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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 036682

2007 MAY -3 PM 3: 37

MICHAEL A. BROWN
RECORDER

Key No.: 18-28-0247-0011

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, Ellen G. Nickoloff, being first duly sworn, state:

1. Affiant states that she is the wife of John E. Nickoloff, now deceased.
2. At the time of his death, December 17, 2006, John E. Nickoloff and Ellen G.

Nickoloff were husband and wife and the owners of the following described real estate located in Lake County, Indiana:

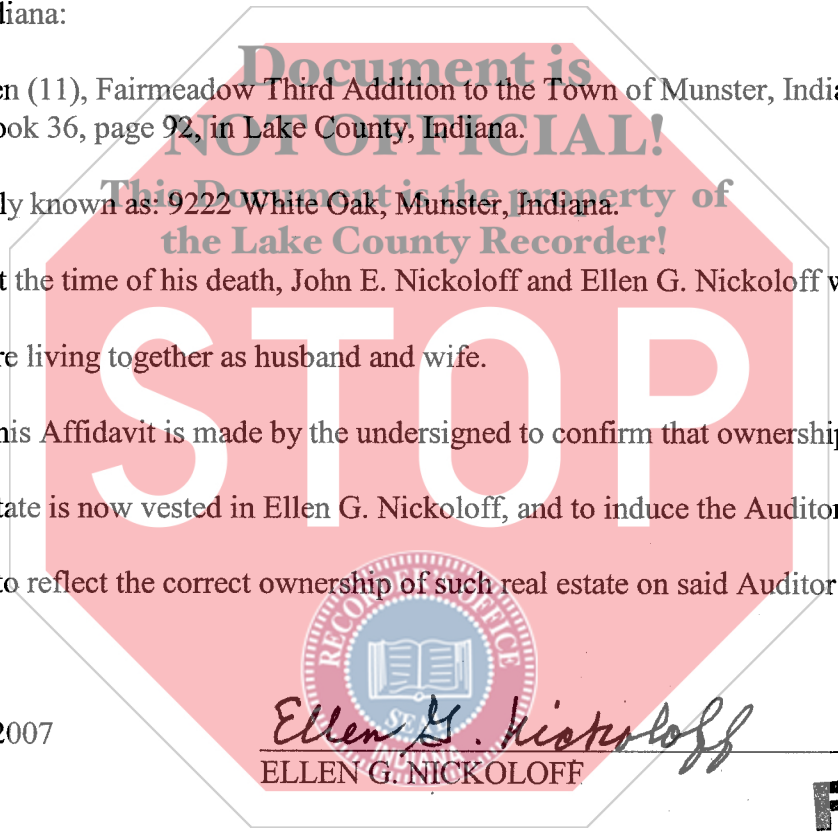
Lot Eleven (11), Fairmeadow Third Addition to the Town of Munster, Indiana, as shown in Plat Book 36, page 92, in Lake County, Indiana.

Commonly known as: 9222 White Oak, Munster, Indiana.

3. At the time of his death, John E. Nickoloff and Ellen G. Nickoloff were not divorced and were living together as husband and wife.

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

Dated: April 3, 2007



FILED

11477

MAY 03 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15.00
P.M.
62862

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

Signed and sealed this 3rd day of April, 2007.

Lisa M. Leluga n/k/a Lisa M. Juergens
Lisa M. Leluga n/k/a Lisa M. Juergens, Notary Public

