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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007-0971-78
Survivorship Affidavit

2007 DEC 13 AM 8:55

MICHAEL A. BROWN
RECORDER

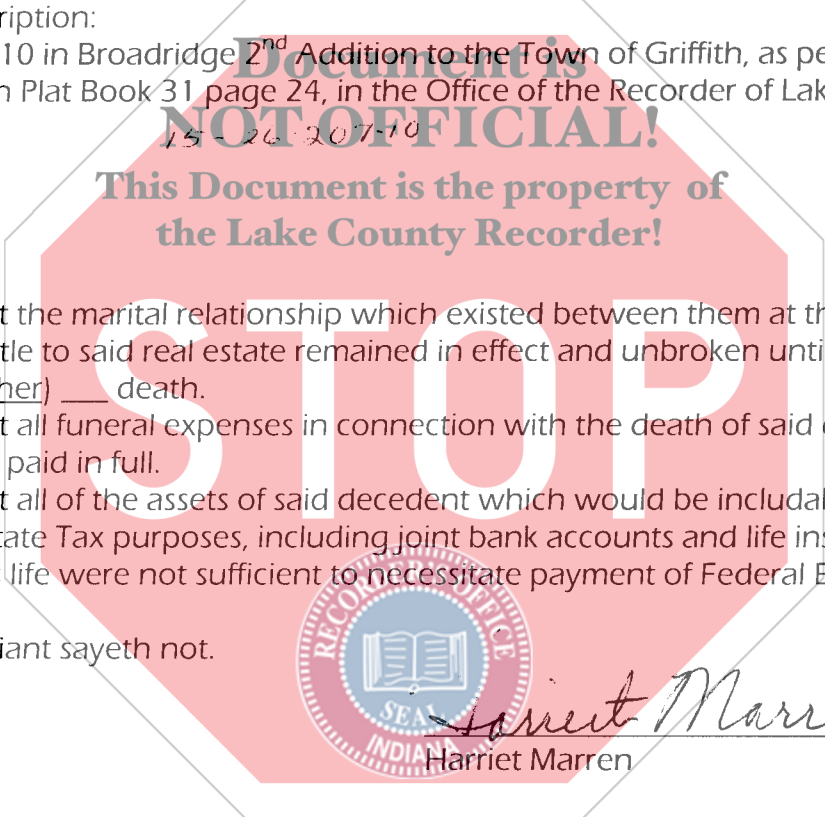
State of Indiana)
) SS:
County of Lake)

Harriet Marren, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse George A. Marren died (without leaving a will) X (leaving a will) 22 on August, 1992 at Our Lady of Mercy Hospital.
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
1403 North Woodlawn, Griffith, In 46319

Legal description:

Lot 10 in Broadridge 2nd Addition to the Town of Griffith, as per plat thereof, recorded in Plat Book 31 page 24, in the Office of the Recorder of Lake County, Indiana.



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) X (her) ___ death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

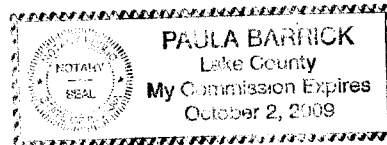


Harriet Marren
Harriet Marren

Subscribed and sworn to before me, a Notary Public, this 7th day of December, 2007.

Paula Barrick
Paula Barrick

My Commission expires:
October 2, 2009



County of Residence:
Lake

\$13
TH
CA

This Instrument prepared by: Harriet Marren

FILED

"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." Chris Burk

DEC 11 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

TICOR MO

920077200

024314

INDIANA STATE BOARD OF HEALTH

Local No. 1786-92

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) George A. Marren		2 SEX Male		3a. TIME OF DEATH 8:05 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) August 22, 1992		
4 SOCIAL SECURITY NUMBER 313-12-9256		5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr.) Sep. 15, 1924		7 BIRTHPLACE (City and State or Foreign Country) Mayville, Wisconsin	
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) Our Lady of Mercy Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Dyer		9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Marriet Minninger		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Asst. Director/Public Works		12b. KIND OF BUSINESS/INDUSTRY Town		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Griffith		13d. STREET AND NUMBER 1403 N. Woodlawn		
13a. ZIP CODE 46319	13i. 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 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) George Marren				19. MOTHER'S NAME (First, Middle, Maiden Surname) Adeline Nondlock				
20a. INFORMANT'S NAME (Type/Print) Harriet marren				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1403 N. Woodlawn Griffith, Indiana		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) August 26, 1992 Chapel Lawn Cemetery			21c. LOCATION—City or Town, State Scherverville, Indiana		
22a. EMBALMER'S NAME Edgar Gleim			22b. EMBALMER'S LICENSE NO. (of licensee) FDO 1016173		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>			24b. LICENSE NUMBER (of licensee) FDO 1014511	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500				
<p>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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Ventricular tachycardia</u> DUE TO (OR AS A CONSEQUENCE OF):</p> <p>Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: b. _____ DUE TO (OR AS A CONSEQUENCE OF):</p> <p>c. _____ DUE TO (OR AS A CONSEQUENCE OF):</p> <p>d. _____</p> <p>PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.</p>								
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A			28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
<p>29a. CERTIFIER (Check only one)</p> <p><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.)</p> <p><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.)</p> <p><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.)</p>								
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Edward J. Johnson</i>				29c. MEDICAL LICENSE NO. 01033200		29d. DATE SIGNED (Month, Day, Year) 8/24/92		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 761-47th Ave Supt. Co. Munster IN 46321								
31. HEALTH OFFICER'S SIGNATURE <i>Alfred Williams, M.D.</i>						32. DATE FILED (Month, Day, Year) August 24, 1992		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY LAKE COUNTY, INDIANA	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.					

