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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA  
COUNTY OF LAKE

2004 048060  
SS:  
)

2004 JUN -8 AM 10:42  
MORRIS W. CARTER  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, James E. Echterling, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

APARTMENT UNIT 102 IN THE BUILDING KNOWN AS 2023 45<sup>TH</sup> STREET, HIGHLAND, INDIANA, IN PORTE DE L'EAU CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, AS PER AMENDED AND RESTATED DECLARATION OF CONDOMINIUM RECORDED APRIL 18, 1985, AS DOCUMENT NO. 799766, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, IN. TOGETHER WITH AN UNDIVIDED 0.4345% INTEREST IN THE COMMON AREAS AND FACILITIES APPERTAINING THERETO.

Tax Key No.: 16-27-0523-0002

3. The decedent, Charlotte J. Echterling, and I acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 18<sup>th</sup> day of January, 1989, and recorded in the Office of the Lake County Recorder as Document No. 019358.

4. The decedent and I jointly held title to said real estate until the death of Charlotte J. Echterling on the 5th day of June, 1998, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Charlotte J. Echterling.

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

JUN 8 2004

STEPHEN R STIGLICH  
LAKE COUNTY AUDITOR



000642

13  
cc  
C# 2754

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

  
James E. Echterling, Affiant


STATE OF INDIANA                    )  
  ) SS:  
COUNTY OF LAKE                    )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared James E. Echterling, and being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 4<sup>th</sup> day of June, 2004.

My commission expires: 03/13/2010



Signature:   
Kristy L. Luce  
Resident of: Lake County, Indiana

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there is no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 1354-48

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) CHARLOTTE JANE ECHTERLING		2 SEX FEMALE	3a TIME OF DEATH 10:08A M	3b DATE OF DEATH (Month Day Year) JUNE 5, 1998
4 SOCIAL SECURITY NUMBER 328-18-3344	5a AGE—Last Birthday (Years) 77	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) OCT 1, 1920
7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, IL.	8a WAS DECEDENT A U.S. VETERAN? YES			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b 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) JAMES ECHTERLING	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TYPIST	12b KIND OF BUSINESS/INDUSTRY DRAPER-KRAMER-REALTY	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY TOWN OR LOCATION HIGHLAND	13d STREET AND NUMBER 2023 PORT DeLEAU CT. APT. 102	
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) <input type="checkbox"/> College (14 or 5-1) <input type="checkbox"/> 12		18 FATHER'S NAME (First Middle Last) ELMER FAIRCHILD		
19 MOTHER'S NAME (First Middle Maiden Surname) CLARA SCHUTZ		20a INFORMANT'S NAME (Type/Print) JAMES ECHTERLING		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2023 PORT DeLEAU CT. APT 102 HIGHLAND, IN. 46322		20c Relationship HUSBAND		
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) JUNE 8, 1998 CHAPEL LAWN MEMORIAL GARDENS		21c LOCATION—City or Town, State SCHERERVILLE, IN.
22a EMBALMER'S NAME HENRY BLAKE		22b EMBALMER'S LICENSE NO. FDO1019406	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>James Miller</i>		24b LICENSE NUMBER (of Licensee) FDO1006015	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOMES FHS3003035 2828 HIGHWAY AVE. HIGHLAND, IN. 46322	
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 <i>Cardiopulmonary Arrest</i>		Approximate Interval Between Onset and Death Seconds
b <i>Myocardial Infarction</i>		c <i>Cerebral Vascular Accident</i>		DAYS
d <i>Atherosclerosis</i>				YEARS
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>John A. Hoehn, D.O.</i>		29c MEDICAL LICENSE NO. #02000872	29d DATE SIGNED (Month Day Year) 06/09/98	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JOHN A. HOEHN, D.O., 505 W. LINCOLN HIGHWAY, SCHERERVILLE, IN 46375				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Miller</i>				
32 DATE FILED (Month Day Year) June 9, 1998		33		
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.		

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

Friday, July 11, 2003.max

