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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 055266

2004 JUN 30 AM 9:47

MORRIS W. CARTER
RECORDER

Chicago Title Insurance Company

620042235

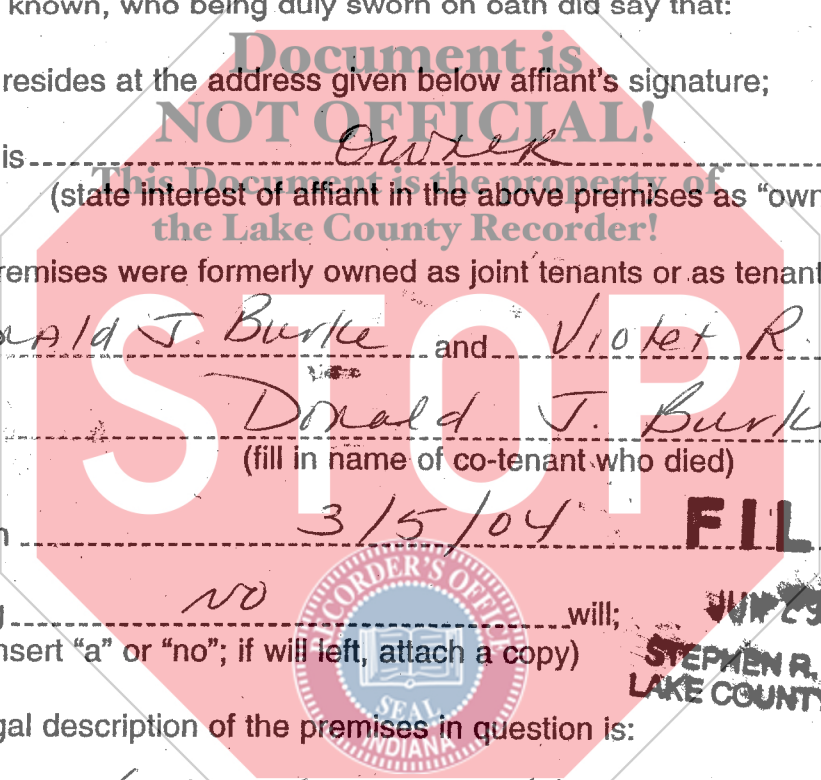
SURVIVORSHIP AFFIDAVIT

Chicago Title Insurance Company

On this 4/14/04 before me personally appeared Violet
(insert date) R. Burke

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Donald J. Burke and Violet R. Burke;
- Said Donald J. Burke
(fill in name of co-tenant who died)
died on 3/15/04
leaving no will;
(insert "a" or "no"; if will left, attach a copy)



STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

- The legal description of the premises in question is:
Lot 17 and the north 1/2 of Lot 18 in Block 11 in Second Highland Pk. Addition to Gary, as per plat thereof, recorded in Plat Book 8 pg 23, in the office of the recorder of Lake County
- Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____
The taxes due are paid or unpaid.

002344

13.00
CT
D.G

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
_____ *NO* _____

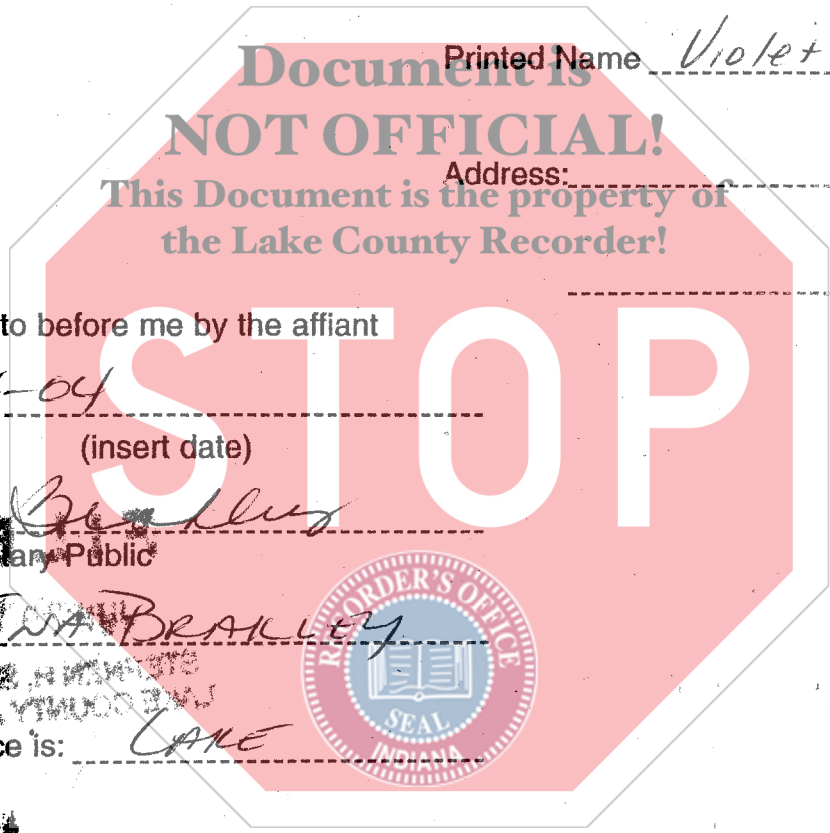
(If answer is "Yes," identify the divorce proceedings:
_____) ;

