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2006 091835

STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE

2006 OCT 19 PM 12:42

MICHAEL J. DAVEN
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

CHARLES E. MUNSIE, being sworn upon his oath, states as follows:

1. He is an adult and resides in Lake County, Indiana, and is the surviving spouse of Brenda G. Munsie.
2. Brenda G. Munsie, along with Charles E. Munsie were owners in the following described real estate in Lake County, Indiana, to-wit:

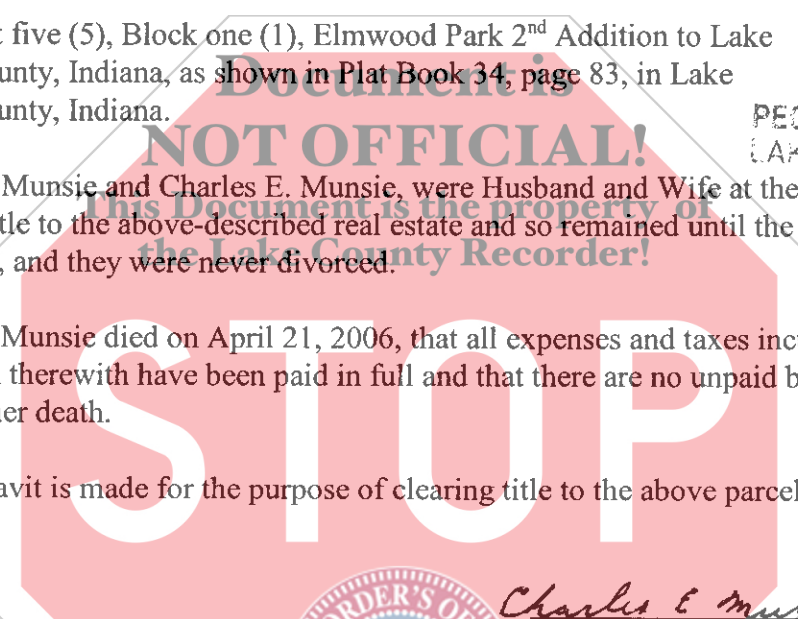
Lot five (5), Block one (1), Elmwood Park 2nd Addition to Lake County, Indiana, as shown in Plat Book 34, page 83, in Lake County, Indiana.

FILED

OCT 18 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

3. Brenda G. Munsie and Charles E. Munsie, were Husband and Wife at the time they acquired title to the above-described real estate and so remained until the death of Brenda G. Munsie, and they were never divorced.
4. Brenda G. Munsie died on April 21, 2006, that all expenses and taxes incurred in connection therewith have been paid in full and that there are no unpaid bills left by reason of her death.
5. This Affidavit is made for the purpose of clearing title to the above parcel of real estate.

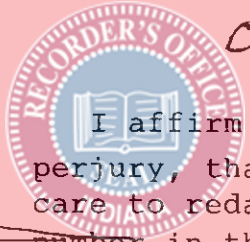


Charles E. Munsie
Charles E. Munsie

Subscribed and Sworn to before me
this 11th day of September, 2006.

M. Christine Gamez

M. Christine Gamez, Notary Public
Commission Expires: November 9, 2006



I affirm under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. *Mullins*

County of Residence: Lake

This instrument prepared by Stephen B. Cohen, Attorney
9337 Calumet Avenue, Suite A-1, Munster, IN 46321

RTS #15
Clt# 6218
CA

021286

ION ESTATE: The Social Security # is requested by this state agency in order to be 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. 1019-06

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

CERTIFIER

HEALTH
OFFICER

1. DECEASED-NAME (First, Middle, Last) Brenda G. Munsie				2. SEX Female		3a. TIME OF DEATH 1:37 PM		3b. DATE OF DEATH (Month, Day, Yr.) April 21, 2006	
4. SOCIAL SECURITY NUMBER 304-48-2378		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.) August 8, 1947		7. BIRTHPLACE (City and State or Foreign Country) Birmingham, Alabama		
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.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			<input type="checkbox"/> 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) Community Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Munster			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Charles Munsie		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker			12b. KIND OF BUSINESS/INDUSTRY Own Home		
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Griffith			13d. STREET AND NUMBER 4532 Ralston Place		
13a. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. AS 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) 11 College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) Bert Miller				19. MOTHER'S NAME (First, Middle, Maiden Surname) Sarah Ruth Miller					
20a. INFORMANT'S NAME (Type/Print) Charles Munsie				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4532 Ralston Place, Griffith, IN 46319				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) April 27, 2006 Kelly Carroll Cremation Services			21c. LOCATION-City or Town, State Gary, Indiana			
22a. EMBALMER'S NAME Not Done			22b. EMBALMER'S LICENSE NO. N/A			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tara J. Wagner</i>			24b. LICENSE NUMBER (of Licensee) FD20400058		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH10300021				
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. BRONCHOGENIC CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions if any, which gave rise to the immediate cause, stating the underlying cause last.								Approximate Interval Between Onset and Death	
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) 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) No		
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 checked="" 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>Blaine F. ...</i>					29c. MEDICAL LICENSE NO. 01033200		29d. DATE SIGNED (Month, Day, Year) 4-25-06		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR EFAMA 761 45th St Munster IN 46321									
31. HEALTH OFFICER'S SIGNATURE <i>Steven J. But SO.</i>						32. DATE FILED (Month, Day, Year) April 26, 2006			
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				
34a. 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"

**LOT FIVE (5), BLOCK ONE (1), ELMWOOD PARK 2ND ADDITION TO LAKE COUNTY,
INDIANA, AS SHOWN IN PLAT BOOK 34, PAGE 83, IN LAKE COUNTY, INDIANA.**

PARCEL ID NUMBER: 01-39-0521-0005

COMMONLY KNOWN AS: 4532 RALSTON PLACE
GRIFFITH, IN 46319

