

3

STATE OF INDIANA
LAKE COUNTY
RECORDERS OFFICE

2006 008042

2006 JAN 18 10:13 AM

MICHAEL J. BROWN
RECORDER

MAIL TAX STATEMENTS TO: 949 Lake Street, Hobart, IN 46342

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

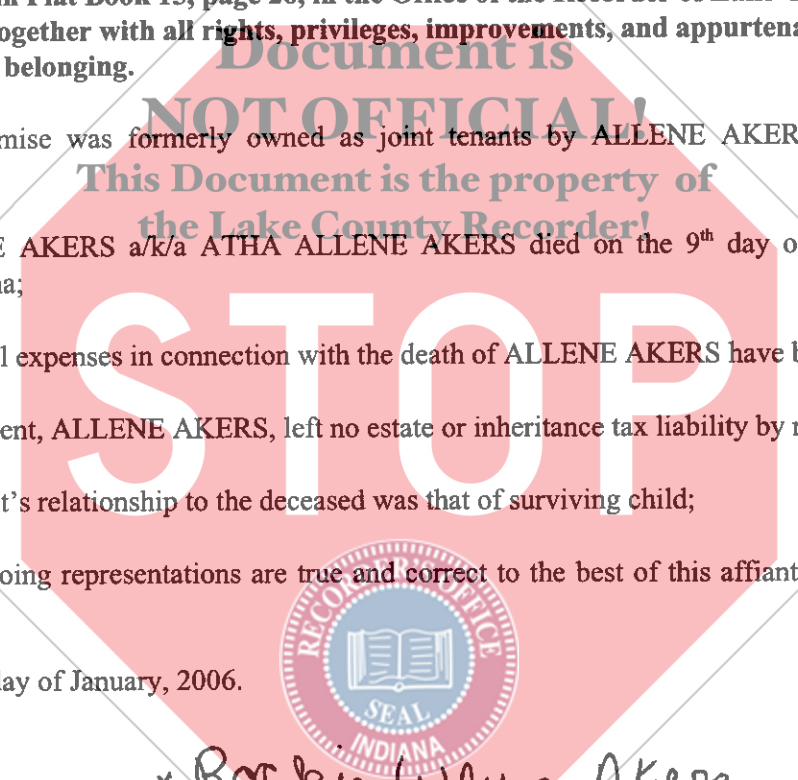
Comes now ROCKIE WAYNE AKERS who being duly sworn upon his oath, deposes and says:

1. That affiant resides at the address given below affiant's signature;
2. That affiant is the fee simple owner of the following described real estate;

Lots 8 and 9 in Block 2 in Sunnyside Addition to Hobart, as per plat thereof, recorded in Plat Book 15, page 26, in the Office of the Recorder of Lake County, Indiana, together with all rights, privileges, improvements, and appurtenances thereunto belonging.

3. That said premise was formerly owned as joint tenants by ALLENE AKERS and ROCKIE WAYNE AKERS,
4. Said ALLENE AKERS a/k/a ATHA ALLENE AKERS died on the 9th day of February, 2002, in Lake County, Indiana;
5. That all funeral expenses in connection with the death of ALLENE AKERS have been paid in full;
6. That the decedent, ALLENE AKERS, left no estate or inheritance tax liability by reason of her death;
7. That the affiant's relationship to the deceased was that of surviving child;
8. That the foregoing representations are true and correct to the best of this affiant's knowledge, information, and belief.

Dated this 18 day of January, 2006.



x Rockie Wayne Akers
ROCKIE WAYNE AKERS, Affiant
949 Lake Street
Hobart, IN 46342
PH: (219) 942-9347

Subscribed and sworn to before me, a Notary Public, this 18 day of January, 2006.

Lanice N. Williams
LANICE N. WILLIAMS, Notary Public
Resident of Porter County, IN
My Commission Expires: 06/11/2009

THIS INSTRUMENT PREPARED BY: DANIEL OSTOJIC, OSTOJIC & OSTOJIC, 6287 Central Ave.,
Portage, IN 46368; PH: (219) 764-0042

↑ FILED

JAN 31 2006

PLANNED PROGRESS KATONA
LAKE COUNTY AUDITOR

001998

13 DG
6343

6003

* 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

State No.