8. Affiant's relationship to the deceased was _____

Signature: *Violet R. Burke* _____

Printed Name *Violet R. Burke* _____

Address: _____



Subscribed and sworn to before me by the affiant
this *4-14-04* _____
(insert date)

Jess Bradley _____
Notary Public

Printed Name *TINA BRADLEY* _____

My County of Residence is: *LAKE* _____

In the State of: *INDIANA* _____

My Commission Expires: *12/06/07* _____

This instrument prepared by *Violet R. Burke* _____

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 621-04

2cc
2 Net
7

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

| | | | | | |
|--|---|--|---|---|--|
| 1 DECEASED—NAME (First, Middle, Last) DONALD J. BURKE | | 2 SEX Male | 3a TIME OF DEATH 1:32 AM | 3b DATE OF DEATH (Month, Day, Yr.) March 5, 2004 | |
| 4 *SOCIAL SECURITY NUMBER 325-20-2974 | 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) July 31, 1926 | |
| 7 BIRTHPLACE (City and State or Foreign Country) Chicago Illinois | 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) St. Mary Medical Center | | 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) Violet Karich | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Roll Turner/Journeyman | | 12b. KIND OF BUSINESS/INDUSTRY Steel | |
| 13a. RESIDENCE—STATE IN | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION Gary | | 13d. STREET AND NUMBER 3866 Virginia Street | |
| 13e. ZIP CODE 46409 | 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 (0-12) 12 College (1-4 or 5 +) | | 18 FATHER'S NAME (First, Middle, Last) Robert Burke | | | |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) Theresa Sloan | | 20a. INFORMANT'S NAME (Type/Print) Violet Burke | | | |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1122 Camelot Manor, Portage, IN 46368 | | 20c. Relationship Wife | | | |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Mar 8, 2004 Calvary Crematory | | 21c. LOCATION—City or Town, State Portage IN | |
| 22a. EMBALMERS NAME: James J. Krause | | 22b. EMBALMER'S LICENSE NO. FD01006463 | | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i> | | 24b. LICENSE NUMBER (of Licensee) FD01006463 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488 | |
| 26. PART I Enter the disease, injury, or complication that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure—Enter only the cause on each line. IMMEDIATE CAUSE CERTIFIES THE ABOVE AS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. a. Myocardial infarction b. due to (OR AS A CONSEQUENCE OF) MYOCARDIAL INFARCTION c. MAR 8 2004 d. due to (OR AS A CONSEQUENCE OF) MYOCARDIAL INFARCTION Approximate Interval Between Onset and Death years | | | | | |
| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Emphysema | | | | | |
| 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>R. Devanathan</i> | | | 29c. MEDICAL LICENSE NO. 01040141 | 29d. DATE SIGNED (Month, Day, Year) 3/8/04 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Raja Devanathan MD 1600 S. Lake Park Ave, Ste 1104, Hobart, IN 46342 | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Byrd</i> | | | 32 DATE FILED (Month, Day, Year) JUN 29 2004 March 8, 2004 | | |
| 33 MANNER OF DEATH <input checked="" 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 STEPHEN R. SROUCH LAKE COUNTY AUDITOR 002345 |
| 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. | | | |



0319
MAY 25 2006
LAKELAND COUNTY CLERK
OFFICE
LAKELAND, FLORIDA