STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 019151

2005 MAR 15 AM 10:00

MICHAEL A. BROWN
RECORDER

3

Chicago Title Insurance Company

L20050719

SURVIVORSHIP AFFIDAVIT

CHICAGO TITLE INSURANCE COMPANY

On this 3/7/2005 (insert date) before me personally appeared Denise K. Waldron

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 Brian P. Waldron and Denise K. WAldron;
4. Said Brian P. Waldron (fill in name of co-tenant who died)

   died on 10-18-2004

   leaving No will; (insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:

   Lot 142, in The Meadows First Addition Unit 6, in the Town of Highland, as per plat thereof, recorded in Plat Book 43 page 70, in the Office of the Recorder of Lake County, Indiana.
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 $ N/A.

   The taxes due are ☐ paid or ☐ unpaid.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAR 14 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

13-
LP
CT

(1)

000995

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 spouse

Signature: Denise K Waldron

Printed Name Denise K. Waldron

Address: 9224 Idlewild Drive

Highland, IN 46322

Subscribed and sworn to before me by the affiant

this 3/7/2005
(insert date)

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 Denise K. Waldron

2 0 CC

* 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

Local No. 2-544-04

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED-NAME (First, Middle, Last): Brian P. Waldron
2. SEX: Male
3a. TIME OF DEATH: 7:01 PM
3b. DATE OF DEATH (Month, Day, Yr.): October 18, 2004
4. SOCIAL SECURITY NUMBER: 314-94-8387
5a. AGE-Last Birthday (Years): 30
5b. UNDER 1 YEAR: Months Days
5c. UNDER 1 DAY: Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr.): November 2, 1973
7. BIRTHPLACE (City and State or Foreign Country): Evergreen Park, IL
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
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): 9224 Idlewild Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Highland, IN
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Denise Hassel
12a. DECEDENT S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Crane Operator
12b. KIND OF BUSINESS/INDUSTRY: Steel Manufacturing
13a. RESIDENCE-STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Highland
13d. STREET AND NUMBER: 9224 Idlewild Drive
13a. ZIP CODE: 46322
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. AS 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); College (1-4 or 5+): 3

PARENTS

18. FATHER'S NAME (First, Middle, Last): Thomas Waldron
19. MOTHER'S NAME (First, Middle, Maiden Surname): Barbara Burke

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Denise Waldron
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9224 Idlewild Drive, Highland, IN 46322
20c. Relationship: Wife

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): October 22, 2004 Calumet Park Cemetery
21c. LOCATION-City or Town, State: Merrillville, IN
22a. EMBALMER'S NAME: Jose Corona
22b. EMBALMER'S LICENSE NO: FD08601373
23. WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: David K. Peter
24b. LICENSE NUMBER (of Licensee): FDO8601585
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home, 9039 Kleinman Road, Highland, IN 46322: FH10300021

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY RECORDER'S OFFICE
OCT 21 2004

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. Hanging — Approximate Interval Between Onset and Death: Unknown
DUE TO (OR AS A CONSEQUENCE OF):
b.
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.

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): Yes
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): Yes

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.
Chief Deputy
29b. SIGNATURE AND TITLE OF CERTIFIER
29c. MEDICAL LICENSE NO: N/A
29d. DATE SIGNED (Month, Day, Year): October 21, 2004

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307
31. HEALTH OFFICER'S SIGNATURE: Susan W Best D.O.
32. DATE FILED (Month, Day, Year): October 21, 200

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☒ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year): Oct. 18, 2004
34b. TIME OF INJURY: Unknown
34c. INJURY AT WORK? (Yes or no): No
34d. DESCRIBE HOW INJURY OCCURRED: Hanging
34a. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Residence
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 9224 Idlewild Drive Highland, Indiana
34g. DATE PRONOUNCED DEAD (Month, Day, Year): October 18, 2004
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.: No.

SDH06-004 State Form 10110 (R5/1-99)