

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 019337

2006 MAR -8 PM 2: 53

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

COMES NOW EDWARD R. KOCH, and first being duly sworn upon oath says as follows:

- (1.) That I am the surviving, unmarried widower of Mildred Ann Koch, and I have personal knowledge of the facts set forth in this affidavit.
- (2.) That Mildred Ann Koch died on July 15, 2005, a resident of Lake County, Indiana, and a true and correct copy of her Certificate of Death is attached as Exhibit "A".
- (3.) That I, Edward R. Koch and Mildred Ann Koch, were lawfully married on June 6, 1964, and remained continuously married until Mildred Ann Koch's death.
- (4.) That since the date of Mildred Ann Koch's death I have not remarried.
- (5.) That at the time of Mildred Ann Koch's death Edward R. Koch and Mildred Ann Koch, as husband and wife, owned the following-described real estate in Lake County, Indiana:

The West 10 feet of Lot 20 and Lot 21, except that part in street, Block 20, Town of Schererville, as shown in Miscellaneous Record "A", page 512, in Lake County, Indiana.

- (6.) That further affiant sayeth naught.

Edward R. Koch
Edward R. Koch

BEFORE ME, a Notary Public in and for said County and State, personally appeared EDWARD R. KOCH, who acknowledged his execution of the foregoing as his free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 24 day February, 2006.

My Commission Expires:
June 22, 2009

James T. Walker
James T. Walker, Notary Public
Resident of Lake County

Prepared by: James T. Walker, Attorney at Law, 99 East 86th Avenue, Suite E, Merrillville, Indiana 46410
Return to: James T. Walker, Attorney at Law, 99 East 86th Avenue, Suite E, Merrillville, Indiana 46410

