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STATE OF INDIANA)
COUNTY OF LAKE)

004 100516

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 NOV 30 AM 11:01

MORRIS M. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Pamela J. Swarens, being duly sworn upon her oath and states as follows:

1. That she is competent, over the age of 18 years and has personal knowledge of the facts contained herein.
2. That at the time of his death, Lonnie D. Swarens, was the owner in fee simple of the following described real estate located at 7471 West 83rd Lane, Crown Point, Indiana and more particularly described as follows:

Lot 57, Heather Hills, Unit #1, as per plat thereof, recorded in Plat Book 44, page 16, in the Office of the Recorder of Lake County, Indiana.

3. That Lonnie D. Swarens and Pamela J. Swarens were husband and wife and acquired title as tenants by the entirety to said real estate.
4. That the marital relationship which existed between Lonnie D. Swarens and Pamela J. Swarens continued unbroken from the time they acquired title to said real estate until the death of Lonnie D. Swarens on September 15, 2004.
4. That the gross value of the estate of Lonnie D. Swarens was determined for purpose of Federal Estate Taxes was less than the value required for filing and her estate was not subject to Federal Estate Tax.
5. That the estate of Lonnie D. Swarens was not subject to Indiana Inheritance Taxes.

Pamela J. Swarens

Pamela J. Swarens

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Pamela J. Swarens and acknowledged the execution of the foregoing document. Witness my hand and seal this 10 day of October, 2004.

Resident of Lake County

Robert L. Taylor

Notary Public

My Commission Expires: 9/24/10

FILED

NOV 22 2004

001660

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

1200
#18803
58

John Breclaw
200 W. Glen Park Ave Griffith 46319 ←

(10 + 2vet)

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

Local No. 2264-04

CERTIFICATE OF DEATH

State No.

668208
TYPE/PRINT
IN
PERMANENT
BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER I.C. 16-37-1-10

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED--NAME (First, Middle, Last) **Lonnie D. Swarens**

2 SEX **Male** 3a TIME OF DEATH **2:18 A** 3b. DATE OF DEATH (Month, Day, Yr.) **September 15, 2004**

4 *SOCIAL SECURITY NUMBER **310-52-1345** 5a AGE--Last Birthday (Years) **57** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo. Day, Yr.) **December 06, 1946** 7 BIRTHPLACE (City and State or Foreign Country)

8a WAS DECEDENT A U.S. VETERAN? **Yes** 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **1972** 9a. PLACE OF DEATH (Check only one. See instructions.)
 HOSPITAL Inpatient OTHER Nursing Home Other (Specify)
 ER/Outpatient DOA Residence

9b. FACILITY NAME (If not institution, give street and number) **St. Margaret's Hospital** 9c. CITY, TOWN, OR LOCATION OF DEATH **Dyer** 9d. COUNTY OF DEATH **Lake**

10. MARITAL STATUS (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Pamela Kupka** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Supervisor** 12b. KIND OF BUSINESS/INDUSTRY **Steel**

13a RESIDENCE--STATE **Indiana** 13b. COUNTY **Lake** 13c. CITY, TOWN, OR LOCATION **Crown Point** 13d. STREET AND NUMBER **7471 W. 83rd Lane**

13e. ZIP CODE **46307** 13f. INSIDE CITY LIMITS No Yes 14. CITIZEN OF WHAT COUNTRY? **U.S.A.** 15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE--American Indian, Black, White, etc. (Specify) **Caucasian** 17. DECEDENT'S EDUCATION (Specify only highest grade completed) **Elementary/Secondary (0-12) College (1-4 or 5+)**

18. FATHER'S NAME (First, Middle, Last) **Verle Swarens** 19. MOTHER'S NAME (First, Middle, Maiden Surname) **Pauline McNew**

20a. INFORMANT'S NAME (Type/Print) **Pamela Swarens** 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **7471 W. 83rd Lane Crown Point, Indiana 46307** 20c. Relationship **Wife**

21a. METHOD OF DISPOSITION Entombment Burial Cremation Removal from State Donation Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **September 18, 2004 Chapel Lawn Memorial Gardens** 21c. LOCATION--City or Town, State **Schererville, Indiana**

22a. EMBALMER'S NAME **Jeffery N. Sachs** 22b. EMBALMER'S LICENSE NO. **FD29800086** 23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *Laura K. Barnes* 24b. LICENSE NUMBER (of Licensee) **FD20100088** 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Chapel Lawn Funeral Home, #FH19900051 8178 Cline Avenue, Schererville, Indiana, 46375**

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. **Myocardial infarction**
 IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. Myocardial infarction**
 DUE TO (OR AS A CONSEQUENCE OF):
 b. DUE TO (OR AS A CONSEQUENCE OF):
 c. DUE TO (OR AS A CONSEQUENCE OF):
 d. DUE TO (OR AS A CONSEQUENCE OF):
 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.

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) 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 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) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER *Barrett L. Oetzer* 29c. MEDICAL LICENSE NO. **02001332** 29d. DATE SIGNED (Month, Day, Year) **09/17/04**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **Dr. Kendell Oetzer 505 West Lincoln Highway Schererville, IN 46375**

31. HEALTH OFFICER'S SIGNATURE *Susan W. Best D.O.* 31. DATE FILED (Month, Day, Year) **September 17, 2004**

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

34a. DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c. INJURY AT WORK (Yes or No) 34d. DESCRIBE HOW INJURY OCCURRED **FILED**

34e. PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify) **NOV 22 2004** 34f. STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE **STEPHEN R. STIGLICH COUNTY AUDITOR**

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, or pedestrian, etc. **SEP 17 2004** **001661**