2006 083052

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 SEP 21 AM 10:48

MICHAEL A. BROWN
RECORDER

20

SURVIVORSHIP AFFIDAVIT

Kimberly K. Schultz ("Affiant"), being first duly sworn upon an oath, deposes and says:

1. That David L. Farley ("the Decedent") and Evelyn Farley were husband and wife at the time they acquired title, as tenants by the entireties, to certain real estate by deed Recorded January 14, 1997Document No. 97003081 in the Office of the Recorder of Lake County, Indiana, and more particularly described as follows:

   The North 1/2 of Lot 6, in Block 16 in the Railroad Addition to Crown Point, as per plat thereof, recorded in Miscellaneous Record "A", page 508, in the Office of the Recorder of Lake County, Indiana.

   The address of the real estate is commonly known as 415 N. Grant Street, Crown Point, IN 46307.

2. That the marital relationship which existed between the Decedent and Evelyn Farley continued unbroken from the time they so acquired title to said real estate until the death of the Decedent on March 8, 1997, at which time Affiant acquired title to said real estate as surviving tenant by the entirety.

3. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of the Decedent have been fully paid and satisfied.

4. That all of the above representations are true.

AFFIANT:

Signature

Kimberly K. Schultz
Printed

FILED

SEP 20 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STATE OF INDIANA }
}SS:
COUNTY OF ___Lake_____ }

ACKNOWLEDGMENT

Before me the undersigned, a Notary Public in and for said County and State, personally appeared ____Kimberly K. Schultz_____ who, being first duly sworn by me upon an oath, states that the facts alleged in the foregoing Survivorship Affidavit are true.

Witness my hand and Notarial Seal this 28th day of August, 2006.

Notary Public

Angela Woodward
Printed Name

Resident of _____Jasper_____ County

My Commission Expires:

___1-11-08_____

This instrument was prepared by Thomas K. Hoffman, Attorney at Law

"I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Angela Woodward"

After recording, return to: **The Talon Group, One Professional Center, Suite 215, 2100 North Main Street,Crown Point, IN 46307**

E/10

* 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. 0507-97 State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): David L. Farley
2. SEX: Male
3a. TIME OF DEATH: 7:55 p.m.
3b. DATE OF DEATH (Month, Day, Yr.): March 8, 1997
4. *SOCIAL SECURITY NUMBER: 315-28-7752
5a. AGE—Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day, Yr.): FEB. 3, 1930
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
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 ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Anthony Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Evelyn Bannon
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Printer
12b. KIND OF BUSINESS/INDUSTRY: Printing Company
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Crown Point
13d. STREET AND NUMBER: 120 E. Goldsboro
13e. ZIP CODE: 46307
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): 11; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Lawrence Farley
19. MOTHER'S NAME (First, Middle, Maiden Surname): Hazel Miller

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Evelyn Farley
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 120 E. Goldsboro Crown Point, IN 46307
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 12, 1997 Maplewood Memorial Cemetery
21c. LOCATION—City or Town, State: Crown Point, Indiana
22a. EMBALMER'S NAME: Marty Andersen
22b. EMBALMER'S LICENSE NO: FD01005205
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD09000013
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home, Inc. 109 N. East St. Crown Point, IN 46307 FH83001253

CAUSE OF DEATH

28. PART I. Enter the chain of events—diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Pulmonary Embolism — Approximate Interval Between Onset and Death: Few hours

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not previously stated in Part I: CArcinoma - Right Kidney; COPD - Chronic

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): (no)
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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: [signature] M.D.
29c. MEDICAL LICENSE NO: 19528
29d. DATE SIGNED (Month, Day, Year): March 10, 1997

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dennis F. Carpenter M.D. 123 N. Court—Crown Point, Ind 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.
32. DATE FILED (Month, Day, Year): March 10, 1997

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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.