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LAKE COUNTY  
FILED FOR RECORD

2004 046839

2004-05-03

NOTARY

620043 108  
Mail tax bills to:

Tax Key No.: 15-175-5

STATE OF INDIANA )  
                                  )SS.  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

Comes now Cindy J. Lundewall, being duly sworn upon her oath, and state as follows:

That the affiant is the daughter of the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 156, in Fifield's Forest Hills Addition, as per plat thereof, recorded in Plat Book 25, page 3, in the Office of the Recorder of Lake County, Indiana.  
Better known as: 24 Sunset Road, Merrillville, IN 46410  
Key #: 15-175-5

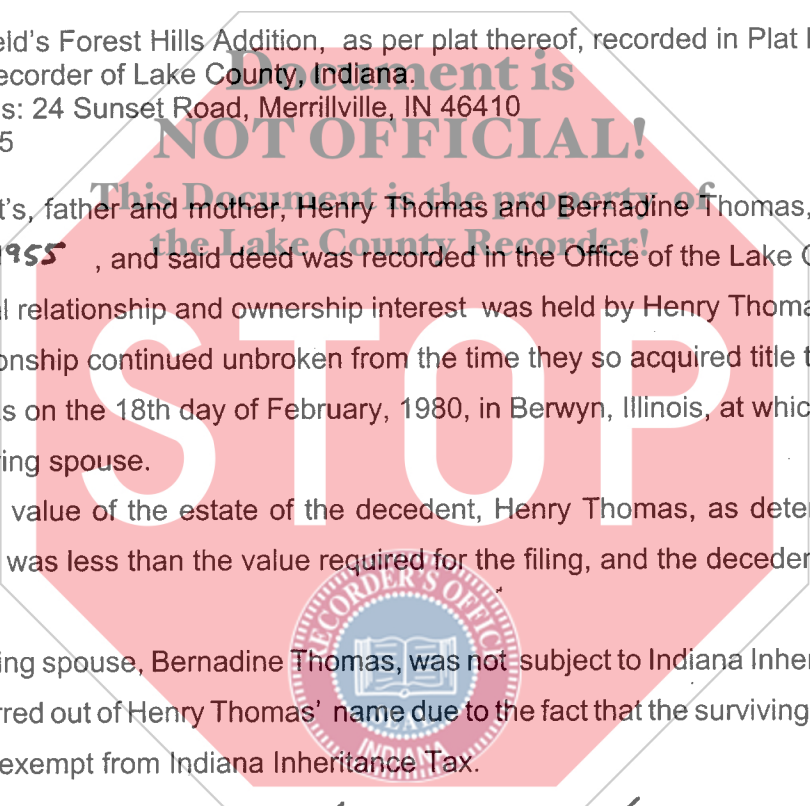
That the affiant's, father and mother, Henry Thomas and Bernadine Thomas, obtained the property as husband and wife, in 1955, and said deed was recorded in the Office of the Lake County Recorder.

That the marital relationship and ownership interest was held by Henry Thomas and Bernadine Thomas and their marital relationship continued unbroken from the time they so acquired title to said real estate until the death of Henry Thomas on the 18th day of February, 1980, in Berwyn, Illinois, at which time Bernadine Thomas acquired title as surviving spouse.

That the gross value of the estate of the decedent, Henry Thomas, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

That the surviving spouse, Bernadine Thomas, was not subject to Indiana Inheritance Tax by virtue of this property being transferred out of Henry Thomas' name due to the fact that the surviving owner was the decedent's spouse and therefore exempt from Indiana Inheritance Tax.

CHICAGO TITLE INSURANCE COMPANY



Cindy J. Lundewall  
Cindy J. Lundewall

STATE OF INDIANA )  
                                  )  
COUNTY OF LAKE )

Subscribed and sworn on to before me, a Notary Public, this 24<sup>th</sup> day of May, 2004.

County of Residence: Lake  
My Commission Expires: 6/14/08

Michael S. Vass  
Michael S. Vass, Notary Public

This instrument prepared by: Michael S. Vass, 2850 45th Street, Highland, IN 46022-3264

DULY ENTERED FOR TAXATION SUBJECT TO  
FINLAND, IN 46022-3264

JUN 3 2004

STEPHEN R STIGLICH  
LAKE COUNTY, INDIANA

000274

135 DC  
47



ATTENTION ES: The Social Security # is requested by this state agency in order to sue 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. 2500-03

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

PE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

RENTS

FORMANT

POSITION

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ATH

ITIFIER

ALTH  
ICER

1. DECEASED—NAME (First, Middle, Last) <b>Bernadine Thomas</b>				2. SEX <b>Female</b>	3a. TIME OF DEATH <b>2:40 P.M.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>October 22, 2003</b>	
4. *SOCIAL SECURITY NUMBER <b>304-32-8610</b>		5a. AGE—Last Birthday (Years) <b>71</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>June 16, 1932</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, Indiana</b>	
8a. WAS DECEASED A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>---</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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) <b>24 Sunset Road</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>		9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>---</b>		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</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>24 Sunset Road</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>U.S.A.</b>	15. WAS DECEASED 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. DECEASED'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>John Slaboski</b>					
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Pearl Kostelnak</b>					20a. INFORMANT'S NAME (Type/Print) <b>Cindy Lundewall</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>730 S. Ash Street, Hobart, Indiana 46342</b>					20c. Relationship <b>Daughter</b>		
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) <b>October 25, 2003 Calumet Park Cemetery</b>			21c. LOCATION—City or Town, State <b>Merrillville, Indiana</b>		
22a. EMBALMER'S NAME <b>Alexis Thanos</b>		22b. EMBALMER'S LICENSE NO. <b>FD08600505</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thanos</i>		24b. LICENSE NUMBER (of Licensee) <b>FD08600505</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, Inc. #FH83007762 7905 Broadway, 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. DUE TO (OR AS A CONSEQUENCE OF) <b>terminally ill</b>							
b. DUE TO (OR AS A CONSEQUENCE OF) <b>cardio resp failure</b>							
c. DUE TO (OR AS A CONSEQUENCE OF) <b>---</b>							
d. DUE TO (OR AS A CONSEQUENCE OF) <b>---</b>							
PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.							
27. WAS DECEASED 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>Nadira Ahmed</i>					29c. MEDICAL LICENSE NO. <b>01047381A</b>		
29d. DATE SIGNED (Month, Day, Year) <b>10/24/03</b>							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Nadira Ahmed, M.D., 8695 Connecticut Street, Merrillville, Indiana 46410</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But...</i>					32. DATE FILED (Month, Day, Year) <b>October 24, 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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. DESCRIBE HOW INJURY OCCURRED <b>---</b>			
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.				