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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)

)SS: 2007 080520

2007 OCT -9 AM 11:37

SURVIVORSHIP AFFIDAVIT

MICHAEL A. BROWN
RECORDER
10-9-07
KLT

I, ROSETTA A. KENNEDY, ^{a/k/a ROSETTA KENNEDY} having been first duly sworn upon my oath, state that I am the wife and well acquainted with HERSHEL KENNEDY, ^{a/k/a HERSHEL L. KENNEDY} the deceased, who passed away on the 19th day of September, 2007, (copy of death certificate attached hereto) and at the time of his death, we were joint owners of real estate as joint tenants with rights of survivorship in Lake County, Indiana, known as:

Lot 76, in the Meadows First Addition Unit 7, as per plat thereof, recorded in Plat Book 39, page 9, in the Office of the Recorder of Lake County, Indiana.

Commonly knowns as: 9215 Woodward
Highland, IN 46322

Key Number:

16
27-371-8

Document is
NOT OFFICIAL!

This Document is the property of
ROSETTA A. KENNEDY

STATE OF INDIANA)
COUNTY OF LAKE)

)SS:

STOP

Subscribed and sworn to before me, a Notary Public, this 2nd day of October, 2007



Carole Stomenig
Notary Public

My Commission Expires: 3-11-09
County of Residence: Lake

This instrument prepared by: Kenneth L. Anderson, Attorney at Law
Attorney No. 2404-45
9105 Indianapolis Boulevard
Highland, IN 46322

FILED

OCT 09 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

022826

"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: Kenneth L. Anderson ↗

\$13
CS
Crt.

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 2314-07

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Hershel Kennedy				2. SEX Male		3a. TIME OF DEATH 9:20 P M		3b. DATE OF DEATH (Month, Day, Year) September 19, 2007					
4. *SOCIAL SECURITY NUMBER 317-12-6083		5a. AGE - Last Birthday (Years) 83		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) February 9, 1924		7. BIRTHPLACE (City and State or Foreign Country) Elsmere, Kentucky			
8a. WAS DECEDENT A U.S. VETERAN? ARMY		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1/10/1946		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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence									
9b. FACILITY NAME (If not institution, give street and number) Hammond Whiting Care Center				9c. CITY, TOWN, OR LOCATION OF DEATH Whiting				9d. COUNTY OF DEATH Lake					
10. MARITAL STATUS (S) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Rosetta		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SUPERVISOR				12b. KIND OF BUSINESS/INDUSTRY CHEMICAL PLANT					
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland				13d. STREET AND NUMBER 9215 Woodward Avenue					
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify 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+) 4			
18. FATHER'S NAME (First, Middle, Last) Burl Kennedy						19. MOTHER'S NAME (First, Middle, Maiden Surname) Georgia Fines							
20a. INFORMANT'S NAME (Type/Print) Rosetta Kennedy				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 9215 Woodward Avenue Highland, Indiana 46322				20c. Relationship Wife					
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) September 24, 2007 Ridgelawn Cemetery				21c. LOCATION - City or Town, State Gary, Indiana					
22a. EMBALMER'S NAME: Linda Joyce Hanson				22b. EMBALMER'S LICENSE NO. FD29400049		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Linda Joyce Hanson</i>				24b. LICENSE NUMBER (of Licensee) FD29400049		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ridgelawn Funeral Home 4201 West Ridge Road Gary, Indiana 46408 FH10200007							
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) acute myocardial infarction										10 min			
a. DUE TO (OR AS A CONSEQUENCE OF): concurrent disease										15 min			
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) No			
29a. CERTIFIER (Check only one) <input 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>Fred Adler MD</i>						29c. MEDICAL LICENSE NO. 01019251		29d. DATE SIGNED (Month, Day, Year) 9/25/07					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Fred Adler, MD, 800 MacArthur Blvd, Munster, IN 46321													
31. HEALTH OFFICER'S SIGNATURE <i>Susan W B...</i>													
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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) SEP 27 2007	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.									