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2007 030197

## AFFIDAVIT OF SURVIVORSHIP

ON THIS 3<sup>20</sup> DAY OF Agreed, 2007, personally appeared Marilyn Spurling, the affiant, who being duly sworn her upon oath, did say that:

- 1. Affiant resides at the address given below Affiant's signature;
- 2. Affiant is joint owner of the premises located at 5503 W. 78<sup>th</sup> Avenue, Schererville, Indiana, and described below;
- 3. Said premises were formerly owned as tenants by the entireties by Donald G. Spurling and Marilyn J. Spurling.
  - 4. Said Donald G. Spurling died testate on the 22<sup>nd</sup> day of December, 2006.
  - 5. The legal description of the said premises in question is:

Spurling' Addition Lot 2, Town of Schererville, Lake County, Indiana
Key No. 20-13-0606-0002

6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.

7. Where this affidavit relates to a tenancy by the entireties, the parties were never divorced.

8. Affiant's relationship to the deceased was spouse. der!

Marilyn Spuring

5503 W. 78th Avenue 4

Schererville, Indiana 46375

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.

STATE OF INDIANA ) SS: COUNTY OF LAKE )

Barbara In Shaver

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 3 day of 2007.

This instrument prepared by:
BARBARA M. SHAVER, ESQ.
9013 Indianapolis Blvd.
Highland, IN 46322

219/838-9200

My Co

Motary Public
My Commission expires:

Resident of Jak County.

