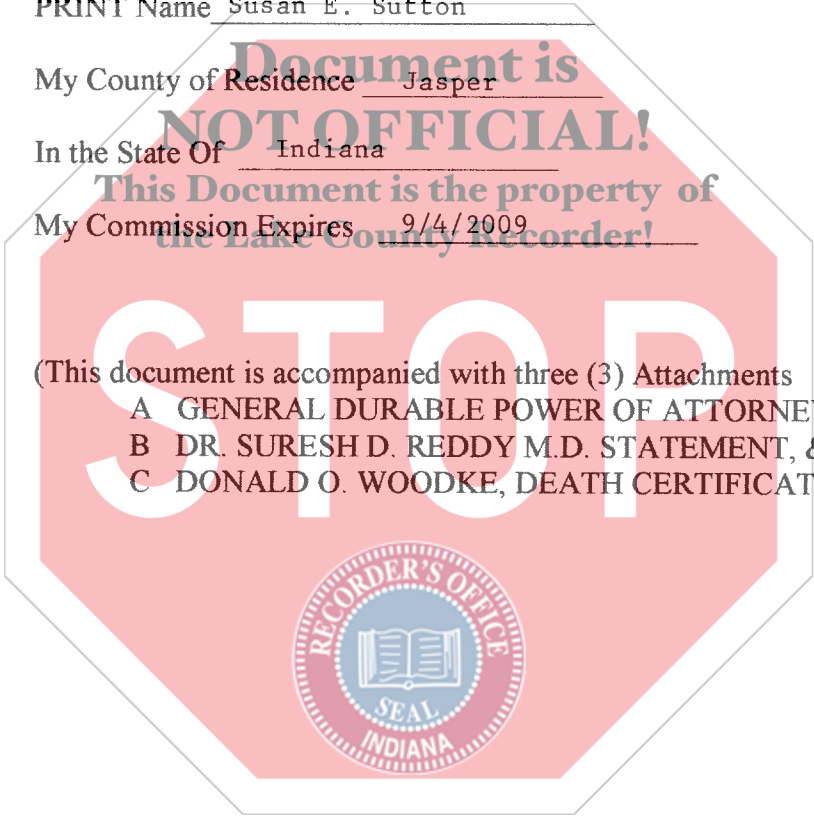
PRINT Name Susan E. Sutton

My County of Residence Jasper

In the State Of Indiana

My Commission Expires 9/4/2009

(This document is accompanied with three (3) Attachments  
A GENERAL DURABLE POWER OF ATTORNEY  
B DR. SURESH D. REDDY M.D. STATEMENT, &  
C DONALD O. WOODKE, DEATH CERTIFICATE.)



"Attachment F"

**GENERAL DURABLE POWER OF ATTORNEY**

I, **GENEVIEVE L. WOODKE** being at least eighteen (18) years of age and mentally competent, do hereby designate **NORMA K. RILEY**, as my true and lawful Attorney-in-Fact. In the event **NORMA K. RILEY** is unable to or refuses to serve in this capacity for any reason, I do hereby designate **BONNIE L. MCKINNEY** as my true and lawful Attorney-in-Fact.

**I. POWERS:**

The above named Attorney-in-Fact shall have general authority with respect to the following, as the same are defined by Indiana Code 30-5-5-1, et seq.:

**Real property transactions; Tangible personal property transactions; Bond, share and commodity transactions; Banking transactions; Business operating transactions; Insurance transactions; Beneficiary transactions; Gift transactions; Fiduciary transactions, Claims and litigation; Family maintenance; Benefits from military service; Records, reports, and statements; Estate transactions; Health care powers including the power to consent to or refuse health care on my behalf, which power is more specifically set forth in the Appointment of Health Care Representative attached to this General Durable Power of Attorney and incorporated herein by this reference; Delegating authority; as well as all other matters;**

and I hereby ratify and confirm all that my Attorney-in-Fact shall do by virtue hereof.

**II. EFFECTIVE DATE:**

This Power of Attorney shall become effective upon my disability or incompetence, as certified in writing by a Physician.

**III. TERMINATION:**

I hereby reserve the right of revocations; however, this Power of Attorney shall continue in full force and effect until I have executed a written revocation thereof and the same has been recorded in the Recorder's Office, if any, where the Power of Attorney was previously recorded, with appropriate reference made therein to the book and page number or instrument number of such recording.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my Attorney-in-Fact in reliance upon this Power, without actual knowledge of its revocation.

