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2004 047529

FILED FOR RECORD
2004 JUN 7 11:00 AM
MCL

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Raymond R. Anderson being first duly sworn upon his oath, deposes and says as follows:

1. This Affidavit is made with reference to the Real Estate commonly known as 9412 W. 142nd Avenue, Cedar Lake, Indiana, and legally described as follows, to wit:

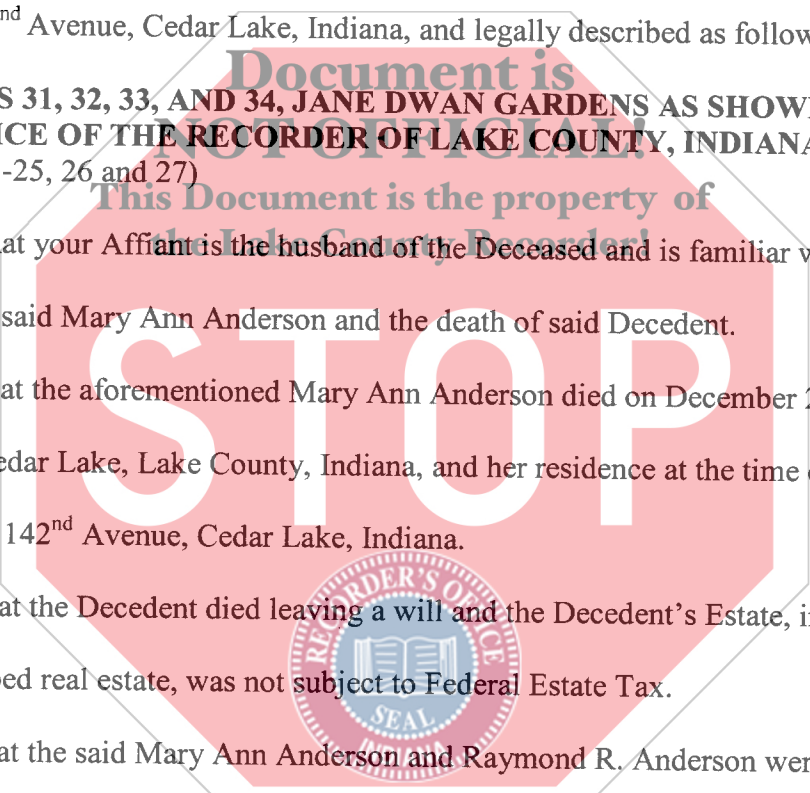
LOTS 31, 32, 33, AND 34, JANE DWAN GARDENS AS SHOWN IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. (Key No: 24-35-25, 26 and 27)

2. That your Affiant is the husband of the Deceased and is familiar with the affairs of the said Mary Ann Anderson and the death of said Decedent.

3. That the aforementioned Mary Ann Anderson died on December 24, 2003, a resident of Cedar Lake, Lake County, Indiana, and her residence at the time of her death was 9412 W. 142nd Avenue, Cedar Lake, Indiana.

4. That the Decedent died leaving a will and the Decedent's Estate, including the above described real estate, was not subject to Federal Estate Tax.

5. That the said Mary Ann Anderson and Raymond R. Anderson were husband and wife at the time they acquired the title to the above described real estate and remained so until the death of the aforementioned Mary Ann Anderson.



