

2006 111195

18-28-0043-0022

MICHELLE A. DOWNS
RECORDER

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Key No.: 18-28-0043-0022

SURVIVORSHIP AFFIDAVIT

I, John P. Etter, being first duly sworn, state:

1. Affiant states that he is the husband of Donna C. Etter who died a resident of Lake County, Indiana, on June 24, 2006.

2. At the time of her death, Donna C. Etter and John P. Etter, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot twenty-two (22) in block three (3) in Broadmoor in the Town of Munster, as per plat thereof, recorded in Plat Book 18, page 3, in the office of the Recorder of Lake County, Indiana.

Commonly known as 7937 Forest, Munster, Indiana 46321

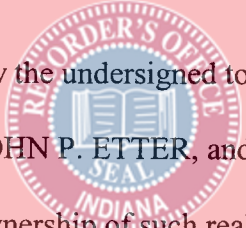
3. At the time of her death, Donna C. Etter and John P. Etter were not divorced and were living together as husband and wife.

4. Affiant further states that no Federal Estate Tax or Indiana Inheritance Tax is due from the Donna C. Etter.

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in JOHN P. ETTER, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records

Dated: December 5, 2006

FILED JOHN P. ETTER



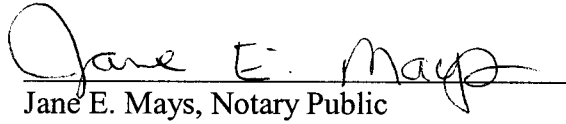
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DEC 19 2006


Before me the undersigned, a Notary Public in and for said County and State, personally appeared JOHN P. ETTER and he being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 5th day of December, 2006.

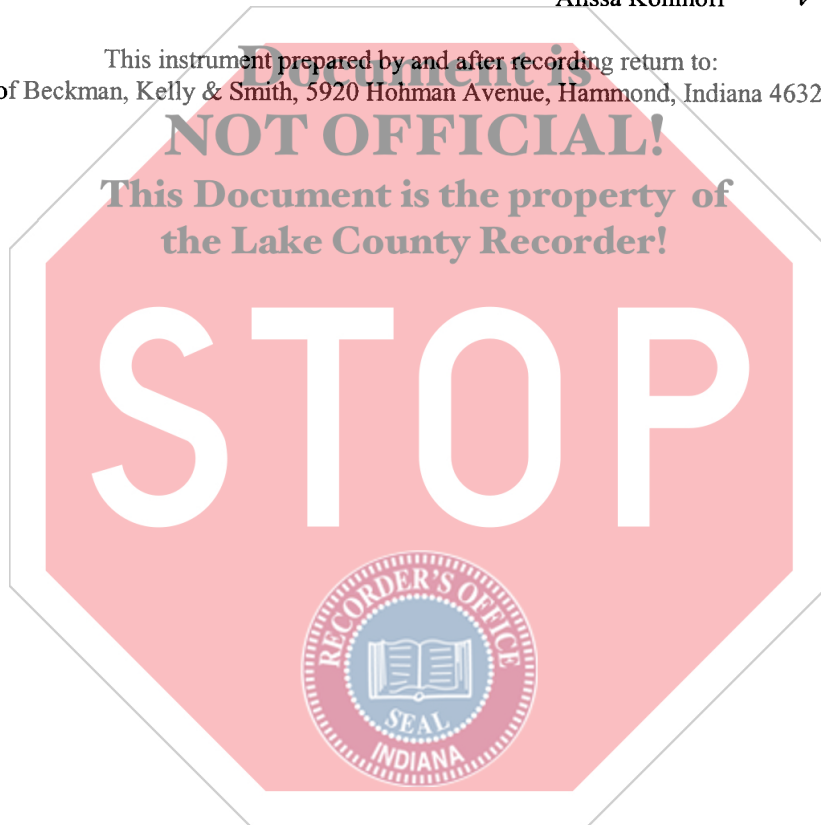
My Commission Expires: 11/29/12
A Resident of Lake County.


Jane E. Mays, Notary Public

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.


Alissa Kohlhoff

This instrument prepared by and after recording return to:
Alissa Kohlhoff, of Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320 (219) 933-6201



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

State No.

Local No. 1617-06

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) Donna C. Etter		2. SEX Female	3a. TIME OF DEATH 4:49 P M	3b. DATE OF DEATH (Month, Day, Yr) June 24, 2006	
4. *SOCIAL SECURITY NUMBER 306-36-8088	5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) October 13, 1934	
7. BIRTHPLACE (City and State or Foreign Country) Hammond, IN					
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 7937 Forest Ave.		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) John Etter	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 IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 7937 Forest Ave.	
13e. ZIP CODE 46321	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? 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) 12 College (1-4 or 5+) 4			18. FATHER'S NAME (First, Middle, Last) James M. Crouch		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Wise			20a. INFORMANT'S NAME (Type/Print) John Etter		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7937 Forest Ave., Munster, IN 46321			20c. Relationship Husband		
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) June 29, 2006 Regional Cremation Service		21c. LOCATION—City or Town, State Munster, IN	
22a. EMBALMER'S NAME John T. Noble		22b. EMBALMER'S LICENSE NO. 9000031	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee) FD1021590	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home Lic # 3004968 8415 Calumet Ave, Munster, IN 46321-2521		
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. <u>seizures</u> 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 <u>couple minutes</u> <u>(exact duration not known)</u>					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <u>hypomyocardium</u>					
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 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 <u>Nomani MD</u>			29c. MEDICAL LICENSE NO. 01056597A	29d. DATE SIGNED (Month, Day, Year) 06/29/06	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. A. Nomani 110 Ridge Rd. Munster, IN, 46321					
31. HEALTH OFFICER'S SIGNATURE <u>Susan W. Best D.O.</u>				32. DATE FILED (Month, Day, Year) July 5, 2006	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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.			