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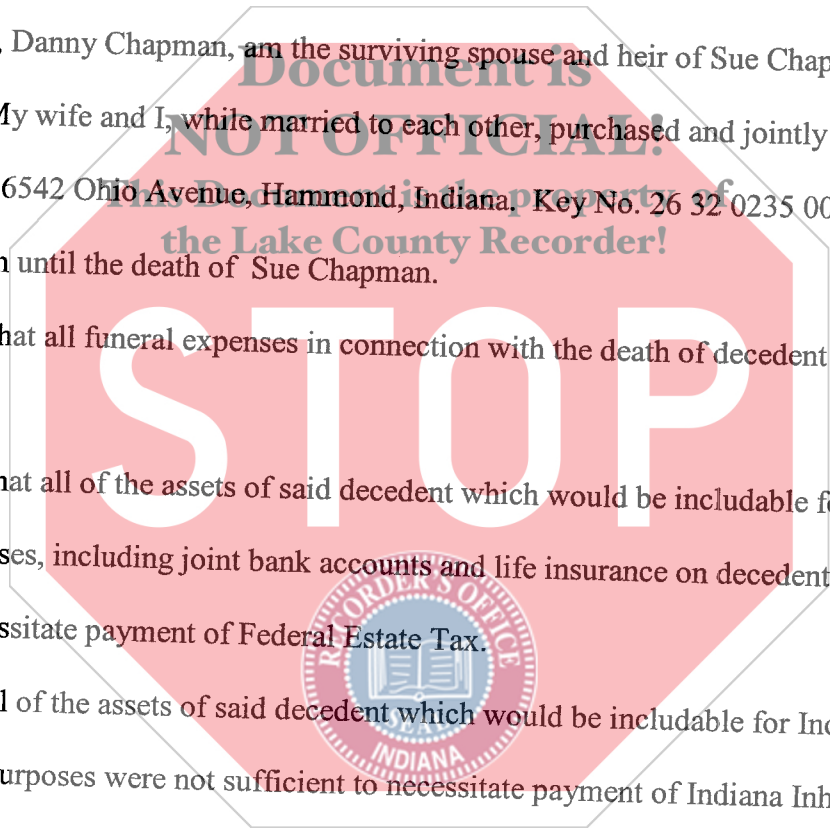
2005 JUN -6 PM 3:24

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 13th day of May, 2005, before me personally appeared Danny Chapman, to me personally known, who being duly sworn upon her oath did say that:

1. I make these representations upon personal knowledge and belief.
2. I reside at 6542 Ohio Avenue, Hammond Indiana 46323.
3. My wife, Sue Chapman, died on February 4, 2005.
4. I, Danny Chapman, am the surviving spouse and heir of Sue Chapman.
5. My wife and I, while married to each other, purchased and jointly owned the real estate located at 6542 Ohio Avenue, Hammond, Indiana, Key No. 26 32 0235 0011 which we continued to own until the death of Sue Chapman.
6. That all funeral expenses in connection with the death of decedent have been paid in full.
7. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life, were not sufficient to necessitate payment of Federal Estate Tax.
8. All of the assets of said decedent which would be includable for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of Indiana Inheritance Tax.
9. I make this affidavit with respect to the above-described real estate, and do so understanding that grantees and title companies will rely hereon with respect to the entireties and



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FILED

JUN - 6 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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D.O.V

survivorship interest of Danny Chapman in the real estate.

Danny Chapman
Danny Chapman

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED and SWORN to before me, a Notary Public, this 13th day of May, 2005, personally appeared DANNY L. CHAPMAN, who signed this Survivorship Affidavit, as his voluntary act and deed, for the uses and purposes therein stated, all of which I have this date witnessed.