FILED

MAY 28 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

13.00
XP
ck

002413 5142

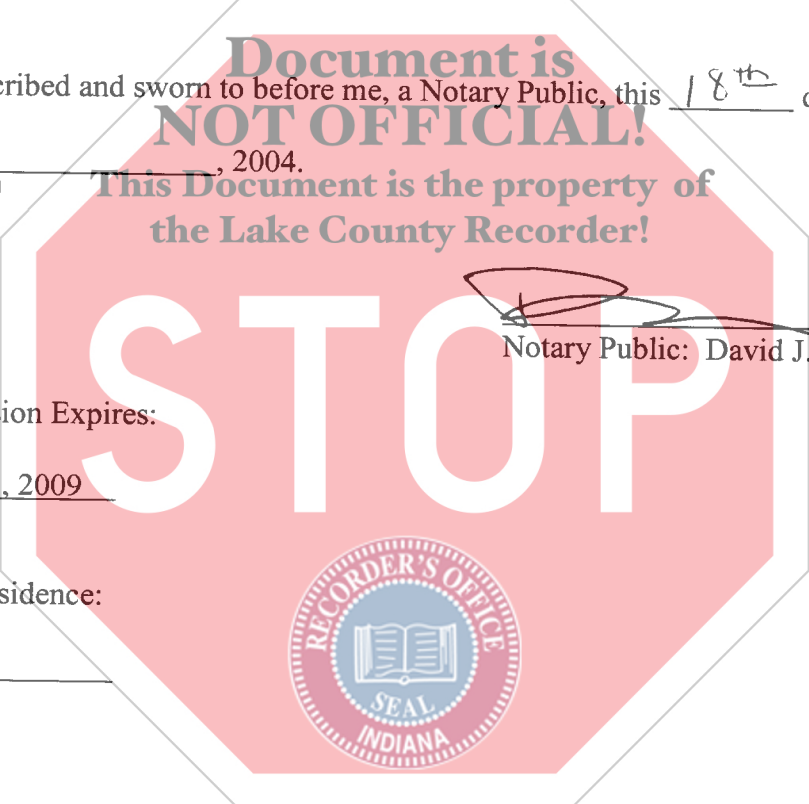

6. That attached hereto and incorporated herein by reference is a certified copy of the Death Certificate of Mary Ann Anderson.

FURTHER AFFIANT SAYS NOT.


RAYMOND R. ANDERSON


Subscribed and sworn to before me, a Notary Public, this 18th day
of May, 2004.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!



Notary Public:  David J. Sims

My Commission Expires:
November 11, 2009

County of Residence:
Lake



This instrument prepared by: David J. Sims, Attorney at Law, 13301 Lincoln Plaza- Ste. A, P.O. Box 88, Cedar Lake, Indiana, 46303

 Willdisk6andersonaffofsurvivor

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. 3052-03

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

TYPE/PRINT IN PERMANENT INK

DECEASED

INFORMANTS

INFORMANT

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Mary Ann Anderson		2. SEX Female	3a. TIME OF DEATH 8:00A M	3b. DATE OF DEATH (Month, Day, Yr.) December 24, 2003	
4. SOCIAL SECURITY NUMBER 339-24-5451	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) June 20, 1931	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8a. WAS DECEASED A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NA		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 checked="" type="checkbox"/> Other (Specify) Residence St. Anthony Hospice			
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Hospice		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Raymond	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Instrument/String	12b. KIND OF BUSINESS/INDUSTRY Musical		
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Cedar Lake	13d. STREET AND NUMBER 9412 W. 142 Avenue		
13e. ZIP CODE 46303	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 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) White	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) Russell Learman			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Josephine Higet		20. INFORMANT'S NAME (Type/Print) Raymond Anderson			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9412 W 142nd Ave. Cedar Lake, IN		20c. Relationship Husband			
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) December 29, 2003 German Methodist Cemetery		21c. LOCATION—City or Town, State Cedar Lake, IN	
22a. EMBALMER'S NAME Jason Frazier		22b. EMBALMER'S LICENSE NO. FD20100062	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William E. Burbanck</i>		24b. LICENSE NUMBER (of Licensee) FD01007697	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burdan Funeral Home FH83002461 12901 Wicker Ave Cedar Lake, IN 46303		
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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. Pneumonia (post-obstructive) DUE TO (OR AS A CONSEQUENCE OF)		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Approximate Interval Between Onset and Death 1 week 5 months 55 years DEC 31 2003	
		b. Lung cancer Stage IV, non small cell DUE TO (OR AS A CONSEQUENCE OF)			
		c. Tobacco abuse DUE TO (OR AS A CONSEQUENCE OF)			
		d.			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Diabetes Mellitus Type II					
27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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>Susan J. Markowitz MD</i>		29c. MEDICAL LICENSE NO. 01046970 A	29d. DATE SIGNED (Month, Day, Year) 12/29/03		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SPENCER J. MARKOWITZ, MD 13963 MORSE ST CEDAR LAKE, IN 46303					
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Markowitz, D.O.</i>		32. DATE FILED (Month, Day, Year) December 31, 2003			
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
		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.			