

92006 111675

Survivorship Affidavit

State of: Indiana)
) SS:
County of: Lake

On this December 15, 2006 Before me personally appeared Norma Yvonne Meltzer to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is Norma V. Edwards
(state interest of affiant in the above premises as owner)
3. Said premises described as follows:

6261 Hayes Street, Merrillville, In 46410

Legal description: Lot 33 in Meadow Brook, as per plat thereof, recorded in Plat Book 25 page 34, in the Office of the Recorder of Lake County, Indiana. 15-180-4 (8)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 DEC 21 AM 9:19
MICHAEL A. THOMAS
RECORDER

This Document is the property of the Lake County Recorder!

4. Said premises were formerly owned as joint tenants or as tenants by entireties by Fred C. Edwards, Jr. and Norma V. Edwards
5. Said Norma V. Edwards
(fill in name of co-tenant who died)
6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownership of both real and personal property, and insurance does not exceed the sum of \$ 123,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:
7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? No
(If answer is Yes, identify the dissolution proceedings.)
8. Affiant's relationship to the deceased was Daughter

FILED

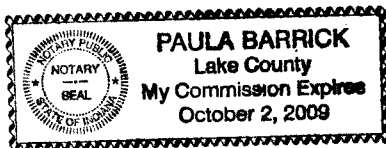
Signature: Norma Yvonne Meltzer
Address: 6261 Hayes Street Norma Yvonne Meltzer
Merrillville, In 46410

State of Indiana)
)
County of Lake)

DEC 19 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Before me, the undersigned, Notary Public in and for said County and State, this 25576 personally appeared Norma Yvonne Meltzer

And acknowledged the execution of the foregoing Affidavit.



Paula Barrick #14
Notary Public
Resident of Lake County
My Commission expires: 10/02/09
TH
CA

Prepared by: Norma Yvonne Meltzer

"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." Chris Burk

100
**ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 98506

State No.

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

| | | | | | | | | | |
|--|--|--|---|--|--|---|---|--|---|
| TYPE/PRINT IN PERMANENT BLACK INK | 1. DECEASED - NAME (First, Middle, Last) NORMA V. EDWARDS | | | 2. SEX Female | 3a. TIME OF DEATH 6:10 AM | 3b. DATE OF DEATH(Month, Day, Yr.) April 15, 2006 | | | |
| | 4. *SOCIAL SECURITY NUMBER 311-10-6122 | 5a. AGE - Last Birthday (Years) 91 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH(Mo., Day, Yr.) March 01, 1915 | 7. BIRTHPLACE(City and State or Foreign Country) GARY Indiana | | | |
| DECEDENT | 8a. WAS DECEASED A U.S. VETERAN? No | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A | PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Residence | | | | | | |
| | 9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital - South Lake Campus | 9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville | 9d. COUNTY OF DEATH Lake | | | | | | |
| PARENTS | 10. MARITAL STATUS (Specify) Married | 11. SURVIVING SPOUSE (If wife, give maiden name) FRED C. EDWARDS | 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker | | 12b. KIND OF BUSINESS/INDUSTRY AT HOME | | | | |
| | 13a. RESIDENCE - STATE Indiana | 13b. COUNTY Lake | 13c. CITY, TOWN OR LOCATION MERRILLVILLE | 13d. STREET AND NUMBER 6261 HAYES STREET | | | | | |
| INFORMANT | 13e. ZIP CODE 46410 | 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 DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) N/A | | | |
| | 18. FATHER'S NAME (First, Middle, Last) CARL JOHNSON | 19. MOTHER'S NAME (First, Middle, Maiden Surname) AGNES CARLSON | | | | | | | |
| DISPOSITION | 20a. INFORMANT'S NAME (Type/Print) FRED C. EDWARDS | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6261 HAYES STREET, MERRILLVILLE, IN | | 20c. Relationship HUSBAND | | | | |
| | 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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 21, 2006 Calumet Park Cemetery | | 21c. LOCATION - City or Town, State Merrillville, Indiana | | | | |
| CAUSE OF DEATH | 22a. EMBALMER'S NAME TERRENCE P. BURNS | | 22b. EMBALMER'S LICENSE NO. 1013890 | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| | 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i> | | 24b. LICENSE NUMBER (of Licensee) PD1013890 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana | | | | |
| HEALTH OFFICER | 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. Stroke IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): Chronic Atrial Fibrillation b. DUE TO (OR AS A CONSEQUENCE OF): Aortic Stenosis c. DUE TO (OR AS A CONSEQUENCE OF): d. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I | | | | | 27. WAS DECEASED 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 <i>Jong H Kim</i> PEGGY HOLINGA KATONIA LAKE COUNTY AUDITOR | | 29c. MEDICAL LICENSE NO. 01036861 | 29d. DATE SIGNED (Month, Day, Year) 4/20/2006 |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26)(Type/Print) DR. JONG H KIM 8777 Broadway, Merrillville, IN 46410 | | | | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Susan J Best D.O.</i> | | | | | 32. DATE FILED (Month, Day, Year) April 24, 2006 | | | | |
| HEALTH OFFICER | 33. MANNER OF DEATH <input checked="" 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) 25577 | | | | |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) April 15, 2006 | | | 34h. MOTOR VEHICLE ACCIDENT?(Yes or No) If yes, specify driver, passenger, pedestrian, etc. | | | | | | |