STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 006761

2005 JAN 28 AM 9:48

MICHAEL A. BROWN
RECORDER

Chicago Title Insurance Company

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

STATE OF
COUNTY OF 80509. } S.S.

On this 1/13/05 (insert date) before me personally appeared Charles E. Mace

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

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner (state interest of affiant in the above premises as "owner", "son of owner", etc.);
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Charles E. Mace and Bernice C. Mace;
4. Said Bernice C. Macé (fill in name of co-tenant who died) died on January 2, 2004 leaving a (insert "a" or "no"; if will left, attach a copy) will;
5. The legal description of the premises in question is:

   Lot 13 and the East 10 feet of lot 12 in Block 5 in Calumet Highlands Addition to the City of Hammond, as per plat thereof, recorded in Plat book 18 page 23, in the office of the recorder of Lake County, Indiana.

   Tax ID Number: 26-32-0119-0013

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent: no

FILED
JAN 27 2005
KAREN R. STIGLICH
LAKE COUNTY AUDITOR

CTIC Has made an accommodation recording of the instrument.

001361

13-26 CT

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

NO

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

_____);

8. Affiant's relationship to the deceased was Husband

Signature: Charles E. Mace
Charles E. Mace

Address: 7436 Maplewood Ave., Hammond, IN 46324

Subscribed and sworn to before me by the affiant

this 1/13/05
(insert date)

Notary Public

My Commission Expires 6/7/09

This instrument prepared by Mercantile National Bank / M. Waechter

* **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.

Local No. ..... /.....

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND CORRECT COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

JAN 5, 2004 (Date Issued) — Franklin D. Spenuda M.D. (Hammond Health Commissioner)

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): BERNICE C. MACE
2. SEX: FEMALE
3a. TIME OF DEATH: 8:10 P M
3b. DATE OF DEATH (Month, Day, Yr.): JANUARY 2, 2004
4. *SOCIAL SECURITY NUMBER: 311-18-3627
5a. AGE—Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day. Yr.): NOVEMBER 29,1923
7. BIRTHPLACE (City and State or Foreign Country): HAMMOND, INDIANA
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: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): SELECT SPECIALTY HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: HAMMOND
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): CHALRES E. MACE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): OPERATOR TRAINER
12b. KIND OF BUSINESS/INDUSTRY: TELEPHONE COMPANY
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: HAMMOND
13d. STREET AND NUMBER: 7436 MAPLEWOOD AVENUE
13e. ZIP CODE: 46324
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+): 1

PARENTS

18. FATHER'S NAME (First, Middle, Last): WILLIAM SILOGY
19. MOTHER'S NAME (First, Middle, Maiden Surname): JENY ARTIM

INFORMANT

20a. INFORMANT'S NAME (Type/Print): CHARLES E. MACE
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7436 MAPLEWOOD AVE.,HAMMOND,IN. 46324
20c. Relationship: HUSBAND

DISPOSITION

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): JANUARY 6, 2004 ELMWOOD CEMETERY
21c. LOCATION—City or Town, State: HAMMOND, INDIANA
22a. EMBALMER'S NAME: DEAN G. WAGNER
22b. EMBALMER'S LICENSE NO.: 8800057
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Dean G Wagner
24b. LICENSE NUMBER (of Licensee): 8800057
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: SOLAN-PRUZIN FUNERAL HOME FH83002893 7109 CALUMET AVE.,HAMMOND,IN. 46324

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. Sepsis
DUE TO (OR AS A CONSEQUENCE OF):
b. Septic Shock
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

Approximate Interval Between Onset and Death

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

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 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: M.D
29c. MEDICAL LICENSE NO.: 01055426A
29d. DATE SIGNED (Month, Day, Year): JANUARY 5, 2004

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): RAJARAJESWARI MATETY 5454 HOHMAN AVE HAMMOND, IN 46320
31. HEALTH OFFICER'S SIGNATURE: Franklin D. Spenuda M.D.
32. DATE FILED (Month, Day, Year): January 5, 2004

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