

2005 002970

STATE OF INDEANA LAZE COUNTY FILED FOR RECORD 2005 JAN 14, FM 12: 63 MICHAEL A 14 (MG) RECORDER

AFFIDAVIT

STATE OF INDIANA)) SS: COUNTY OF LAKE)	
SHIRLEY E. CARPENTER sworn upon oath, deposes and says:	, being first duly
1. That Affiant's spouse, WILLIAM died (without leaving a will) (leaving a will) 20 04 at THE COMMUNITY HOS	I on DECEMBER 8
LOT 8 IN BLOCK 10 IN B	PANTWOOD 2ND FALLS
TO HIGHLAND IT AS LEER PLOTING	THEREOF ORECORDED IN
PLAT BOOK 21, PALE 29, 1, RECORDER OF LAKE COUNTY,	INDIANA.
3. That the marital relationship which existed	between them at the time they acquired
title to said real estate remained in effect and	unbroken until the date of (his) (his) death.
4. That all funeral expenses in connection wi in full.	th the death of said decedent have been paid
5. That all of the assets of said decedent which Tax purposes, including joint bank accounts a not sufficient to necessitate payment of Federal	nd life insurance on decedent's life were al Estate Tax.
	DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
Further affiant sayeth not.	JAN 14 2005
	STEPHEN R. STIGLICH LAKE COUNTY AUDITOR
_	Shiley E. Eneperter
Subscribed and sworn to before me, a Notary	Public, this day of
KATHLEEN A. SHELINE NOTARY PUBLIC STATE OF INDIANA LAKE COUNTY MY COMMISSION EXP. JULY 28, 2012	Notary Public
This instrument prepared by: SHIRLEY	E. CARPENTER

39/2/39/35

BANKERS TITLE HAS MADE AN ACCOMMODATION • RECORDING OF THE INSTRUMENT.
WE HAVE MADE NO EXAMINATION OF THE INSTRUMENT OF THE LAND AFFECTED.

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34g DATE PRONOUNCED DEAD (Month, Day, Year)