*H. L. W.*



IV. GUARDIANSHIP:

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby appoint **NORMA K. RILEY** to serve as guardian.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9<sup>th</sup> day of October, 1996.

Genevieve L. Woodke  
GENEVIEVE L. WOODKE

STATE OF INDIANA )

COUNTY OF LAKE )

SS:

**Document is NOT OFFICIAL!**

Before me, a Notary Public in and for said County and State, personally appeared **GENEVIEVE L. WOODKE** who acknowledged the execution of the foregoing General Durable Power of Attorney.

WITNESS my hand and Notarial seal this 9<sup>th</sup> day of October, 1996.

My Commission Expires:

July 29, 2002

[Signature]

Resident of

Porter

Notary Public  
County, IN



This Instrument Prepared by: **LYNN HAMMOND**, 7895 Broadway, Suite L, Merrillville, IN 46410; (219) 738-1200.

Attachment E

**SURESH D. REDDY, M.D.**

751 EAST 81ST PLACE MERRILLVILLE, IN 46410  
HOURS BY APPOINTMENT

(219) 738-6600

For Genevieve Woodke Date 12-10-01

Address

**Rx** Genevieve is under our care for  
Alzheimers. She is unable to make  
decisions on her own.

REFILL \_\_\_\_\_ TIMES  
NON REPETATUR   
LABEL

\_\_\_\_\_ M.D. S. Reddy M.D.  
Dispense As Written May Substitute

**Prompt Medical Care**



Attachment C

\* 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

CERTIFICATE OF DEATH

State No. ....

Local No. 2429-95

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

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Donald O. Woodke</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>2:50 P M</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>October 25, 1995</b>	
4. *SOCIAL SECURITY NUMBER <b>316-14-1341</b>	5a. AGE—Last Birthday (Years) <b>81</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>October 1, 1914</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Lowell, Indiana</b>		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"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>Residence</b>			
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>	9b. FACILITY NAME (If not institution, give street and number) <b>5750 East 129th Avenue</b>	9c. CITY, TOWN, OR LOCATION OF DEATH <b>Crown Point</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Genevieve Coates</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Carpenter</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Local #1005</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Crown Point</b>	13d. STREET AND NUMBER <b>5750 E. 129th Avenue</b>		
13e. ZIP CODE <b>46307</b>	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? <b>U.S.A.</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>5</b> College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) <b>Edward Woodke</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Miranda Werblo</b>		20a. INFORMANT'S NAME (Type/Print) <b>Genevieve Woodke</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5750 E 129th Ave., Crown Point, IN 46307</b>		20c. Relationship <b>Wife</b>			
21a. METHOD OF DISPOSITION <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) <b>October 28, 1995 Salem Cemetery</b>		21c. LOCATION—City or Town, State <b>Hebron, Indiana</b>	
22a. EMBALMER'S NAME <b>N/A</b>		22b. EMBALMER'S LICENSE NO. <b>N/A</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry Jensen</i>		24b. LICENSE NUMBER (of Licensee) <b>FD09000013</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home Inc. FH83001253 109 N East St., Crown Point, IN 46307</b>	
26. PART I. Enter the disease, injuries, or combination that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFICATE IS THE PROPERTY OF THE LAKE COUNTY RECORDER. COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY RECORDER. <b>Extensive burn of body due to fire</b>				Approximate Interval Between Onset and Death <b>Unknown</b>	
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>LAKE COUNTY HEALTH COMMISSIONER</b>					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>	
29a. CERTIFIER (Check only one) <input 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 checked="" 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) as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Dr. Philpot</i> <b>Original signature unavailable</b>			29c. MEDICAL LICENSE NO. <b>538-B</b>	29d. DATE SIGNED (Month, Day, Year) <b>December 19, 1995</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Thomas R. Philpot, D.P.M., Coroner, 2893 North Main St., Crown Point, Indiana 46307</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i> <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) <b>Oct 25, 1995</b>	34b. TIME OF INJURY <b>Unknown</b>	34c. INJURY AT WORK? (Yes or no) <b>No</b>	34d. DESCRIBE HOW INJURY OCCURRED <b>Decedent burned while burning leaves.</b>
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>Residence/Backyard</b>			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>5750 East 129th Avenue Crown Point, Indiana</b>		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>October 25, 1995</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>No</b>			