

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 021225

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MICHAEL A. BROWN
RECORDER

Handwritten mark

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now WARREN STORM, being duly sworn upon his oath, and states as follows:

That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

North 30 feet of Lot 6, all of Lot 7, except that part lying North of the Center line of the Gary Marsh Ditch, Block 2, Midwestern Real Estate Company's First Addition to Gary, as shown in Plat Book 14, page 3, Lake County, Indiana.

More commonly known as: 4385 Taney Street, Gary, Indiana .

That the affiant and the decedent, JUDITH A. STORM, were married on the 6th day of June, 1971. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of JUDITH A. STORM on the 11th day of June, 2001, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

COMMUNITY TITLE COMPANY
FILE NO L36745

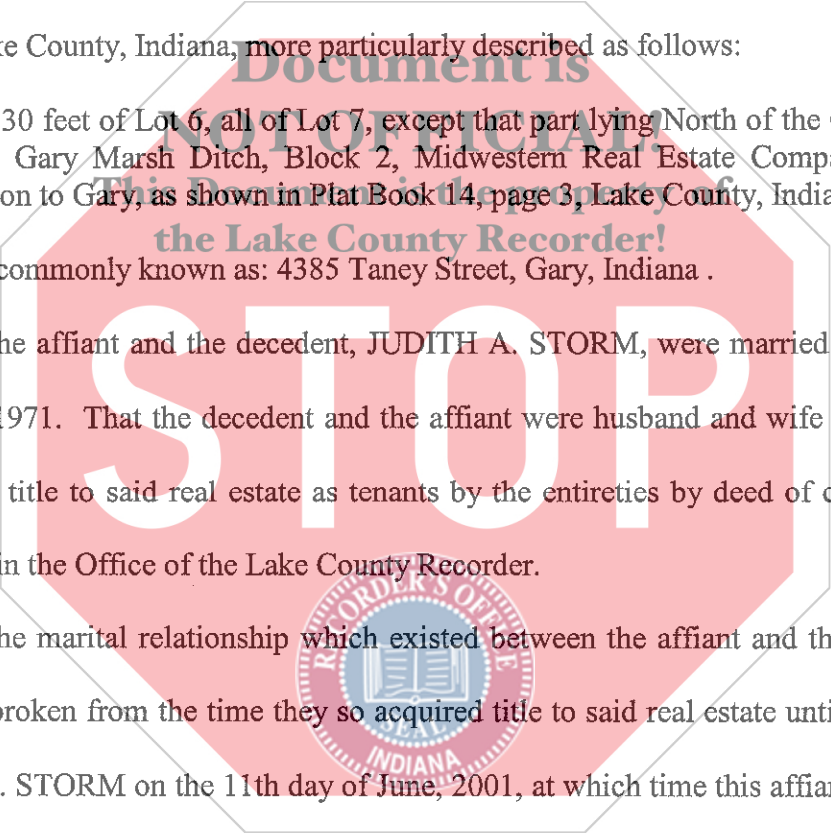
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MAR 09 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

020516

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CM-
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That the gross value of the estate of the decedent, JUDITH A. STORM, was not subject to Federal Estate Tax or Indiana Inheritance Tax.

Warren Storm
WARREN STORM, Affiant

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for the above County and State, personally appeared WARREN STORM, and acknowledged the execution of this instrument this 27th day of August, 2004.

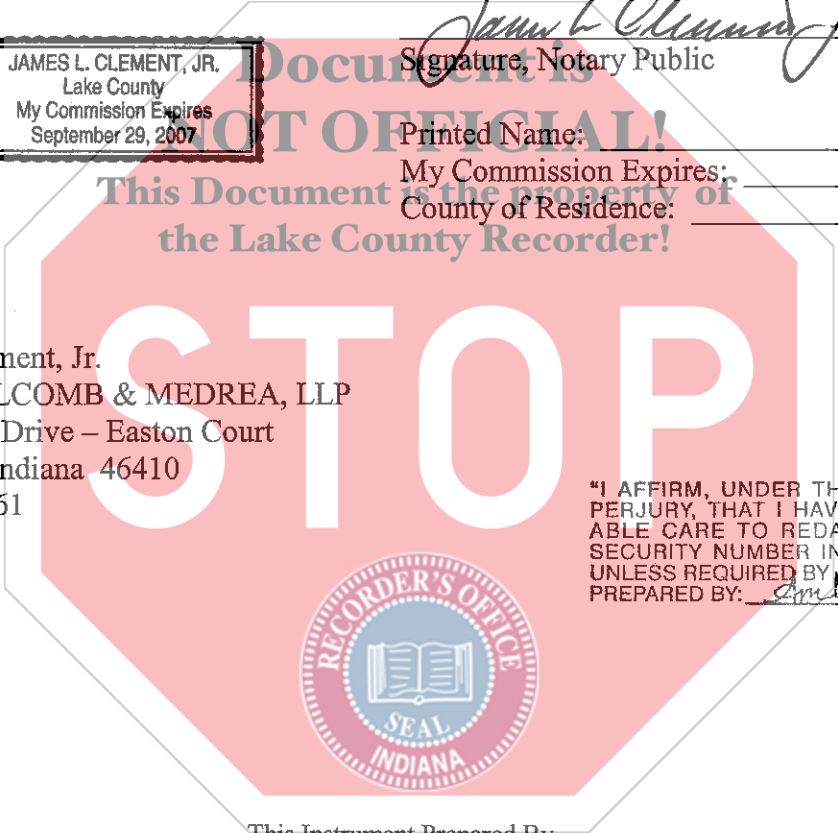


James L. Clement, Jr.
Signature, Notary Public

Printed Name: _____

My Commission Expires: _____

County of Residence: _____



Return to:

