

2004 049479

2004 JUH 1 1 ATTIO: C7

MORRIS W. CAPTER T. RECORDER SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS: COUNTY OF LAKE)
On this 2 nd day of June, 2004, before me personally appeared PEGGY L. BARKMAN, who being duly sworn on his/her oath states the following:
1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:
LOT 1219, LAKES OF THE FOUR SEASONS, UNIT NO. 9, AS SHOWN IN PLAT BOOK 38 PAGE 78 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
2. That said premises were formerly owned as tenants by the entireties by WILLIAM D. BARKMAN and PEGGY L. BARKMAN, husband and wife.
3. That said WILLIAM D. BARKMAN died on 20/7/03, a resident of Lake County, Indiana, leaving no Will.
4. That by reason of the death of WILLIAM D. BARKMAN, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.
5. That on the date of the death of WILLIAM D. BARKMAN, said parties, namely, WILLIAM D. BARKMAN and PEGGY L. BARKMAN, were husband and wife, and have not been divorced.
FURTHER AFFIANT SAITH NOT. Peggy S. Barlman
STATE OF INDIANA) SS: PEGGY L.BARKMAN (All Laborator Street)
COUNTY OF LAKE)SS: County of Lake County of Lake

Before me, the undersigned, a Notary Public in and for said County and Stale, his 2 do of June, 2004, personally appeared PEGGY L. BARKMAN and acknowledged the execution of the foregoing affidavit. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my b 2004 seal. STEPHEN R. STIGLICH

My Commission Expires:

County of Residence:

COLETTE G. WILSON Lake County My Commission Expires

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law

162 Washington Street, Lowell IN 46356

FILE NO. 04-13038

001112

LAKE COUNTY AUDITOR

Notary Public

10 cers

.TTENTION ESTATE: Disclosure of the # we need to pursue our responsibilities roluntary and there will be no penalty for usal.*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State	No			