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

ical No.(_	- OU	••••		CERTIFICA	TE OF D	EATH		State No	O			
		ORDS IN THIS S	ERIES ARE CON	FIDENTIAL P	ER IC 16-37-1-10						• • • • • • • • • • • • • • • • • • • •		
PE/PRIN	1T 1. DECEASED	-NAME (First W					2. SEX	3e. TBM	E OF DEATH	36. DATE OF DEATH	Geneta Con Vol		
IN RMANEI	A #SOCIAL SE	WILL,			RPENTER		MALE	2.4	5 Du	DECEMBER S			
LACK IN			St. AGE-	-Last Birthdey	5b. UNDER 1 YEAR Months Days	Sc. UNDER 1 I	DAY 6. DA	TE OF BIRTH (Ma. D		BIRTHPLACE (City and	State or Foreign Country)		
D (OI) II II	8ª WAS DECE	DENT	86. YEAR LAST S	ERVED N			NON	VEMBER: 3	1022 1	TARAMANTO : TO			
	YES	A U.S. VETERAN?		U.S. ARMED FORCES?		atient	The second of th		CA CREY DINE. 34	. See instructions.)			
	L		UNAVAILA	BLE		Outpatient DOA		OTHER Nurs		Other (Specify)			
CEDENT	96. FACILITY N	96. FACILITY NAME (If not institution THE COMMUNITY I		t. give street and number)			9c. CITY, TOWN, OR LOCATION OF DEAT		DEATH	9d. COUNTY OF DEATH			
							MUNSTER			LAKE			
		10. MARITAL STATUS (Specify)		POUSE iden neme)	12a DECEDER done duri		NT'S USUAL OCCUPATION (Give kind of a ing most of working life. Do not use retired)		d of work	ork 126. KIND OF BUSINESS/INDUSTRY			
•		MARRIED 130. RESIDENCE—STATE		SHIRLEY FLAINE		SALE	LESMAN			RECREATIONAL			
	INDIAN	1		h'		LOCATION	13d STREET AN		AND NUMBE	D NUMBER			
	13e. ZIP-CODE	13/. INSIDE CITY	LAKE		HIGHLAND			8942	WAYMON	D STREET			
	46322	The state of				OF HISPANIC ORIGI	IN? ∫ 16 fy Cuben,	RACE—American Indian, Black, White, etc.		17. DECEDENT'S EDUCATION			
		13g. ON A FARM	1	1 1		ican, etc.)		(Society)		(Specify only highest grade completed) Demensiry/Secondary (0-12) College (1-4 or 5 +)			
OCL ITO	18 FATHERS N	IX No []						HITE	I	12			
RENTS	1 .	18. FATHER'S NAME (First Middle Load) SAMPSON REFT) CARPENTIFID						19. MOTHER'S NAME (First, Middle, Meiden Surneme)					
ORMANT		TS NAME (Type/P	REED CA	ARPENTI			ANNE	ITTA SI	IEPHARI)			
CINNACT		CARPEN		•	206. MAILING	ADDRESS (Street &	nd Number or	Rural Route Number	City or Town	State. Zip Code) 20c.	Relationship		
	21a. METHOD OF		☐ Entombment	12	16. DATE AND PLACE	VAYMOND,	HIGHL	AND, IND			WIFE		
	I	Cremetion	Removal from St	ate	other place) DE	CEMBER 1	200	Mery, cremetory, or)4	21c. L(OCATION—City or Town.	. State		
	☐ Donetion	Other (Specify)			ORTHWEST I	NIDT AND	DEMM	TOM OFFICE		OF #1 . D	_		
SPOSITION	22e. EMBALMER'S		/		226 EMBALMER'S	LICENSE NO.	REMAI	23. WAS DEATH	REPORTED TO	ROWN POINT,	INDIANA		
		BALMED	/		N/A			₩ No	☐ Yes	CONCRETE			
•	24e. SIGNATURE	OF FUNERAL DIRE	CTOR	7		ENSE NUMBER	25, 1	NAME ADDRESS A	NO LICENSE N	UMBER OF FUNERAL HO)MF		
	100	2 5	The state of the s			f Licensee)	L'AU	28 HIGHWA	CK HIDDA	יואארנו ואיני	FH83003035		
			THER	1)ocu		400030	P THIS	HIANI)	NDTANA	UE 46322			
	26. PART L	Enter the disposes, arrest, shock, or he	injuries, or compliced	tions that cause	d the death. Do not enter	nonspecific terms, s	uch as cardied	c or respiratory			Approximate		
	i			D a							Interval Between		
	disease or condition			DUE TO FOR AS A CONSEQUENCE						Onset and Death			
USE OF ATH	resulting in death)		bt	Some	Polynon	T FA	Acrisia	h					
	Conditions, if any, wi rise to the immediate			DUE TO (OR A	AS A CONSEQUENCE								
	stating the underlying cause last	,	с	DUE TO (OR A	AS A CONSEQUENCE)F)							
62	-		d.	, , , , , , , ,	The state of the s	5. 2.				•			
elizadi S manu	PART II. Other signif	icent conditions - C	onditions contribution	I to death but a	ot previously stated in P								
Bankers Title	Some U	V du street		ion CA		411	DECEDENT SNANT OR S		S AN AUTOPS	1 -00: 11212 701			
65		7-1	~ ,	un un	7067	POS	TPARTUM?	1 60	or no)		ON OF CAUSE		
골					THODER'	S NO			NO	OF DEATH?			
eg eg	29e. CERTIFIER (Check only	CERTI	FYING PHYSICIAN	To the best of	f my knowledge, death o	ccurred at the time, d	ate, and place.	t, and due to the caus	(a) as many		<u>VO</u>		
	one) HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, an												
ŀ	204 - CICALA TI ME	- 00110	TACH ON THE DESIS	of exemination a	end/or investigation, in a	y opinion, death occu	erred at the tim	ne, date, and place, an	nd due to the ca	use(s) and menner as state	ed.		
RTIFIER	296. SIGNATURE AN	D TITLE OF CERT			E & SEA	3		29c. MEDICAL LICE			D (Month, Day, Year)		
h	SONTAND ADD	THAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF DEA				MOIANA WILL			067	Dec 10 th , 2004			
1	1 JES	Gess Ordenson	WHO COMPLETED	CAUSE OF D	EATH (ITEM 26) CType/	Printy	1/.	_	* ^		-		
ALTH 3	31. HEALTH OFFICER	S SIGNATURE	NULK	ANO.	1 411/2	COW)	aidh	1H12-	KLM	MON JOH			
FICER	,	\leq	1	3.4	D.O.			THIS C	ERTIFIES H	ABOVEPS'A FINETENA	fqoth Day Year)		
13	3. MANNER OF DEA	TH .	344 DATE O	F INJURY	346. TIME OF	1 240 BURDY :=	14/00/45	: COMPL	ETE COPYO	A DOUT HOUSE	MOBIUT		
1	-			Day, Year)	INJURY	34c. INJURY AT (Yes or no)	WUHK?	34d DESCRIBE	HOW HOUN'	OCCURRED	44111		
1		Pending Investigation											
1	Accident Suicide	Could not be	34e. PLACE	OF INJURY-A	it home, ferm, street, fect	ory, office	345 100	'ATION (C-	THG.				
		Determined	building.	etc. (Specify)		,	1	COLUMN CONTRESS and I	Number or Rura	Route Number, City or To	own. State		

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.