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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

2006 019298

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 MAR -8 PM 2:23

AFFIDAVIT OF SURVIVORSHIP

MICHAEL A. BROWN  
RECORDER

Comes now TERRI L. HANSON, being duly sworn upon her oath, and states as follows:

That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

key# 15-147-1

**Lot 86, in Independence Hill Third Addition, in the Town of Merrillville, as per plat thereof, recorded in Plat book 24, page 69, in the Office of the Recorder of Lake County, Indiana**

More Commonly known as: 2524 W. 82nd Street, Merrillville, IN 46410

That the affiant and the decedent, Russell J. Hanson, were married on the 19<sup>th</sup> day of October, 1985. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance and recorded in the Office of the Lake County Recorder.

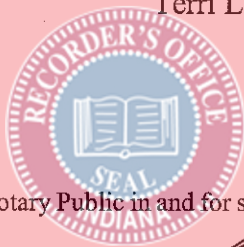
That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Russell J. Hanson on the 30th day of August, 2005, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Russell J. Hanson, was not subject to Federal Estate Tax or Indiana Inheritance Tax.

*Terri L. Hanson*  
Terri L. Hanson, Affiant

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )  
MAY 15 2006  
COMMISSION EXPIRES  
JUNE 15 2006  
NOTARY SEAL  
PORTER COUNTY  
NOTARY PUBLIC, STATE OF INDIANA

**FILED**  
MAR - 8 2006  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



Subscribed and sworn to before me, a Notary Public in and for said County and State, this 7<sup>th</sup> day of March, 2006.  
*[Signature]*  
Notary Public

Return to: Brian P. Popp, Attorney at Law, P. O. Box 10794, Merrillville, IN 46411

↑

005091

CA# 1300  
5765

Amended

PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 101

REGISTERED NUMBER 1673

DECEASED NAME: Russell James Hanson, SEX: Male, DATE OF BIRTH: March 3, 1953, DATE OF DEATH: August 30, 2005

Type of Print in PERMANENT Rbk or Funeral Director's Handbook for INSTRUCTIONS

COUNTY OF DEATH: Winnebago, CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: Rockford, AGE-LAST BIRTHDAY (M/D/Y): 52

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married, NAME OF SURVIVING SPOUSE (MARRIEN NAME, IF WIFE): Terri Garrison

KIND OF BUSINESS OR INDUSTRY: Painter, EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12

RESIDENCE (STREET AND NUMBER): 2524 W. 82nd Avenue, CITY, TOWN, OR ROAD/DISTRICT NO.: Merrillville, INDIANA

STATE: Indiana, ZIP CODE: 46410, RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): White

FATHER-NAME: Donald Hanson, MOTHER-NAME: Monica LaFollette

INFORMANT'S NAME (TYPE OR PRINT): Terri Hanson, RELATIONSHIP: wife, MAILING ADDRESS: 2524 W. 82nd Avenue, Merrillville, Indiana 46410

18. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as a fall or expiration, unless it is the cause of death. List only one cause on each line. Immediate Cause (final disease or condition resulting in death): Cardiac arrhythmia

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) Ischemic heart disease

PART II. Other significant conditions contributing to death that not resulting in the underlying cause given in PART I. None

20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): None, DATE OF INJURY (MONTH, DAY, YEAR): M, 1200

20b. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): None, LOCATION (CITY, VIL, OR TOWN, OR TWP., OR ROAD, DIST. NO., COUNTY, STATE): None

20c. INJURY AT WORK (YES/NO): No, HOUR: None, HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I ON PART II, ITEM 18)

20d. I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INFORMATION I HAVE RECEIVED ON THE DATE AT THE PLACE AND DUE TO THE CAUSES STATED, AND THAT: August 30, 2005, AT 3:22 P. M.

21a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE: Elizabeth Sue Fiduccia, CORONER

22a. CORONER'S PHYSICIAN'S SIGNATURE: Dr. Mark Peters, M.D., DATE SIGNED: November 10, 2005

23a. BURNAL, CREMATION, REMOVAL (SPECIFY): Cremation, CEMETERY OR CREMATORY - NAME: NWI Cremation Services, LOCATION: Crown Point, Indiana, CITY OR TOWN: Crown Point, Indiana, STATE: Indiana, ZIP: 46033

24a. FUNERAL HOME: Aero Removals, NAME: Frank L. Vosicky, STREET AND NUMBER OR R.F.D.: 919 N. Garfield Lombard, Illinois 60148, CITY OR TOWN: Lombard, Illinois, STATE: Illinois, ZIP: 60148

25a. FUNERAL DIRECTOR'S SIGNATURE: Frank L. Vosicky, DATE SIGNED: October 4, 2005

25b. LOCAL REGISTRAR'S SIGNATURE: [Signature], DATE SIGNED: November 10, 2005

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): NOV 10 2005

VR2002 (Rev. 1/89)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

005092

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE: NOV 14 2005

SIGNED: [Signature] REGISTRAR

AT: Rockford, Illinois

OFFICIAL TITLE (BY): [Signature] Deputy Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerk's and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

DECLARATION

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

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

  
Brian P. Popp

