

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 021151

2005 MAR 18 PM 1:11

STATE OF INDIANA)

: ss.

MICHAEL A. BROWN
RECORDER

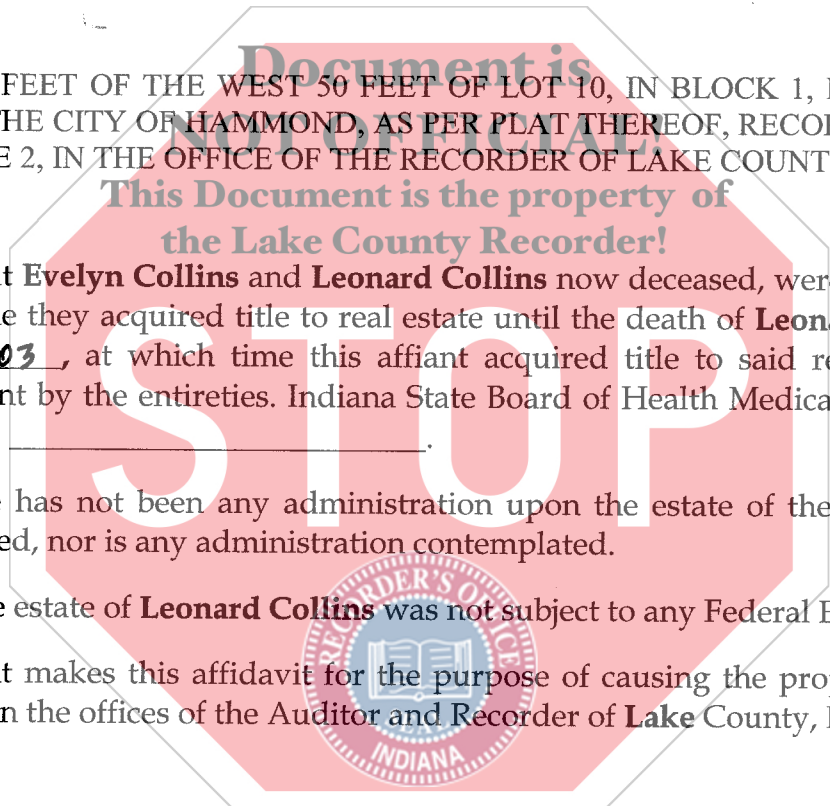
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

↓
Evelyn Collins, being of legal age, and duly sworn on his/her oath, deposes and says:

FIRST: That **Evelyn Collins** is the owner in fee simple title of the following described real-estate located in **Lake County, Indiana**, to-wit:

THE EAST 45 FEET OF THE WEST 50 FEET OF LOT 10, IN BLOCK 1, IN COLUMBIA GARDEN, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 15 PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



SECOND: That **Evelyn Collins** and **Leonard Collins** now deceased, were husband and wife at the time they acquired title to real estate until the death of **Leonard Collins** on Aug 3, 2003, at which time this affiant acquired title to said real estate as a surviving tenant by the entireties. Indiana State Board of Health Medical Certificate of Death number _____.

THIRD: There has not been any administration upon the estate of the said **Leonard Collins** deceased, nor is any administration contemplated.

FOURTH: The estate of **Leonard Collins** was not subject to any Federal Estate Tax.

FIFTH: Affiant makes this affidavit for the purpose of causing the proper-transfer of the real estate in the offices of the Auditor and Recorder of **Lake County, Indiana**.

FILED

Evelyn Collins
Evelyn Collins

MAR 18 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001415

13.00
cash
F.W.

**NOTARY STATEMENT
OF AFFIDAVIT OF SURVIVORSHIP**

STATE OF INDIANA)

: ss.

COUNTY OF LAKE)

On the 10 day of March, 2005, before me, the undersigned, a Notary Public in and for said County and State, personally appeared **Evelyn Collins**, known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument, and sworn to me in and for the said County, and executed the same.

Document is NOT OFFICIAL!
WITNESS my hand and official seal.
This Document is the property of the Lake County Recorder!

William Kerestury

Notary Public Signature

WILLIAM KERESTURY, Notary Public, Seal
State of Indiana, St. Joseph County
My Commission Expires
June 15, 2007

Printed _____

My Commission Expires ____/____/____

My County of Residence: _____

This instrument prepared by: John M. Joyce, Attorney At Law

* 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

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

CERTIFICATE OF DEATH

Local No. 609

ADG-5, 2003 Date issued August 5, 2003 Hammond Health Commissioner

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

KEY #26-32-161-12

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Leonard Collins		2. SEX Male		3a. TIME OF DEATH 12:50 PM		3b. DATE OF DEATH (Month, Day, Yr) August 3, 2003	
4. *SOCIAL SECURITY NUMBER 316-24-3988		5a. AGE—Last Birthday (Years) 78		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) Feb. 27, 1925		7. BIRTHPLACE (City and State or Foreign Country) London, Kentucky					
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: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 1027 Mulberry St.				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) Evelyn Harris		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 Manufacturing	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hammond		13d. STREET AND NUMBER 1027 Mulberry St.	
13e. ZIP CODE 46324		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT 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) 6 College (1-4 or 5 +)					
18. FATHER'S NAME (First, Middle, Last) Jack Collins				19. MOTHER'S NAME (First, Middle, Maiden Surname) Flora Gilbert			
20a. INFORMANT'S NAME (Type/Print) Evelyn Collins				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1027 Mulberry St. Hammond, IN 46324		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Concordia Cemetery			21c. LOCATION—City or Town, State Hammond, Indiana		
22a. EMBALMER'S NAME Ronald McClain, Jr.		22b. EMBALMER'S LICENSE NO. FDO 9100816		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDO 1014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinmar Highland, Indiana 46322			
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) metastatic lung carcinoma DUE TO (OR AS A CONSEQUENCE OF) a. _____ b. _____ c. _____ 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) 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>[Signature]</i>				29c. MEDICAL LICENSE NO. IND1033451		29d. DATE SIGNED (Month, Day, Year) 8/5/03	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. DONALD DUMONT 761 45th STREET SUITE 108 MUNSTER, IN 46321 (August)							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) August 5, 2003	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) FILED MAR 18 2005		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				34d. DESCRIBE HOW INJURY OCCURRED			
34g. DATE PRONOUNCED DEAD						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g. DATE PRONOUNCED DEAD						34h. ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

001416