

4.

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 021544

2006 MAR 15 PM 3:23

**AFFIDAVIT OF SURVIVORSHIP** L. A. DROWN  
RECORDER

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

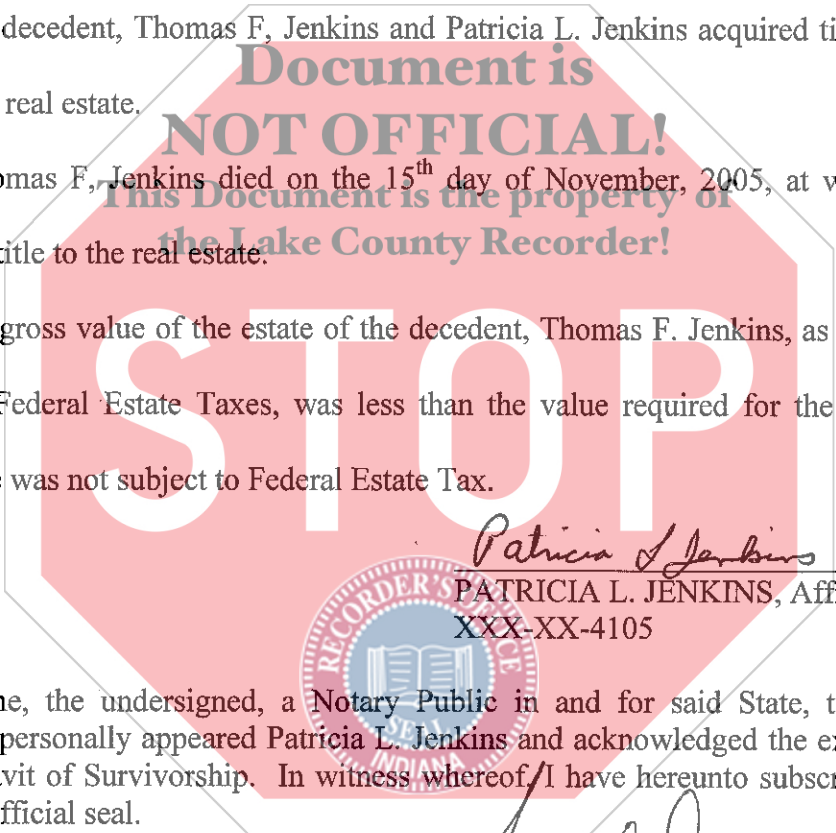
That Patricia L. Jenkins is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

THE EAST 100 FEET OF OUTLOT (C) IN SCHILLING'S EDGEWOOD ADD., TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED OCTOBER 19, 1948 IN PLAT BOOK 28 PAGE 5, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. UNIT NO. 20 KEY NO. 13-85-4  
Commonly known as: 1211 Southview Drive, Schererville, IN 46375.

That the decedent, Thomas F. Jenkins and Patricia L. Jenkins acquired title, as husband and wife, to said real estate.

That Thomas F. Jenkins died on the 15<sup>th</sup> day of November, 2005, at which time this affiant acquired title to the real estate.

That the gross value of the estate of the decedent, Thomas F. Jenkins, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.



*Patricia L. Jenkins*  
\_\_\_\_\_  
PATRICIA L. JENKINS, Affiant  
XXX-XX-4105

Before me, the undersigned, a Notary Public in and for said State, this 3<sup>rd</sup> day of February, 2006, personally appeared Patricia L. Jenkins and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: April 3, 2006

**FILED**

MAR 15 2006

*Joanna A. Seiner*  
\_\_\_\_\_  
Joanna A. Seiner, Notary Public  
Resident of Lake County

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

005720

*OK #  
6219  
16.00  
D.D.M.*

\* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Nov 18, 2005  
Date Issued Hammond Health Commissioner