004795

APR 1 1 2007

IGGY HOLINGA KATON AKE COUNTY AUDITO ch# 2573

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**193** 

*ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is INDIANA STATE DEPARTMENT OF HEALTH															
voluntary and the	voluntary and there will be no penalty for refusal.														
Local No															
with the	[	SERIES A		L PER IO	3/-1-10			2. SEX		3a. TIME OF DEAT	тн	3b. DATE OF DEATH (A	(Month, Dr	lay, Yr.)	
TYPE/PRINT	Donald Gordon Spurl		x,					Male	_	9:08 P	м	December 22,	-	•	
IN DEDMANENT	4. *SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday	5b. UNDER		5c. UNDER	ER 1 DAY		£ OF BIRTH	H (Mo. Day, Yr)		BIRTHPLACE (City and S	<del></del>		
PERMANENT	210 22 6200		(Years) 79	Months	Days	Houra	Minutes	Marc	ch 26, 19	1927	Pr	aris, MO			
BLACK INK	8a. WAS DECEDENT		AR LAST SERVED IN				92			(Check only one. See		<del>-</del>			
1	A U.S. VETERAN?	U.o.	3. ARMED FORCES?	HOSPITAL:		patient		,	OTHER:			Other (Specify)			
	Yes	1	1954		ER/	R/Outpatient [			OR -	Residence		COUNTY OF DE/			
DECEDENT	9b. FACILITY NAME (If not institu		•	· Comn				_	JWN, OK L	LOCATION OF DEATH		9d. COUNTY OF DEAT	.тн		
ı	St. Margaret Mercy H	1	icare Center Sou RVIVING SPOUSE	ith Campo	us		DECEDENT'S			ON (Give kind of work	1	Lake 12b. KIND OF BUSINESS/	<th>/RY</th>	/RY	
1	(Specify)		RVIVING SPOUSE e, give maiden name)			dor	done during m			On (GIVE KITIO OF WORK Do not use retired)	1	Inland Steel	MAC.	``	
!	Married	13b. COL		1 sac CIT	ry, Town, or		chinist		1.	13d. STREET AND NUI	- 1				
ı	13a. RESIDENCE-STATE Indiana	1		Schere		LOCATION				5503 78th Ave					
I	13e. ZIP CODE 13f. INSIDE CITY		14. CITIZEN OF	15. V	WAS DECEDE	DENT OF HISPA			16. RAC	ACEAmerican Indian,	Aluc	17. DECEDE			
J	136. ZIP CODE 137. INSIDE CITY			ITRY?		Yes (If ye	f yes, specify (		Bla	Black, White, etc.	)	(Specify only high			
I	13g. ON A FARI	л ЗМ?	-		fexican, r u	o Rican, v.c.,			***	респу)	- 1	Elementary/Secondary (0	(0-12)	College (1-4 or 5+)	
1	46375 X No	_	USA				,		Whit		- 1	12		2+	
PARENTS	18. FATHER'S NAME (First, Middle		1 -	•			15	i9. MOTHER	R'S NAME	E (First, Middle, Maiden S	, Sumar	ime)			
	MacCallister DeWitt	ι J. Spu	arling				,		•	nia Thomas		1			
INFORMANT	20a. INFORMANT'S NAME (Type/	•					SS (Street and	and Number o	r or Rural Rou	Poute Number, City or Tox	own, Str		20c. Relati	utionship	
I	Marilyn Spurling					8th Ave. S							Wife		
I	21a. METHOD OF DISPOSITION	en no	tombment	3		LACE OF DISPO			metery, crei	amatory, or	21c. 1	LOCATION-City or Town,	, State		
J	Burial X Cremation	()	moval from State			December Lan		2006—		ļ	Do	olton, Illinois			
	Donation Other (Speci	<b>if</b> y)				emory Lan	. 4	4.10	1 27	Į.	-	•			
DISPOSITION	22a. EMBALMER'S NAME			104	2b. EMBALMI	MER'S LICENSE	ENO.	. 15	25. 1	WAS DEATH REPORT	ED IU	) CORONER?			
!	Marjorie Kunch		15	F	FD20500		TC	TA		X No Yes					
ļ	24a. SIGNATURE OF FUNERAL I	DIRECTOR	R ///	OI		(of Licensee)						NUMBER OF FUNERAL HON			
1	122	-6	WILMI	Docu	ımeni	t is th	the n	240	2 C	TT OF		me, FH1990005			
1	1	N	Janu	7000		2050000					Sche	ererville, Indiana,			
1	and shock	he or heart fo	uries, or complications that failure. List only one caus	use on each line.	<u> </u>	enter nonspeci	cific terms, su	uch as card	diac or respi	iratory		ſ	1	Approximate Interval Between Onset and Death	
ļ	1	RIFFER C	DE ABOVE IS A 18US BELLEVILLE OF DEATER	UE A <b>XΩ</b> CUMPL	PLETE /	red !	aort	kir	An	eyrysm	n			Onset and Death	
	IMMEDIATE CAUSE PRINTED	# 7	THE CONTROL DO	DUE TO (OR 4	AS A CONS	SEQUENCE	E OF):			W. /		· · · · · · · · · · · · · · · · · · ·			
CAUSE OF	disease or condition resulting in death)		b.		N CON	- OUENCE	- OF).		4-7		4	<del></del>			
DEATH	Conditions, if any, which gave	17	/c.) (1 > 70,	DUE TO (OR A	S A COITE	EQUENUL	OF):		4 _'						
I	rise to the immediate cause,	1		DUE TO (OR A	AS A CONS	SEQUENCE	€ OF):		4,			1			
I	stating the underlying cause last		d.			4 7	Lag		4 7	1 14/45 4	*117	Joh WER	···•		
ļ	PART II. Other significant condition	ns - Conditiv	ions contributing to death	n but not previou	usly stated in r	Part I.	PR	WAS DECEDI PREGNANT C POSTPARTUR	OR 90 DAYS	YS 28a. WAS AN PERFOR	RMED?	? AVAIL	ILABLE PRI	PSY FINDINGS RIOR TO I OF CAUSE	
J	And Audio Land	1. 7					(4	(Yes or No)			1		DEATH? (Ye	Yes or No)	
1		2591	TUROCIANI	t-stof g	Jedgo	THE PARTY OF THE P		No ne date and	300	No not due to the cause(s) as			No		
ş	(Check only		TH OFFICER On the b		80	OFW O	O(2)					ed. due to the cause(s) as stated	· at		
į	1	COROL					2.5.A	A\				the cause(s) and manner as	is stated.		
	296 SIGNATURE AND TIME OF			GAGI-III.		ABE!		A		29c. MEDICAL LICE		NO. 29d. DATE	TE SIGNED	D (Month, Day, Year)	
CERTIFIER	ml sh 01035471 12/29/06														
Į.	30. NAME AND ADDRESS OF PE	ERSON WI	HO COMPLETED CAUS	SE OF DEATH (	(ITEM 26) (Ty	ype/Print)	, W	n <sub>A</sub>		11110		-1 (1/0)	10		
I	Harish Shah MD FACC. 200 = 860 Re, myrilly Ille IN 46410													: c . a	
HEALTH	31. HEALTH OFFICER'S SIGNAT	TURE				diminu	di .		//			JA2 DATE	FILED (	(Month, Day, Year)	
OFFICER					Suse	mu	) <u></u>	Sun	A_1	Λο		Han	uleis	m 2, 200	
,	33. MANNER OF DEATH		34a. DATE OF INJUR		34b. TIME OF		lc. INJURY AT		34/	4d. DESCRIBE HOW IN	NJURY	OCCURRED	-		
,			(Month, Day, Ye		INJURY	Α.Υ	(Yes or no)	1)				•	-		
,	Natural Pending	-			ı									ı	
	Accident														
,								7-44		· · · · · · · · · · · · · · · · · · ·	2.00/	Chung To	- State'		

34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestriun, etc.

34g. DATE PRONOUNCED DEAD(Month, Day, Year)