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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA 2005 051161
COUNTY OF LAKE)
SS:)

2005 JUN 21 PM 2:08

MICHAEL A. STOMM
RECORDER

AFFIDAVIT OF DEATH

I, Brenda J. Echterling, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

APARTMENT UNIT 102 IN THE BUILDING KNOWN AS 2023 45TH STREET, HIGHLAND, INDIANA, IN PORTE DE L'EAU CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, AS PER AMENDED AND RESTATED DECLARATION OF CONDOMINIUM RECORDED APRIL 18, 1985, AS DOCUMENT NO. 799766, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, IN. TOGETHER WITH AN UNDIVIDED 0.4345% INTEREST IN THE COMMON AREAS AND FACILITIES APPERTAINING THERETO.

Tax Key No.: 16-27-0523-0002

3. I acquired title to said real estate by deed of conveyance on the 6th day of June, 2004, and recorded in the Office of the Lake County Recorder as Document No. 2004 048061.

4. The decedent, James E. Echterling, reserved a life estate in said real estate, which was in effect until his death on the 3rd day of October, 2004, at which time said life estate was terminated, pursuant to property law. See attached Death Certificate for James E. Echterling.

FILED

JUN 21 2005

STEPHEN R. STIGLITZ
LAKE COUNTY AUDITOR

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5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

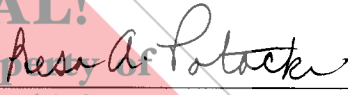

Brenda J. Echterling, Affiant

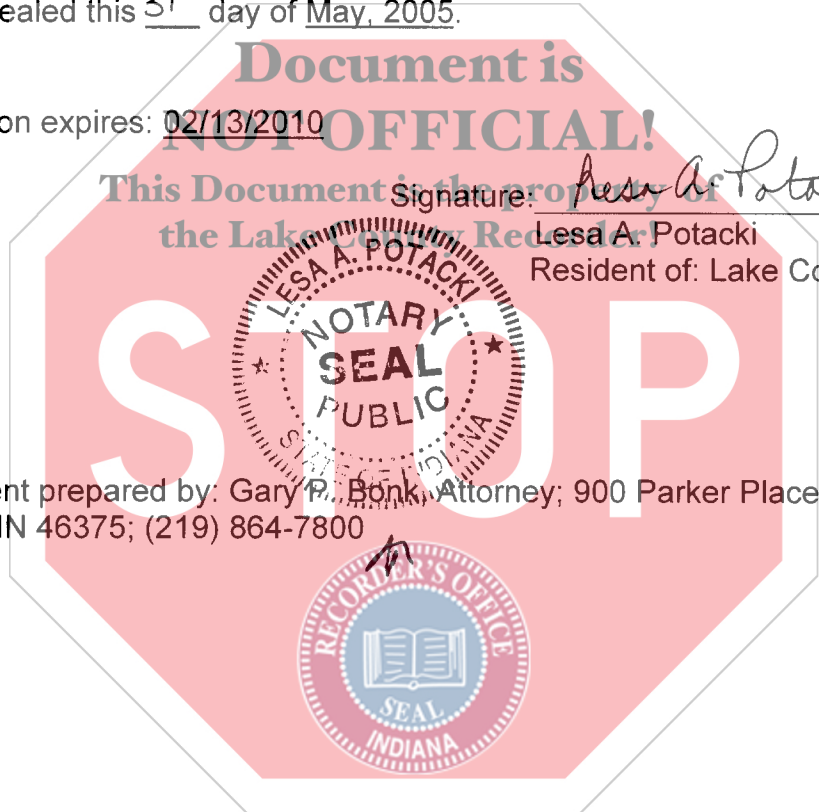
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Brenda J. Echterling, and being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 31st day of May, 2005.

My commission expires: 02/13/2010

Signature: 
Lesa A. Potacki
Resident of: Lake County, Indiana



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2378-04

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

INFORMANT

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) JAMES EDWARD ECHTERLING		2. SEX MALE		3a. TIME OF DEATH 4:31 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) OCTOBER 3, 2004	
4. *SOCIAL SECURITY NUMBER 306-10-0658		5a. AGE—Last Birthday (Years) 87		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) MARCH 23, 1917		7. BIRTHPLACE (City and State or Foreign Country) LOWELL, INDIANA					
8a. WAS DECEASENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1949		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) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) DISPATCHER		12b. KIND OF BUSINESS/INDUSTRY CHEMICAL PLANT	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HIGHLAND		13d. STREET AND NUMBER 2023 PORTE DeLEAU CT #102	
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASENT 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) 12 College (1-4 or 5+) 1		18. FATHER'S NAME (First, Middle, Last) JOHN ECHTERLING			
19. MOTHER'S NAME (First, Middle, Maiden Surname) ELIZABETH BERG				20a. INFORMANT'S NAME (Type/Print) BRENDA ECHTERLING		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2023 PORTE DeLEAU CT 102, HIGHLAND, IN 46322	
20c. Relationship DAUGHTER IN LAW		21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) OCTOBER 11, 2004 CHAPEL LAWN MEMORIAL GARDENS		21c. LOCATION—City or Town, State CROWN POINT, INDIANA	
22a. EMBALMER'S NAME RICHARD MILLER		22b. EMBALMER'S LICENSE NO. FD20400030		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Lawrence Miller</i>		24b. LICENSE NUMBER (of Licensee) FD0 1006015		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME EAGEN MILLER FUNERAL HOME 2828 HIGHWAY AVENUE HIGHLAND, INDIANA 46322 FH83003035			
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) Sudden cardiac death DUE TO (OR AS A CONSEQUENCE OF) Third Degree atrioventricular Block DUE TO (OR AS A CONSEQUENCE OF) Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF) Coronary artery disease		27. WAS DECEASENT 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	
26. 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>Joseph C. Lagaspi MD</i>		29c. MEDICAL LICENSE NO. 01059155A		29d. DATE SIGNED (Month, Day, Year) 10/4/04			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Joseph H. C. Lagaspi, MD 9307 Calumet Ave, Suite D, Munster IN 46321		31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best DO</i>					
32. DATE FILED (Month, Day, Year) October 5, 2004		33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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		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.							