

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 094716

2004 NOV -5 AM 10:05

MORRIS PLUMMER
RECORDER

CHICAGO TITLE INSURANCE COMPANY

Chicago Title Insurance Company

2041067BT

SURVIVORSHIP AFFIDAVIT

On this 10-27-04 before me personally appeared Mary J. Baker
(insert date)

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
Robert L. Baker and Mary J. Baker;
- Said Robert L. Baker
(fill in name of co-tenant who died)
died on 12/9/03
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:

Lot 309 in Lincoln Gardens Ninth Subdivision, as per plat thereof, recorded in Plat Book 38, page 38 in the Office of the Recorder of Lake County, Indiana.

FILED

NOV 4 2004

STEPHEN R. STIGLITZ
LAKE COUNTY AUDITOR

6. 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 \$ 000386

The taxes due are paid or unpaid.

①

13-
J.D.G.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

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

8. Affiant's relationship to the deceased was spouse

Signature: Mary J Baker

Printed Name Mary J. Baker

Document is NOT OFFICIAL!

Address 2924 W. 74th Place

This Document is the property of the Lake County Recorder
Merrillville, IN 46410

Subscribed and sworn to before me by the affiant

this 10/27/04

(Insert date)

B. S.

Notary Public

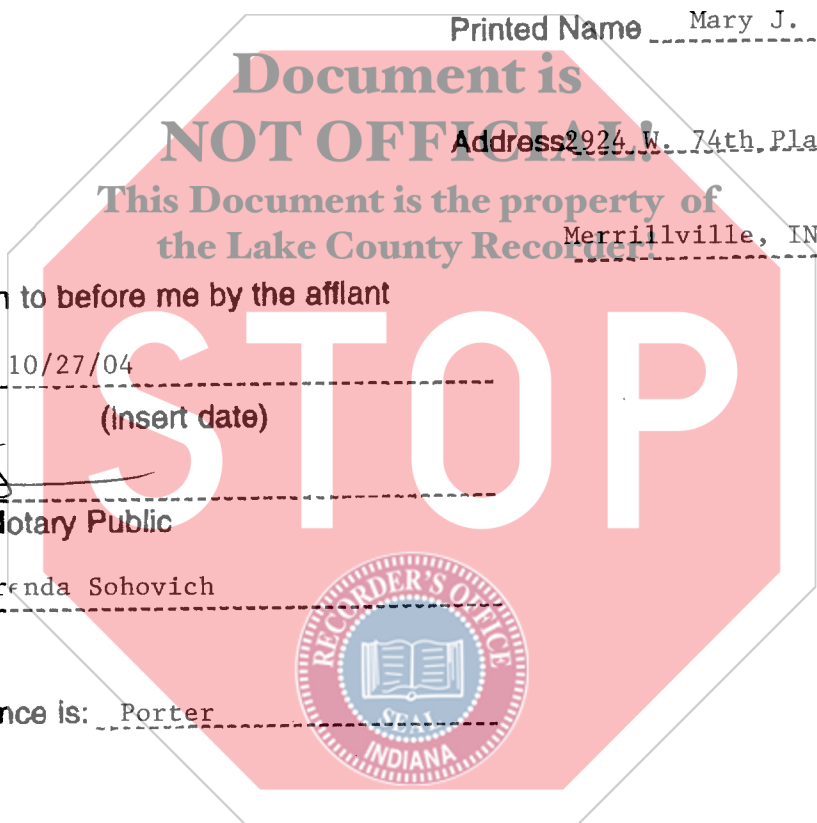
Printed Name Brenda Sohovich

My County of Residence is: Porter

In the State of Indiana

My Commission Expires 12/28/06

This instrument prepared by Mary J. Baker



CC + Vet

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to sue its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2916-03

