4

56000267

2006 008978

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 FEB -3 PM 1:58

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED

FEB 03 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT OF SURVIVORSHIP

The undersigned, DR. HENRY B. FEINBERG, being first duly sworn upon his oath, deposes and states as follows:

1. I am over 18 years of age and am in all respects competent to testify to the matters set forth herein.

2. I make this Affidavit based upon my personal knowledge. If called upon to do so, I will testify personally regarding the information contained herein.

3. I make this Affidavit as my free and voluntary act.

4. That the Helen L. Feinberg Trust Agreement dated September 10, 1990 is the owner of record of certain real estate in Lake County, Indiana, legally described as follows:

> Apartment #312, together with an undivided 1.57520 percent interest in the common area and facilities in Harrison Heights Condominium Horizontal Property Regime as Recorded as Doc. No. 252280 under date May 22, 1974, of the Records of Lake County, Indiana, being a part of Lot One (1), Petso's Subdivision, in the Town of Munster, as show in Plat Book 41, page 38, in Lake County, Indiana.
>
> Commonly known as: 8750 Harrison Avenue, Apt 312, Munster, IN 43621.

5. That the affiants state that the decedent, Helen L. Feinberg, died on the 20th day of June 2005, in Lake County, Indiana, as confirmed by a copy of the Certificate of Death issued by the Indiana State Department of Health which is attached hereto as Exhibit "A."

15.00
STS
002377

6. Pursuant to Article XV, paragraph B of the Helen L. Feinberg Trust dated September 10, 1990, states that "in the event the Trustor should die, resign or become incapacitated, then the son of the Trustor, Dr. Henry B. Feinberg, shall act as Successor Trustee." A certified and abbreviated copy of the Helen L. Feinberg Trust is attached hereto as Exhibit "B."

FURTHER THE AFFIANT SAITH NOT.

Henry B. Feinberg

DR. HENRY B. FEINBERG
8650 Baring Avenue
Munster, IN 46321

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned Notary Public in and for said County and State, do hereby certify that **Dr. Henry B. Feinberg** personally appeared and executed the above document as his voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 17 day of January 2005.

MELISSA M. PULIDO
NOTARY PUBLIC - LAKE COUNTY, INDIANA
MY COMMISSION EXPIRES JUNE 29, 2011
RESIDENT LAKE COUNTY INDIANA

Melissa M. Pulido
Notary Public
A resident of Lake County, Indiana

My Commission expires:

6/29/2011

F:\WPDOCS\REAL ESTATE\CLOSING\Feinberg\Affidavit of Survivorship.wpd

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. 1681-05 87005 State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Helen Feinberg	Female	9:25A M	June 20, 2005

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo. Day. Yr)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	90			Oct. 20, 1914	Springfield, IL

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
No	None		

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
8750 Harrison #312	Munster	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	---	Homemaker	Own Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
IN	Lake	Munster	8750 Harrison #312

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46321	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White		2

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Joseph Katz	Ida Wolfson

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Dr. Henry Feinberg	8650 Baring Ave. Munster, IN 46321	Son

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	June 23, 2005 Elmwood Cemetery	Hammond, IN

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
---	---	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	1021590	Burns-Kish Funeral Home#3004968 8415 Calumet Munster, IN 46321

CAUSE OF DEATH

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)	a. X Myeloproliferative disorder	10 yr.
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. Nephrolithiasis with renal failure DUE TO (OR AS A CONSEQUENCE OF)	2 yr.
	c. DUE TO (OR AS A CONSEQUENCE OF)	
	d. 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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
X [signature] M.D.	Y0101925	June 20, 2005

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
F. Adler, M.D. 800 MacArthur Blvd. Munster, IN 46321	Susan W Burt D.O.	June 21, 2005

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

JUN 21 2005

SDH06-004 State Form 10110 (R5/1-99)

Prescribed by the
State Board of Accounts
(2005)

County Form 170

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.

Linda S. Wood