James L. Clement, Jr.
LUCAS, HOLCOMB & MEDREA, LLP
300 East 90th Drive – Easton Court
Merrillville, Indiana 46410
(219) 769-3561

"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."
PREPARED BY: Ambur Helwig



This Instrument Prepared By
James L. Clement, Jr.
LUCAS, HOLCOMB & MEDREA, LLP
300 East 90th Drive – Easton Court
Merrillville, Indiana 46410
(219) 769-3561

02/21/2007 21:14

2128647405

WARREN STORM

PAGE 1

* ATTENTION: SEPARATE: The Social Security it is being included by the State Agency in order to permit to contribute to its liability. Discretion is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

13 1968
TYPE/PRINT IN
PERMANENT INK/BLACK INK

1. DECEASED NAME (Last, First, Middle, Initial)
JUDITH A. STORM
2. SEX
Female
3a. TIME OF DEATH
12:03 AM
3b. DATE OF DEATH
June 11, 2001

4. SOCIAL SECURITY NUMBER
201-54-8968
5a. AGE - Last Birthday (Years)
52
5b. UNDER 1 YEAR
5c. UNDER 1 DAY
6. DATE OF BIRTH (MM, Day, Yr)
May 25, 1949
7. BIRTHPLACE (City, State)
ELKHART INDIANA

8. YEARS PRESENT
No
9. YEAR LAST SERVED IN U.S. ARMED SERVICES
N/A
10. PLACE OF DEATH (Check only one)
HOSPITAL Inpatient
 ER/Outpatient CDA
OTHER Nursing Home Other (Specify)

INCIDENT

11. PLACE OF DEATH (City, Town, or Location)
MERRILLVILLE
12. COUNTY (City or Town)
LAKE

13. DECEASED'S MARITAL STATUS (Specify date if other than present)
Married
14. DECEASED'S USUAL OCCUPATION (Specify kind of work done during most of last year)
HOMEMAKER
15. KIND OF BUSINESS (Specify)

16. COUNTY - STATE
LAKE INDIANA
17. CITY, TOWN, OR LOCATION
GARY
18. STREET AND NUMBER
4220 ELLSWORTH STREET

19. RACE - American Indian, Black, White, etc. (Specify)
WHITE
20. DECEASED'S USUAL RESIDENCE (Specify)
12

INMATES

21. MOTHER'S NAME (Last, First, Middle, Maiden Surname)
NORA JACOBS

INFORMANT

22. NAME (Last, First, Middle)
WARREN K. STORM
23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4220 ELLSWORTH STREET, GARY, IN 46438

DISPOSITION

24. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Jun 15, 2001
MEMORY LANE MEMORIAL PARK
25. LOCATION - City or Town
Scherrerville, IN

EMBALMER

26. EMBALMER'S NAME
JOHN CAULT
27. EMBALMER'S LICENSE NO.
FDO1013507
28. WAS DEATH REPORTED TO CORONER?
 No Yes

29. LICENSE NUMBER (of Licensee)
FDO1013507
30. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
BOCKEN FUNERAL HOME, INC. 101 KENNEDY AVENUE, HAMMOND, IN

CAUSE OF DEATH

31. PART I (Specify the disease, fracture, laceration, etc. that caused the death. Do not enter non-specific terms such as cardiac or respiratory arrest, shock, or convulsions. Specify and define all body parts.)
1. AN INTRACTABLE UTERINE LEIOMYOSARCOMA
DUE TO (OR AS A CONSEQUENCE OF)
2.
DUE TO (OR AS A CONSEQUENCE OF)
3.
DUE TO (OR AS A CONSEQUENCE OF)
4.
DUE TO (OR AS A CONSEQUENCE OF)
5.
DUE TO (OR AS A CONSEQUENCE OF)

PART II

32. WAS DECEASED PREGNANT (IN 93 DAYS POSTPARTUM) (Yes or no)
No
33. WAS AN AUTOPSY PERFORMED? (Yes or no)
No
34. VESTIBULAR GAIT TEST (Yes or no)
No

CERTIFIER

35. CERTIFIER (IC 16-37-1-10)
 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, place and cause 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) as stated.

WITNESSES

36. SIGNATURE AND TITLE OF CERTIFIER
K. L. OETTER, M.D.
37. MEDICAL LICENSE NO.
C2001332
38. DATE SIGNED
06/12/01

39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 31 (If available)
K. L. OETTER, M.D., 505 W. LINCOLN HIGHWAY, SCHERRERVILLE, IN 46375

INJURY

40. MAJOR OCCASION
 Accidents Drowning Investigation
 Suicide Other (Specify)
41. DATE OF INJURY (Month, Day, Year)
42. TIME OF INJURY
43. INJURY AT WORK (Yes or no)
44. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
45. LOCATION (Block and Number or Rural Route) and City or Town

46. DATE ANNOUNCED DEAD (Month, Day, Year)
47. MOTOR VEHICLE ACCIDENT? (Yes or no)



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHAELA A. BROWN
Recorder



PHONE (219) 755-3730
FAX (219) 755-3257

MEMORANDUM

DISCLAIMER

Document is

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It may not meet with State of Indiana Recordation requirements.**

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the Lake County Recorder!**

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