Local No. 334-02

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

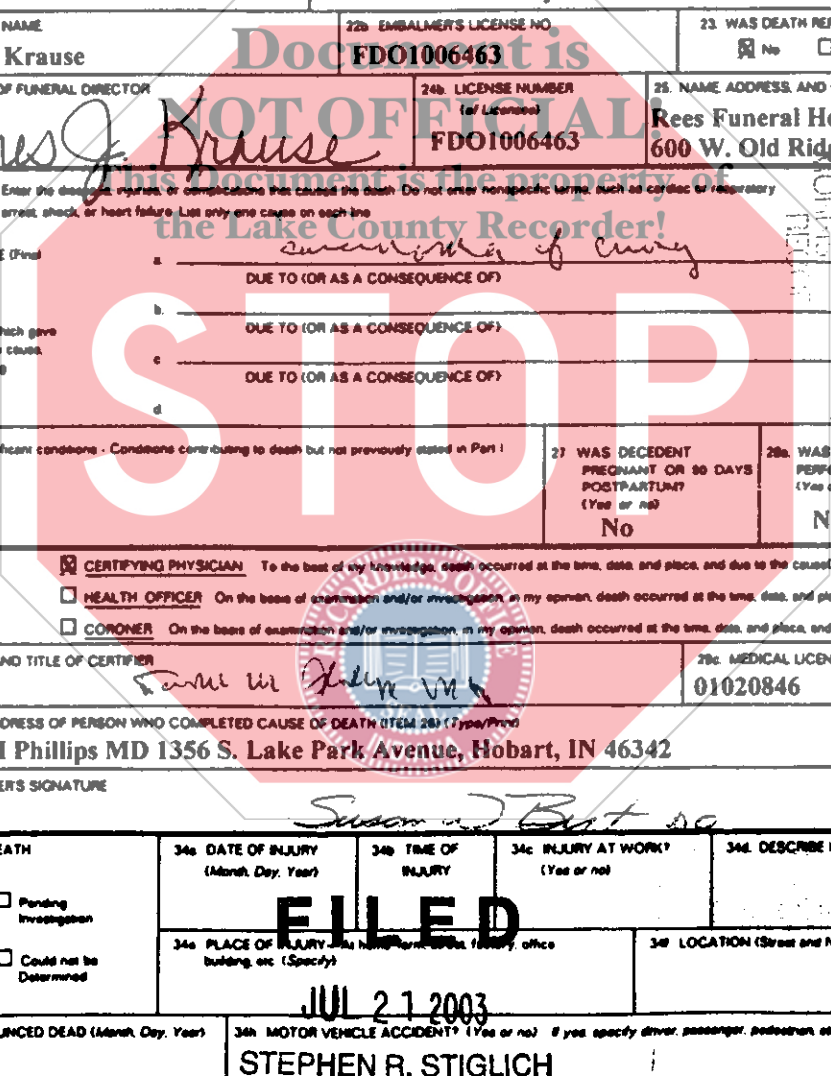
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) ATHA ALLENE AKERS				2 SEX Female	3a. TIME OF DEATH 3:30 PM	3b. DATE OF DEATH (Month, Day, Year) February 9, 2002
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) 92	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) January 31, 1910	7. BIRTHPLACE (City and State or Foreign Country) 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 residence, give street and number) 949 Lake Street				9c. CITY, TOWN OR LOCATION OF DEATH Hobart	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) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Home		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 949 Lake Street		
13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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 (9-12) 8 College (1-4 or 5+) 0	
18. FATHER'S NAME (First, Middle, Last) Edward Buttler				19. MOTHER'S NAME (First, Middle, Maiden Surname) Eva May Head		
20a. INFORMANT'S NAME (Type/Print) Donna Smith			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6661 Old Porter Road, Portage, IN 46368		20c. Relationship Daughter	
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) Feb 12, 2002 Graceland Cemetery		21c. LOCATION—City or Town, State Vanderburgh IN		
22a. EMBALMER'S NAME James J. Krause			22b. EMBALMER'S LICENSE NO. FDO1006463	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>			24b. LICENSE NUMBER (if Licensed) FDO1006463	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488		
26. PART I. Enter the disease, 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) suicide DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)						
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) as stated.						
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Susan J. Buttler MD</i>				29c. MEDICAL LICENSE NO. 01020846	29d. DATE SIGNED (Month, Day, Year) 2/11/02	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donald M Phillips MD 1356 S. Lake Park Avenue, Hobart, IN 46342						
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Buttler MD</i>					32. DATE FILED (Month, Day, Year) February 11, 2002	
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)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED	
		34e. PLACE OF INJURY (In home, restaurant, 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. STEPHEN R. STIGLICH LAKE COUNTY AUDITOR				



unit # 27
Key # 18-188-809
Sunnyside Add
lots 8 + 9 Block 2

FILED
JUL 21 2003

001402

Rockie Wayne Akers, Hobart, IN. 46342

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

