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# TICOR TITLE INSURANCE

2005 049540

## AFFIDAVIT

STATE OF INDIANA )  
                              ) SS:  
COUNTY OF LAKE )

ROBERT L. MINKLER, being first, duly  
sworn upon oath, deposes and says:

1. That SUSAN B. MINKLER died on  
July 15 \_\_\_\_\_, 19 55 at Highland, Indiana

2. That ROBERT MINKLER and SUSAN B. MINKLER  
were duly and legally married at the time they acquired title as husband and  
wife to the following described real estate:

LOT 20 BLOCK 1 IN PETTIT PARK 1ST ADDITION, TO THE TOWN OF HIGHLAND,  
AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31 PAGE 26, IN THE OFFICE  
OF THE RECORDER OF LAKE COUNTY, INDIANA. 27249-20 (16)

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

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~~) (her) death.

4. 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.

Further affiant sayeth not.



ROBERT L. MINKLER

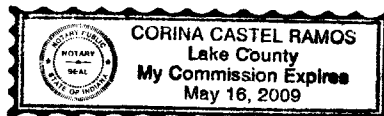
Subscribed and sworn to before me, a Notary Public, this 10TH day of  
JUNE, ~~10x~~ 2005

**FILED**

JUN 15 2005

Notary Public

My Commission expires: STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR



County of Residence:

This Instrument prepared by ROBERT L. MINKLER

505078RT  
**REGION TITLE**

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001230

\* 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. 187-05

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) <b>Susan B. Minkler</b>				2. SEX <b>Female</b>		3a. TIME OF DEATH <b>7:24 AM</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>March 14, 2005</b>					
4. SOCIAL SECURITY NUMBER <b>313-64-9135</b>		5a. AGE-Last Birthday (Years) <b>49</b>		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo, Day, Yr.) <b>July 15, 1955</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Highland, Indiana</b>			
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) <b>8950 Parrish Avenue</b>						9c. CITY, TOWN, OR LOCATION OF DEATH <b>Highland, IN</b>			9d. COUNTY OF DEATH <b>Lake</b>				
10. MARITAL STATUS <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Robert Minkler</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Certified Technician</b>				12b. KIND OF BUSINESS/INDUSTRY <b>Veterinary</b>					
13a. RESIDENCE-STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Highland</b>				13d. STREET AND NUMBER <b>8950 Parrish Avenue</b>					
13a. ZIP CODE <b>46322</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. AS 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) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) _____			
18. FATHER'S NAME (First, Middle, Last) <b>Henry Zondlo</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Audrey Muenker</b>							
20a. INFORMANT'S NAME (Type/Print) <b>Robert Minkler</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8950 Parrish Avenue, Highland, IN 46322</b>				20c. Relationship <b>Husband</b>					
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) <b>March 18, 2005 Chapel Lawn Memorial Gardens</b>				21c. LOCATION-City or Town, State <b>Schererville, IN</b>					
22a. EMBALMER'S NAME <b>Jose A. Corona</b>				22b. EMBALMER'S LICENSE NO. <b>FD08601373</b>				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David R. Helton</i>				24b. LICENSE NUMBER (of Licensee) <b>FD08601585</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH10300021</b>							
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.										Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a. Vascular collapse</b>										Unknown			
DUE TO (OR AS A CONSEQUENCE OF): <b>b. Due to arteriosclerotic heart and vascular disease</b>										COMPLETE			
DUE TO (OR AS A CONSEQUENCE OF): <b>c. _____</b>										MAR 18 2005			
DUE TO (OR AS A CONSEQUENCE OF): <b>d. _____</b>													
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) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>			
29a. CERTIFIER (check only one) <input 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 checked="" 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>Helen Sanok</i>						29c. MEDICAL LICENSE NO. <b>N/A</b>		29d. DATE SIGNED (Month, Day, Year) <b>March 18, 2005</b>					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>Helen Sanok, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>													
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. But...</i>										32. DATE FILED (Month, Day, Year) <b>March 18, 2005</b>			
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"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED					
		34a. 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) <b>March 14, 2005</b>				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.									