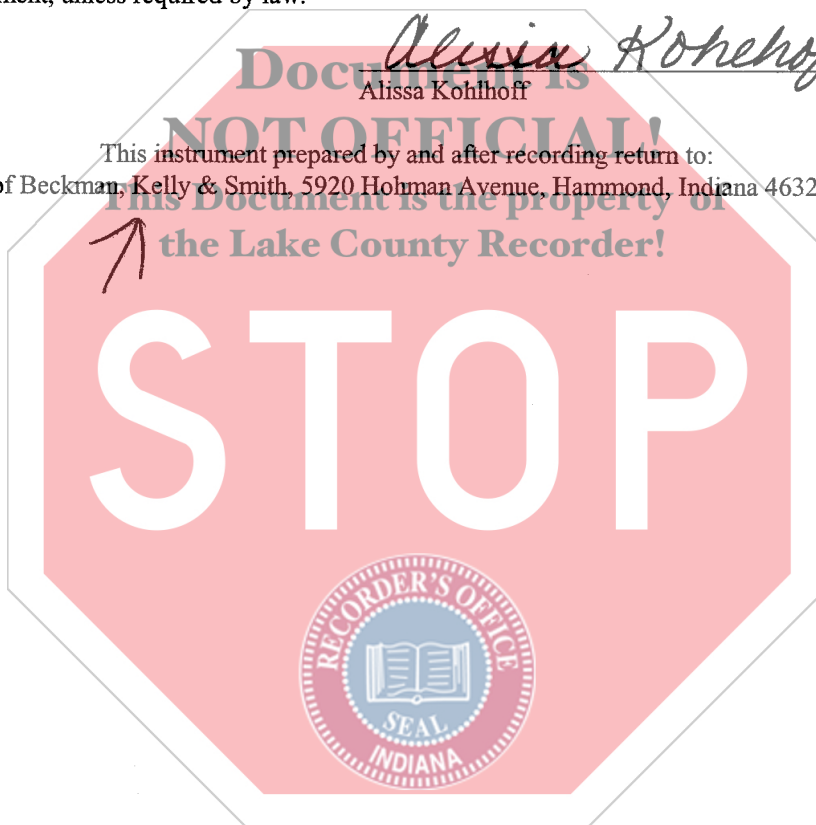
My Commission Expires: 04-29-07

County of Residence: Lake

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
Alissa Kohlhoff

This instrument prepared by and after recording return to:
Alissa Kohlhoff, of Beckman, Kelly & Smith, 5920 Holman Avenue, Hammond, Indiana 46320 (219) 933-6200



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure 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. 333

TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) John Nickoloff		2. SEX Male	3a. TIME OF DEATH 1:08P M	3b. DATE OF DEATH (Month, Day, Year) December 17, 2006	
4. *SOCIAL SECURITY NUMBER 314-20-2447	5a. AGE - Last Birthday (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) May 18, 1925	
7. BIRTHPLACE (City and State or Foreign Country) Hibbing, MN	8a. WAS DECEDENT A U.S. VETERAN? Yes				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	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) 9222 White Oak 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) Ellen George	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Vice president		12b. KIND OF BUSINESS/INDUSTRY NIPSCO	
13a. RESIDENCE - STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 9222 White Oak	
13e. ZIP CODE 46321	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) College (1-4 or 5+) 4		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4			
18. FATHER'S NAME (First, Middle, Last) Elia Nickoloff			19. MOTHER'S NAME (First, Middle, Maiden Surname) Agnes Saroff		
20a. INFORMANT'S NAME (Type/Print) Ellen Nickoloff		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 9222 White Oak Munster, IN 46321		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) December 21, 2006 Chapel Lawn Memorial Gardens		21c. LOCATION - City or Town, State Scherverville, IN	
22a. EMBALMER'S NAME: Apollo Moreno		22b. EMBALMER'S LICENSE NO. 20600073		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1045184	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321		
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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>x non-Hodgkin's Lymphoma</i> DUE TO (OR AS A CONSEQUENCE OF):					
b. DUE TO (OR AS A CONSEQUENCE OF):					
c. DUE TO (OR AS A CONSEQUENCE OF):					
d. DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part 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)	
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>[Signature]</i>			29c. MEDICAL LICENSE NO. <i>x 33507</i>	29d. DATE SIGNED (Month, Day, Year) Dec. 18, 2006	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) H. Mishoulam 9054 Columbia Ave. Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT Dec 19, 2006		
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 DEC 19 2006
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.			