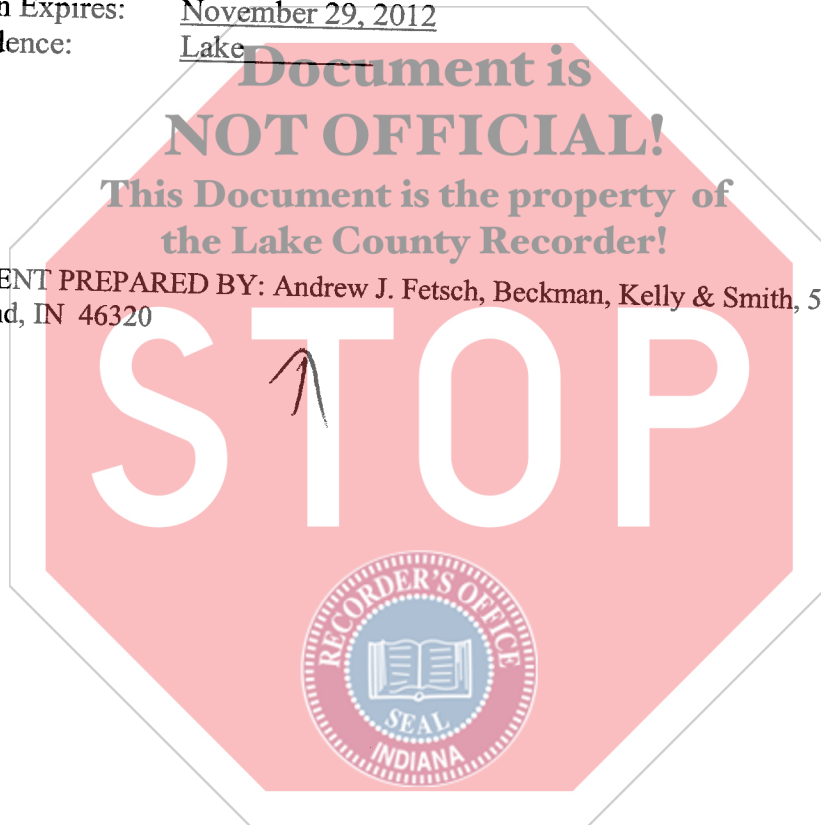
Jane E. Gelon
Jane E. Gelon, Notary Public

My Commission Expires: November 29, 2012
County of Residence: Lake

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

THIS INSTRUMENT PREPARED BY: Andrew J. Fetsch, Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, IN 46320



12cc

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. 377-05

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) SUE		2. SEX FEMALE		3a. TIME OF DEATH 1:00 P. M.		3b. DATE OF DEATH (Month, Day, Yr.) FEBRUARY 4, 2005	
4. *SOCIAL SECURITY NUMBER 306-56-1355		5a. AGE—Last Birthday (Years) 58		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) March 8, 1946		7. BIRTHPLACE (City and State or Foreign Country) Jeffersonville, Indiana					
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Danny L. Chapman		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sales Clerk		12b. KIND OF BUSINESS/INDUSTRY Retail Sales	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hammond		13d. STREET AND NUMBER 6542 Ohio Avenue	
13e. ZIP CODE 46323		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) 4 College (1-4 or 5+) 4					
18. FATHER'S NAME (First, Middle, Last) Norris I. Garvey				19. MOTHER'S NAME (First, Middle, Maiden Surname) Thelma Hudson			
20a. INFORMANT'S NAME (Type/Print) Danny I. Chapman		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6542 Ohio Ave. Hammond IN 46323				20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 7, 2005 Indiana University Medical Center				21c. LOCATION—City or Town, State Indianapolis, Indiana	
22a. EMBALMER'S NAME Jose Corona		22b. EMBALMER'S LICENSE NO. FD08601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>LA Kuyper</i>		24b. LICENSE NUMBER (of License) FD01014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 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. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE CAUSE OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. a. breast cancer b. metastatic breast cancer c. FEB 10 2005 d. due to (or as a consequence of):		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	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
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>Susan W. Best, D.O.</i>		29c. MEDICAL LICENSE NO. 01031674A		29d. DATE SIGNED (Month, Day, Year) FEBRUARY 7, 2005	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DANIEL SMITH, M.D. 761 45TH STREET MUNSTER, INDIANA 46321							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>		32. DATE FILED (Month, Day, Year) February 10, 2005					
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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.					