PE/PRINT	THE RECOR			CONFIDENTIAL PE	R IC 16-1, 19-3							
IN			liddle, Last)			2. SEX		3a. TIME OF DEA	DEATH 3b. DATE OF DEATH(Month, Day, Yr.)		
RMANENT	WILLIAM 4. *SOCIAL SECURITY NUMBER			D	BARKMA1	1 II	Male		10:27 A			
LACK INK			ER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER		DATE OF BIR	ITH(Mo., Day, Yr.)	7 BIRTHPLACE	(City and State	or Foreign Country)
	345-38			54	Months Days	Hours	Minutes T	uly18,	1949	ERIE Illino:		a raeign country)
	8a. WAS DECED A U.S. VETE	ENT RAN?		AR LAST SERVED IN		L	PLACE OF		heck only one S	LIIInois e See instructions)		
	No			S. ARMED FORCES?	HOSPITAL: Inpat	ient			Nursing Home			
	9b. FACILITY NA	ME (If not inst	itution ai	ve street and number)	☐ ER/C	utpatient 🔲	DOA		Residence	_		
CEDENT	1	(9c. CITY, TOV	VN, OR LOCAT	ION OF DEATH	9d. COUNTY	OF DEATH	
OLDENI		THONY HO	SPIC	CE			CROWN	POINT	,	LAKE		
				/IVING SPOUSE give maiden name)		12a. DECEDE	NTS USUAL OC	CLIPATION	has blad at	12b. KIND OF BUSINESS/INDUSTRY		
	Marrie		PEGG	,	WOESTYNE	ing most of working life. Do not use retired.)			i			
	13a. RESIDENCE	- STATE	13b. COL	INTY	13c. CITY, TOWN OR LO	C.E.O	·	130	STREET AND NUM	CREDIT UNIONS		
	Indiana	a	LAKE	!	CROWN POIN	ıт						
	13e. ZIP CODE	13f. INSIDE CITY	LIMITS	14. CITIZEN OF	15.WAS DECEDENT OF H		IN?		876 KING American Indian,			
	İ	⊠ No □	Yes	WHAT COUNTRY?	⊠ No □ Y			Black, Wr	American Indian, nite, etc.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
		13g. ON A FARM	?		Mexican, Puerto I	Rican, etc.)		(Specify)		Elementary/Second		College (1-4 or 5+)
	46307	⊠ No □	Yes	USA				White	.	, , , , ,		
RENTS	18. FATHER'S NA)	<u> </u>			19. MOTHER'S	1	irst, Middle, Maid	en Surnama)	12	3
IVENIO	WILLIAN						ROWEN		KENS	en dumanie)		
ORMANT	20a. INFORMANT		int)		20b. MAILING	ADDRESS (Str	eet and Number	or Rural Route	Number, City or Tow	n. State. Zin Code)	20c. Relat	linashin
OTTO	PEGGY E						Y, CRO					•
	21a. METHOD OF	DISPOSITION	Entor	bment	21b. DATE AND PLACE C	F DISPOSITIO	N (Name of ceme	elery, crematon		46307	WIF	3
	☐ Burial	Cremation	Remo		other place) October 9,			,,	,,	TO ECCATION - City	or rown, State	
:	Donation	Other (Specify)			N.W. Ind.			\ .				
DO0171011	22a EMBALMER'S	NAME			22b. EMBALMER'S I	CLEMB	tion Se			Crown Poi	nt,,	Indiana
POSITION	N/A					më	nt is		DEATH REPORTED			
		OF FUNERAL DIRE	CTOR		N/A							
	245 CICENSE NUMBER 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FH83.002.445											
	Sport	eal t	. X	Vila			1					3002445
	26 ARTI E	nter the diseases, i	niuries or	complications that caused	the death. Do not enter no	100946	e pro	10101	Broadway	,Crown P	oint,I	ndiana
	// :	arrest, shock, or hea	rt failure. I	List only one cause on each			such as cardiac	or respiratory		\		Approximate
j	•			the	Lake Co							Interval Between Onset and Death
	IMMEDIATE CAUSE disease or condition		а			soph	45.641	(94	cer			O TOCK IN DESKI
JSE OF	resulting in death	1)			AS A CONSEQUENCE OF							
ATH	Conditions, if any, w		Ь		AS A CONSEQUENCE OF							
	rise to the immediate stating the underlying		c.									
	cause last	•		DUE TO (OR	AS A CONSEQUENCE OF)							
		_	d.									
	PART II Other sign	nificant conditions - (Conditions	contributing to death but n	ot previously stated in Part	27	WAS DECEDE					
					p	21.	PREGNANT C	DR 90 DAYS	28a. WAS AN AU PERFORM		WERE AUTOP: AVAILABLE F	
ļ							(Yes or no)	M7	(Yes or r		COMPLETI	ON OF CAUSE
					TIT						OF DEATH?	(Yes or no)
[29a. CERTIFIER	57			A TOTAL	WK NO	NO		No	/	No	
	(Check only CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the causeles as stated											
	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. 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. 280. SIGNATURE AND TITLE OF CERTIFIER											
<u> </u>	29b. SIGNATURE AI		TOTAL C	n the basis of examination	and/or investigation, in my	opinion, death	occurred at the ti	me, date, and p	place, and due to the	cause(s) and manner:	as stated	
TIFIER		NO THEE OF CERT	IFIER	DV Ma	m E	SEAL.			ICAL LICENSE NO.	29d. DA	TE SIGNED (M	lonth, Day, Year)
	O NAME AND ADD	DESC OF DEDGO		MPLETED CAUSE OF DE	7	2010	rizi,	010	31484	1	0/08/	103
			WHO CO	MPLETED CAUSE OF DE	EAT (UTEM 26 Type/Print)	UIANTI					/	
	DR. RAY				1205 S	. MAIN	SULT	E 301.	CROWN	DO TNIM TN		_
LIH	11. HEALTH OFFICE	R'S SIGNATURE	'4 59	Duran .	. 78.			1 2011	CROWIN		E FILED (Mont	
ICER	·					0.0) ,		/	3046	. 6 ~	n, bay, rear)
3	3. MANNER OF DE	ATH	34	a. DATE OF INJURY	34b. TIME OF	34c. INJUR	Y AT WORK?	34d.	DESCRIBE HOW IN	JURY OCCUPPED	<u>~ 40</u>	cer3
				(Month, Day, Year)	INJURY	(Yes or	no)	FI		PORT OCCURRED		
l	Natural [Pending										
İ	Accident	Investigation	34	e. PLACE OF IN HIRY -	At home, farm, street,							
ł	Suicide [Could not be		building, etc. (Sp.	ecify)	iaciory, office	34f.	LOCATION	Ireal and Nugreen	Rural Route Number, (Sty or Town, St	ate)
L	Homicide	Determined					ſ	0014	1 1 4004	ΩΩ		, !
34	g. DATE PRONOU	NCED DEAD (Mon	th, Day, Ye	ar) 34h. MOTOR VE	HICLE ACCIDENT?(Yes or	No) If yes sna	city driver ST	EPHEN	B. STIC	HCH 00.	<u> </u>	<u> </u>
	AKE COUNTY AND THE PROPERTY OF											
_												
St	0H06-004 St	tate For	m 10	110 (R4/)	3-93) Death	cer/Di) 1					