

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

2001-01-15-03

CORA Y. GARDOW, being first duly sworn upon oath, deposes and says:

- 1. That **RICHARD GARDOW**, died (without leaving a will) on November 13, 2001 at Community Hospital, Lake County, Indiana.
- 2. That **RICHARD GARDOW, CORA Y. GARDOW AND RICHARD KEITH GARDOW** acquired title, as tenants in common, in the following described real estate:

LOT THREE (3) LAWNDALE GARDENS EIGHTH ADDITION IN THE TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 35, PAGE 52, LAKE COUNTY, INDIANA.

- 3. That the following person (s) are the true and lawful heir(s) of Richard Gardow: Richard Keith Gardow (son), David Gardow (son), Laurie Gagan (daughter), Troy Gardow (son) and Cora Y. Gardow (wife).
- 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 included 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.

Cora Y. Gardow

Cora Y. Gardow

COMMUNITY TITLE COMPANY
FILE NO 128670

Subscribed and sworn to before me, a Notary Public this 16th day of May, 2004.



Karen Craig

Notary Public

My Commission Expires: _____
County of Residence: _____

FILED

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000066

12-15-04
AKC

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 2776-01
27557

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT INK

DECEDENT

MENTS

FORMANT

POSITION

USE OF ATH

RTIFIER

ALTH FICER

1 DECEASED—NAME (First, Middle, Last) Richard Gardow		2 SEX Male	3a. TIME OF DEATH 1:25P M	3b. DATE OF DEATH (Month, Day, Yr) November 13, 2001	
4. *SOCIAL SECURITY NUMBER 316-24-6277	5a. AGE—Last Birthday (Years) 67	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo, Day, Yr) Oct. 28, 1934	
6a. WAS DECEDENT A U.S. VETERAN? No	6b. YEAR LAST SERVED IN U.S. ARMED FORCES? None	7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN			
8a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DQA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence					
9a. 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) Cora Berganio	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Inspector		12b. KIND OF BUSINESS/INDUSTRY Inland Steel	
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith	13d. STREET AND NUMBER 940 N. Lafayette St.		
13a. ZIP CODE 46319	13e. 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? U.S.A.	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 (10-12) _____ College (1-4 or 5 +) _____ 11					
18. FATHER'S NAME (First, Middle, Last) Gustav Gardow		19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Mae Sako			
20a. INFORMANT'S NAME (Type/Print) Cora Gardow		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 940 N. Lafayette St. Griffith, IN 46319	20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <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 15, 2001 Regional Cremation SV		21c. LOCATION—City or Town, State Munster, IN	
22a. EMBALMER'S NAME _____		22b. EMBALMER'S LICENSE NO. _____	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Bernice Burns</i>		24b. LICENSE NUMBER (of Licenses) 8601763	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #8800135 921 W. 45th Griffith, IN 46319		
26. PART I Enter the disease, 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) Metastatic Colon Cancer				2 Year	
Conditions, if any, which gave rise to the immediate cause, among 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) _____		
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>G. Jano</i>		29c. MEDICAL LICENSE NO. 01040256	29d. DATE SIGNED (Month, Day, Year) Nov. 14, 2001		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) G. Jano, M.D. 7905 Calumet Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butcher, D.O.</i>					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year) _____	34b. TIME OF INJURY _____	34c. INJURY AT WORK? (Yes or no) _____	34d. RECOMMEND INQUIRY ACCEPTED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT NOV 15 2001
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. _____			