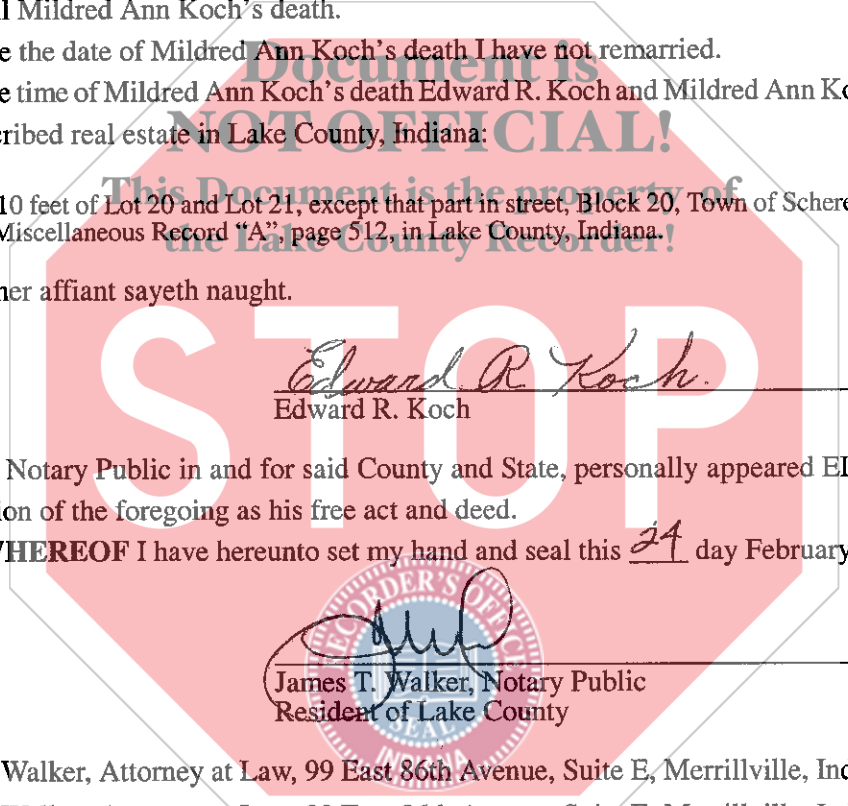
FILED

MAR - 1 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

005003

\$13
CK# 11368
CAW



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. 1107-08

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT INK

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

USE OF ATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) MILDRED ANN KOCH			2. SEX FEMALE		3a. TIME OF DEATH 4:35A		3b. DATE OF DEATH (Month, Day, Yr) July 15, 2005					
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 58		5b. UNDER 1 YEAR Months: Days		5c. UNDER 1 DAY Hours: Minutes		6. DATE OF BIRTH (Mo, Day, Yr) November 17, 1946		7. BIRTHPLACE (City and State or Foreign Country) Gary, IN		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NO		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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence								
9b. FACILITY NAME (If not institution, give street and number) Lincoln Health Care					9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville			9d. COUNTY OF DEATH Lake				
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Edward R. Koch			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife			12b. KIND OF BUSINESS/INDUSTRY Own Home				
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Schererville			13d. STREET AND NUMBER 73 Redar Dr.					
13e. ZIP CODE 46375		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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 (0-12) 10 years College (1-4 or 5+) ---		
18. FATHER'S NAME (First, Middle, Last) John Conaway					19. MOTHER'S NAME (First, Middle, Maiden Surname) Eva Gasaway							
20a. INFORMANT'S NAME (Type/Print) Edward R. Koch				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 73 Redar Dr., Schererville, IN 46374				20c. Relationship Husband				
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) July 18, 2005 Solon Pruzin Crematory				21c. LOCATION—City or Town, State Schererville, IN				
22a. EMBALMER'S NAME Na			22b. EMBALMER'S LICENSE NO. Na			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John Pruzin</i>			24b. LICENSE NUMBER (of license) FD29600100			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Solon Pruzin Funeral Home FH10200037 Schererville, IN 46375						
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 OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. DUE TO (OR AS A CONSEQUENCE OF): a. Chronic artery disease b. Congestive cardiac failure c. Coronary atherosclerotic heart disease d. Small cerebral aneurysm JUL 26 2005 PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Hypertension, Diabetes mellitus										Approximate Interval Between Onset and Death		
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) NA				
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>[Signature]</i> Tim						29c. MEDICAL LICENSE NO. IN 25043			29d. DATE SIGNED (Month, Day, Year) 7/19/05			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) R. R. IMMAN, 8300 Broadway, Merrillville, IN 46410												
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> But. so DATE FILED (Month, Day, Year) July 20, 2005												
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. EXHIBIT "A"								

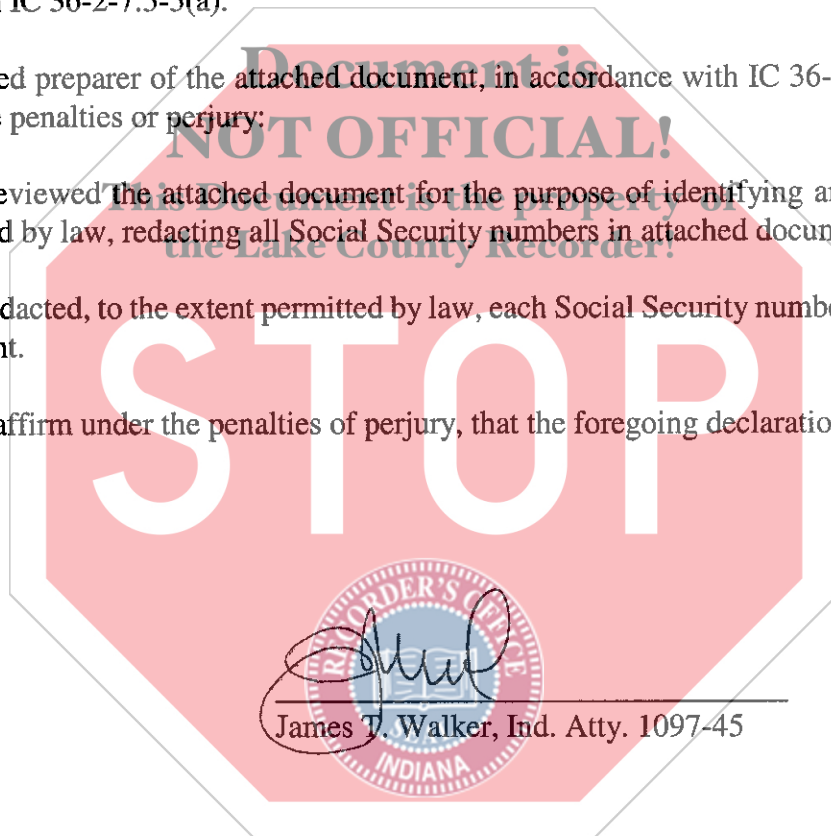
DECLARATION

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 in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

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



James T. Walker, Ind. Atty. 1097-45