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

APR 2
PE/PRINT
IN
PERMANENT
ACK INK

DECEDENT

RELATIVES

FORMANT

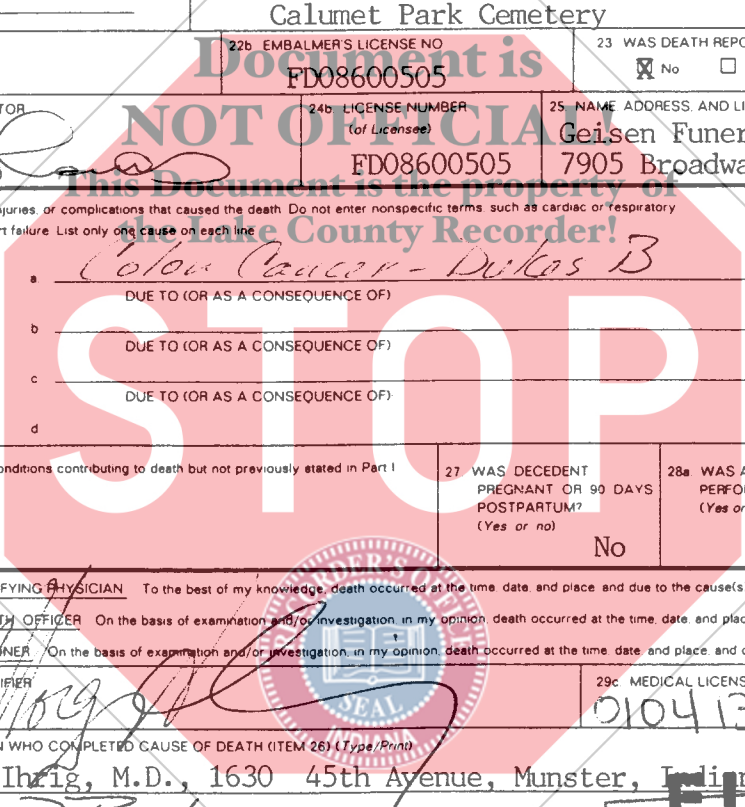
POSITION

USE OF
LTH

CERTIFIER

LTH
ICER

1 DECEASED—NAME (First Middle, Last) Robert L. Baker				2 SEX Male	3a TIME OF DEATH 9:18 A.M.	3b DATE OF DEATH (Month, Day, Yr.) December 9, 2003	
4 *SOCIAL SECURITY NUMBER 344-30-6928	5a AGE—Last Birthday (Years) 63	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) February 11, 1940	7 BIRTHPLACE (City and State or Foreign Country) Roseland, Illinois		
8a WAS DECEASED A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1960	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) <input type="checkbox"/> Residence Hospice		9b FACILITY NAME (If not institution, give street and number) William J. Riley Hospice Residence			
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Mary Jane Kellogg		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) News Editor		12b KIND OF BUSINESS/INDUSTRY NBC News	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville		13d STREET AND NUMBER 2924 W. 74th Place		
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 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) Louis Emeal Baker				19 MOTHER'S NAME (First, Middle, Maiden Surname) Isabell Victoria Bisailon			
20a INFORMANT'S NAME (Type/Print) Mary Jane Baker			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2924 W. 74th Place, Merrillville, IN 46410		20c Relationship Wife		
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 13, 2003 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana			
22a EMBALMER'S NAME Alexis Thanos		22b EMBALMER'S LICENSE NO. FD08600505		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thanos</i>		24b LICENSE NUMBER (of Licensee) FD08600505		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. #FH83007762 7905 Broadway, Merrillville, IN 46410			
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.						Approximate Interval Between Onset and Death 4 1/2 years	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Colon Cancer - Dukes B							
a DUE TO (OR AS A CONSEQUENCE OF)							
b DUE TO (OR AS A CONSEQUENCE OF)							
c DUE TO (OR AS A CONSEQUENCE OF)							
d							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				27 WAS DECEASED 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>Susan W. Butts, D.O.</i>				29c MEDICAL LICENSE NO. 01041301	29d DATE SIGNED (Month, Day, Year) 12/10/03		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Cheryl Morgan-Ihrig, M.D., 1630 45th Avenue, Munster, Indiana 46321							
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Butts, D.O.</i>							
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		
				34d LOCATION OF INJURY—City or Town, State			
				34d DATE OF INJURY (Month, Day, Year) NOV 4 2004			
				34d SIGNATURE OF HEALTH OFFICER STEPHEN R. STIGLICH LAKE COUNTY AUDITOR			
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 000387			



FILED
 THIS CERTIFIES THE ABOVE IS TRUE AND COMPLETE COPY OF THE ORIGINAL
 NOV 4 2004
 HEALTH OFFICER
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR