

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 049486

2007 JUN 18 PM 2:37

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) ss:
COUNTY OF LAKE) DOD: January 21, 1998

**AFFIDAVIT AS TO
TENANCY BY ENTIRETIES**

MICHAEL D. HUETTEN, being first duly sworn upon oath, deposes and says:

That he is an adult and the son of ELVERA HUETTEN, who died on the 21st day of January, 1998.

That he has personal knowledge that the decedent and her husband, WILLIAM D. HUETTEN (who is now also deceased), were owners by the entireties of the following described real estate, to wit:

Lot 231, Southtown Estates 5th Addition to the Town of Highland, Lake County, Indiana

Commonly known as: 9216 O'Day Drive, Highland, IN 46322

Key #16-27-0307-0024

That said parties were husband and wife when they took title to the above described real estate; and that both remained in title and lived continuously together as husband and wife until her death, testate, on the date above given.

FILED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 18 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

008029

*A.D.M.
15.00
34400 #*

Affiant further states that he knows of his own knowledge that the value of the gross estate of the above decedent, ELVERA HUETTEN, at the time of her death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

Affiant further states that all outstanding debts and obligations of the decedent, ELVERA HUETTEN, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

Michael D. Huette

MICHAEL D. HUETTE

Affiant

Subscribed and sworn to before me, a Notary Public residing in Lake County, Indiana, on this 30th day of May, 2007.

Kathryn M. Murphy

KATHRYN M. MURPHY Notary Public

My Commission Expires: 4-27-08

My County of Residence: Jake

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. WILLIAM J. CUNNINGHAM

This Instrument Prepared By:

WILLIAM J. CUNNINGHAM #3471-45

HILBRICH CUNNINGHAM SCHWERD DOBOSZ & VINOVIK, LLP

2637 - 45th Street, Highland, IN 46322

Phone: (219) 924-2427

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 0141-98

256575

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) ELVERA HUETTEN		2. SEX FEMALE	3a. TIME OF DEATH 8:11 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) JANUARY 21, 1998	
4. *SOCIAL SECURITY NUMBER 392-18-8368	5a. AGE—Last Birthday (Years) 75	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr.) February 27, 1922	
7. BIRTHPLACE (City and State or Foreign Country) Ft. Branch, Indiana	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		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) William Huetten	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Receptionist	12b. KIND OF BUSINESS/INDUSTRY Medical		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Highland	13d. STREET AND NUMBER 9216 O Day Drive		
13e. ZIP CODE 46322	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+):		18. FATHER'S NAME (First, Middle, Last) Nenith Harper			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Myrtle (maiden name unavailable)		20a. INFORMANT'S NAME (Type/Print) William Huetten			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9216 O Day Drive; Highland, IN 46322		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) January 24, 1998 Memory Lane Cemetery		21c. LOCATION—City or Town, State Schererville, Indiana	
22a. EMBALMER'S NAME Henry Blake		22b. EMBALMER'S LICENSE NO. FDO1019406	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Lauren Miller</i>		24b. LICENSE NUMBER (of Licensee) FDO1006015	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Home FH83003035 2828 Highway Ave; Highland, IN 46322		
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. <i>myocardial insufficiency</i> DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. <i>cardiomyopathy</i> DUE TO (OR AS A CONSEQUENCE OF)			
		c. <i>Scleroderma</i> DUE TO (OR AS A CONSEQUENCE OF)			
		d.			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Aspiration pneumonia Alzheimer's Disease</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) 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>Alexander S. Hillman M.D.</i>			
29c. MEDICAL LICENSE NO. 01018389		29d. DATE SIGNED (Month, Day, Year) JANUARY 21, 1998			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RONALD REED, M.D. 3641 RIDGE ROAD HIGHLAND, INDIANA 46322					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Hillman M.D.</i>				32. DATE FILED (Month, Day, Year) January 23, 1998	
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
		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.			