Local No. 743

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

1. DECEASED—NAME (First, Middle, Last) <b>THOMAS F. JENKINS</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>12:54P M</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>NOVEMBER 15, 2005</b>
4. *SOCIAL SECURITY NUMBER <b>382-50-6563</b>	5a. AGE—Last Birthday (Years) <b>56</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr.) <b>MAY 30, 1949</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Knob Clay, Arkansas</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>YES</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1971</b>	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) <b>ST. MARGARET MERCY</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>HAMMOND</b>	9d. COUNTY OF DEATH <b>LAKE</b>	
10. MARITAL STATUS (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>PATRICIA L. GLENN</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>CONDUCTOR</b>	12b. KIND OF BUSINESS/INDUSTRY <b>RAILROAD</b>	
13a. RESIDENCE—STATE <b>INDIANA</b>	13b. COUNTY <b>LAKE</b>	13c. CITY, TOWN, OR LOCATION <b>SCHERERVILLE</b>	13d. STREET AND NUMBER <b>1211 SOUTHVIEV DRIVE</b>	
13e. ZIP CODE <b>46375</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>WHITE</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5 +) <b>2</b>		18. FATHER'S NAME (First, Middle, Last) <b>WILLIAM C. JENKINS</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>MARJORIE LUCY</b>		20a. INFORMANT'S NAME (Type/Print) <b>PATRICIA L. JENKINS</b>		
20b. MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code) <b>1211 SOUTHVIEV DR., SCHERERVILLE, IN. 46375</b>		20c. Relationship <b>WIFE</b>		
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) <b>NOVEMBER 19, 2005 SOLAN-PRUZIN CREMATORY</b>		21c. LOCATION—City or Town, State <b>SCHERERVILLE, INDIANA</b>
22a. EMBALMERS NAME: <b>NONE</b>		22b. EMBALMER'S LICENSE NO. <b>N/A</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Dea L. Wang</i>		24b. LICENSE NUMBER (of Licensee) <b>8800057</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>SOLAN-PRUZIN FUNERAL HOME FH10200037 14 KENNEDY AVE., SCHERERVILLE, IN. 46375</b>
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)		a. <b>ACUTE RESPIRATORY FAILURE</b>		Approximate Interval Between Onset and Death <b>2 DAYS</b>
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. _____		
		c. _____		
		d. _____		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>CALUNG CAD, H1N1, PVD Metastases to Liver, COPD</b>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>
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>Madhuti</i>		29c. MEDICAL LICENSE NO. <b>01034865</b>		29d. DATE SIGNED (Month, Day, Year) <b>NOVEMBER 17, 2005</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>M. PATEL, M.D. 835-16th Street Hammond, Indiana 46324</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Peggy Holinga Katona</i>		32. DATE FILED (Month, Day, Year) <b>November 18, 2005</b>		
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) <b>MAR 15 2006</b>	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY (Specify building, etc.) <b>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</b>		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>005721</b>		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

NOT FOR PUBLIC ACCESS

Name Filed on Document: Affidavit of Survivorship

In accordance with Trial Rule G(2) and Administrative Rule 9(G)(1), the following information that is not for public access has been excluded (reacted) from the filed document named above. The information that was redacted and its location within the filed document are identified below.

Confidential Information

Location of Redaction in Filed Document

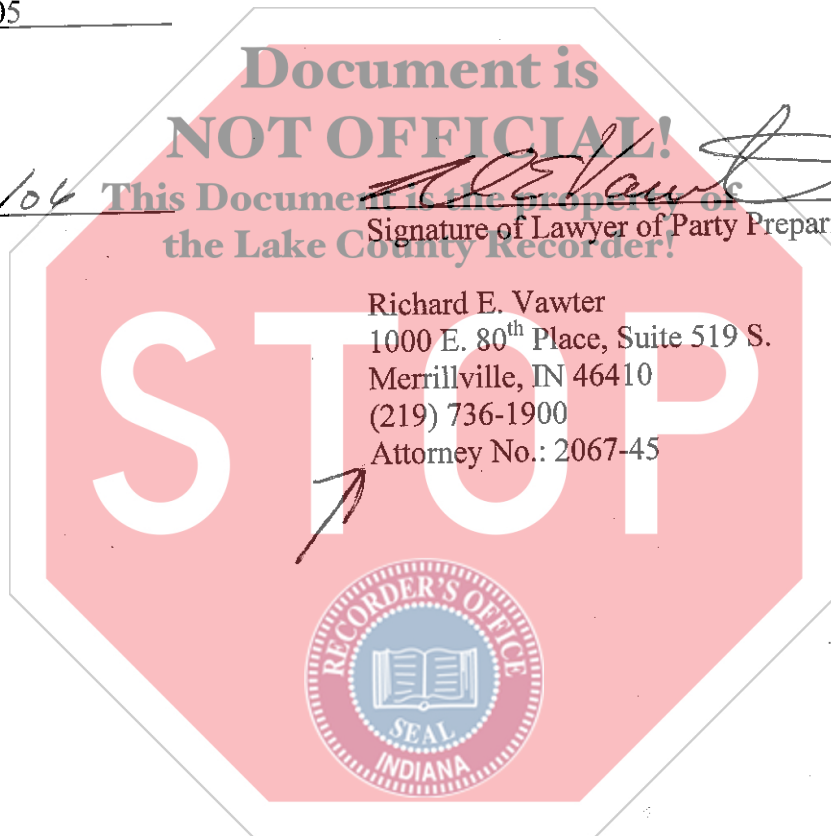
Patricia L. Jenkins  
SS#: 319-46-4105

Page 1

Date: 2/3/04

**Document is NOT OFFICIAL!**  
*Richard E. Vawter*  
Signature of Lawyer of Party Preparing Doc.  
**This Document is the property of the Lake County Recorder!**

Richard E. Vawter  
1000 E. 80<sup>th</sup> Place, Suite 519 S.  
Merrillville, IN 46410  
(219) 736-1900  
Attorney No.: 2067-45



Prescribed by the  
State Board of Accounts  
(2005)

County form 170

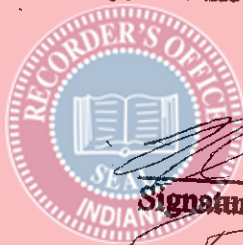
Declaration

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 number 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.



  
Signature of Declarant

AUCH VAWTEN  
Printed Name of Declarant