2004 049976

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 JUN 15 PM

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

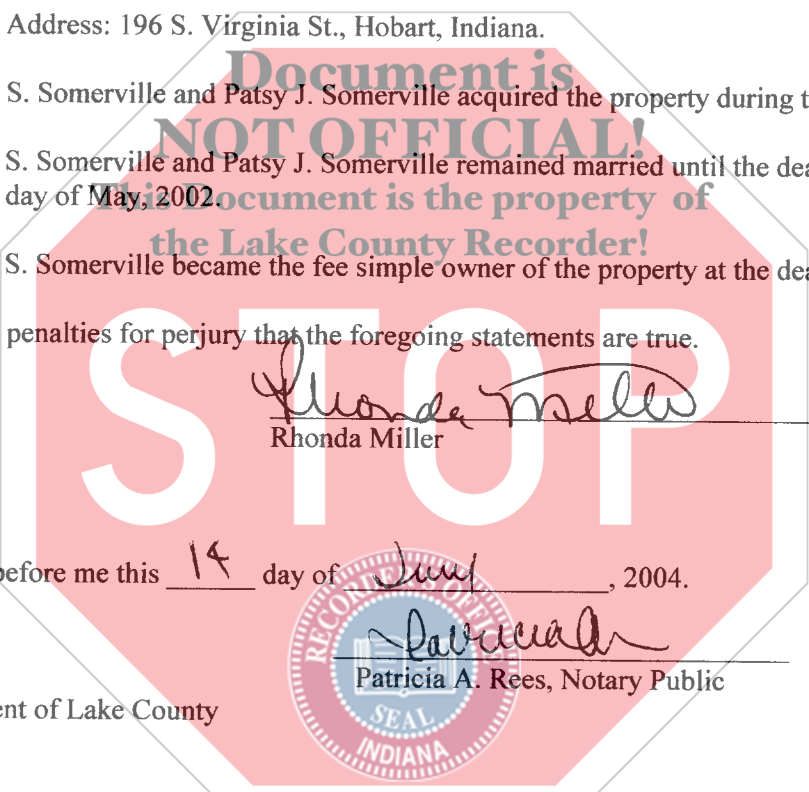
Comes now Rhonda Miller, and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Patsy Jean Somerville, deceased.

2. That Ray S. Somerville and Patsy J. Somerville were the owners as Tenants by the Entirety of real property located in Lake County, Indiana, more particularly described as:

   Lot 16 in Block 2 in Hobart Lake Shore Subdivision, in the City of Hobart, as per plat thereof, recorded in Plat Book 21, page 9, in the Office of the Recorder of Lake County, Indiana.

   Common Address: 196 S. Virginia St., Hobart, Indiana.



3. That Ray S. Somerville and Patsy J. Somerville acquired the property during the term of their marriage.

4. That Ray S. Somerville and Patsy J. Somerville remained married until the death of Patsy J. Somerville on the 3rd day of May, 2002.

5. That Ray S. Somerville became the fee simple owner of the property at the death of Patsy J. Somerville.

I affirm under the penalties for perjury that the foregoing statements are true.

Rhonda Miller

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me this 14 day of June, 2004.

Patricia A. Rees, Notary Public

My Commission
Expires: 3/25/2010 Resident of Lake County

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
JUN 18 2004
STEPHEN R STIGLICH
LAKE COUNTY AUDITOR

This Instrument Prepared by: Patricia A. Rees, 5341 Central Ave., Portage, IN 46368 Telephone: (219) 947-1992.

001250

11-
CC
CK# 8004

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities voluntary and there will be no penalty for refusal.*

Local No. 1072-02

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.........................

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED - NAME (First, Middle, Last): Patsy Jean Somerville
2. SEX: Female
3a. TIME OF DEATH: 7:12 AM
3b. DATE OF DEATH (Month, Day, Yr): May 3, 2002
4. *SOCIAL SECURITY NUMBER: 315-40-8477
5a. AGE - Last Birthday (Years): 62
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): July 27,1939
7. BIRTHPLACE (City and State or Foreign Country): Gary Indiana
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? —
PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 196 S. Virginia
9c. CITY, TOWN, OR LOCATION OF DEATH: Hobart
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Raymond Somerville
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Courtesy Booth Clerk
12b. KIND OF BUSINESS/INDUSTRY: Strack & Van Til
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Hobart
13d. STREET AND NUMBER: 196 S. Virginia
13e. ZIP CODE: 46342
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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 (0-12): 12; College (1-4 or 5+): N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last): Ernest Winrotte
19. MOTHER'S NAME (First, Middle, Maiden Surname): Pansy Sparks

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Raymond Somerville
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 196 S. Virginia, Hobart, IN 46342
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 6, 2002 NW Indiana Cremation Service
21c. LOCATION - City or Town, State: Crown Point, Indiana
22a. EMBALMER'S NAME: Craig Byron Malone
22b. EMBALMER'S LICENSE NO.: 01022392
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Terrence P. Burns
24b. LICENSE NUMBER (of Licensee): FD1013890
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns Funeral Home 701 E. 7th Street, Hobart, Indiana 46342- FH83002380

CAUSE OF DEATH

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. metastatic cervical & endometrial cancer — Approximate Interval Between Onset and Death: 4 months
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: brain & bone metastases
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U): 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): —

CERTIFIER

29a. CERTIFIER (Check only one): ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ HEALTH OFFICER ☐ 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: M.Y. Klein MD
29c. MEDICAL LICENSE NO.: 01034294
29d. DATE SIGNED (Month, Day, Year): May 6, 2002
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Mary Klein M.D. 1190 N. State Road 49 Porter, IN 46304

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan W. Bertrand
32. DATE FILED (Month, Day, Year): May 8, 2002

33. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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): May 3, 2002
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

FILED JUN 15 2004 STIGLICH COUNTY AUDITOR
JUN 1 0 2004 001231
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RECORDER'S SEAL INDIANA