

Handwritten marks: a scribble and the number 2.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 105630

2006 DEC -1 AM 9:22

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

COMES NOW GARNET M. BURNS, and first being duly sworn upon oath says as follows:

- (1.) That I am the surviving, unmarried widower of Edward Jerome Burns, and I have personal knowledge of the facts set forth in this affidavit.
- (2.) That Edward Jerome Burns died on August 14, 1996, a resident of Lake County, Indiana, and a true and correct copy of his Certificate of Death is attached as Exhibit "A".
- (3.) That I, Garnet M. Burns and Edward Jerome Burns, were lawfully married on June 25, 1947, and remained continuously married until Edward Jerome Burn's death.
- (4.) That since the date of Edward Jerome Burns's death I have not remarried.
- (5.) That at the time of Edward Jerome Burns's death Garnet M. Burns and Edward Jerome Burns, as husband and wife, owned the following-described real estate in Lake County, Indiana:

Lots Numbered Forty (40), Forty-one (41) and Forty-two (42), in Block No. Nineteen (19), as marked and laid down on the recorded plat of Norcott's Addition to Indiana City, in Gary, Lake County, Indiana, as the same appears of record in Plat Book 1, page 14, in the Recorder's Office of Lake County, Indiana, together with all rights, privileges, improvements and appurtenances thereunto attaching.

- (6.) That further affiant sayeth naught.

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

Garnet M. Burns
Garnet M. Burns

BEFORE ME, a Notary Public in and for said County and State, personally appeared GARNET M. BURNS, who acknowledged her execution of the foregoing as her free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 20th day November, 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

Handwritten arrow pointing up.

Handwritten: CR# 13-11767

* ATTENTION STATE: 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

Local No. 96-0537

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) DR. EDWARD J. BURNS		2. SEX MALE	3a. TIME OF DEATH 6:25 P M	3b. DATE OF DEATH (Month, Day, Yr.) AUGUST 14, 1996	
4. *SOCIAL SECURITY NUMBER 314-18-3837	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) MAY 13, 1924	
7. BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA	8a. WAS DECEDENT A U.S. VETERAN? YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1956	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 8318 MAPLE AVENUE		9c. CITY, TOWN, OR LOCATION OF DEATH GARY	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) GARNET MC MARTIN	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) DENTIST	12b. KIND OF BUSINESS/INDUSTRY SELF EMPLOYED		
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION GARY	13d. STREET AND NUMBER 8318 MAPLE AVENUE		
13e. ZIP CODE 46403	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) College (1-4 or 5+) 5+		18. FATHER'S NAME (First, Middle, Last) EDWARD P. BURNS			
19. MOTHER'S NAME (First, Middle, Maiden Surname) DOROTHY V. SMITH		20a. INFORMANT'S NAME (Type/Print) GARNET M. BURNS			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8318 MAPLE AVE., GARY, IN 46403		20c. Relationship WIFE			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <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) AUGUST 20, 1996 NORTHWEST INDIANA CREMATION SERV.		21c. LOCATION—City or Town, State CROWN POINT INDIANA	
22a. EMBALMER'S NAME GORDON L. JONES		22b. EMBALMER'S LICENSE NO. 1010711	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1013890	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home, 10101 Broadway Crown Point, IN 46307 FDH83002445		
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 (Final disease or condition resulting in death)		a. <i>Congestive Heart Failure</i> DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death <i>6 years</i>	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. <i>Rheumatic Heart Disease & Mitral Insufficiency</i> DUE TO (OR AS A CONSEQUENCE OF)			
		c. <i>Class II</i> DUE TO (OR AS A CONSEQUENCE OF)			
		d.			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Cerebral Hemorrhage - Left Hemisphere & Right Hemiplegia Remot</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) N/A	
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>John Scully, D</i>		29c. MEDICAL LICENSE NO. 01017621	29d. DATE SIGNED (Month, Day, Year) 20 Aug 96		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. John Scully, 8895 Broadway, Merrillville, Indiana					
31. HEALTH OFFICER'S SIGNATURE <i>Michael W. Hanson MD</i>				32. DATE FILED (Month, Day, Year) AUG 20 1996	
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"