

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 020728

2008 MAR 24 AM 9:36

MICHAEL A. BROWN
RECORDER

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

620081171

On this March 14 2008 before me personally appeared
(insert date)

Duane A Hutchison

to me personally known, who being duly sworn on oath did say that:

CHICAGO TITLE INSURANCE COMPANY

1. Affiant resides at the address given below affiant's signature;
2. Affiant is Son of Owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Ronald W Hutchison and **Marilyn K Hutchison**

4. Said **Marilyn K Hutchison**
(fill in name of co-tenant who died)

died on June 6 2006

leaving _____ will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Lot 37, in Woodland Manor Unit 2, to the Town of Lowell as per plat thereof, recorded in Plat Book 42, page 20 in the Office of Lake County Indiana

6. Is there Federal Estate or State Inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

FILED

MAR 20 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

*add'l
15.00
C.I.T.*

002789

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was Son

Signature: Duane A. Hutchison

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. Andrea A. Plasencia

Printed Name

Duane A Hutchison

Address:

Subscribed and sworn to before me by the affiant

this March 14 2008

(insert date)

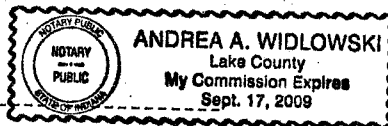
Andrea A. Widlowski

Notary Public

Printed Name Andrea A Widlowski

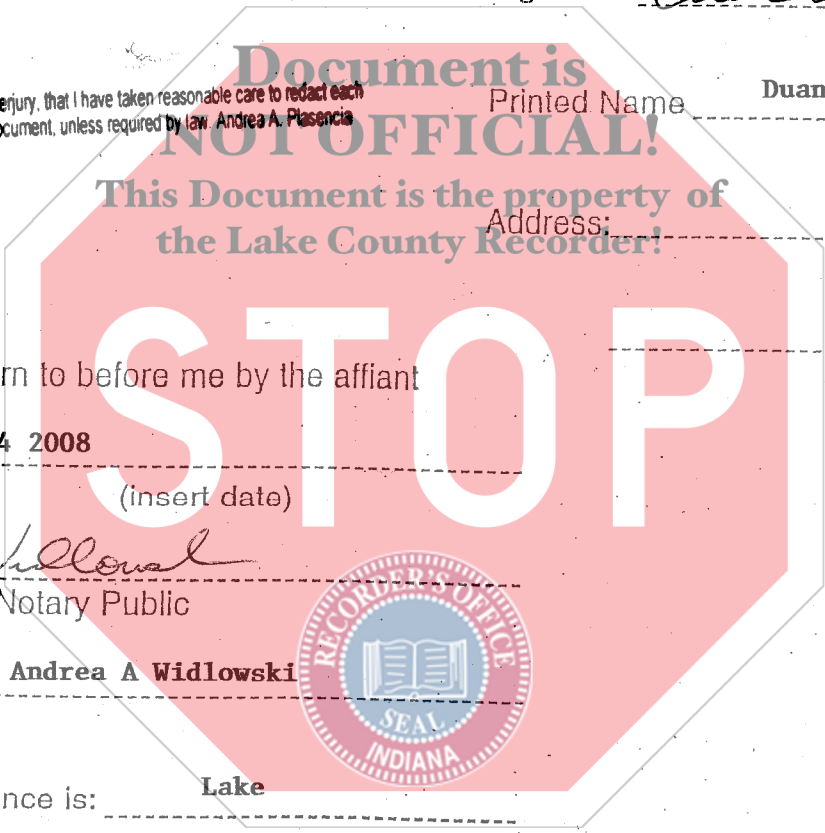
My County of Residence is: Lake

In the State of Indiana



My Commission Expires 9/17/09

This instrument prepared by Duane A Hutchison



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. 1403-06

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) Marilyn Kay Hutchison				2. SEX Female	3a. TIME OF DEATH 04:15 PM	3b. DATE OF DEATH (Month, Day, Yr.) June 6, 2006	
4. *SOCIAL SECURITY NUMBER 316-34-XXXX	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) September 11, 1938	7. BIRTHPLACE (City and State or Foreign Country) Michigan City IN		
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) St. Anthony's Medical Center			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Ronald Hutchison		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sales Person	12b. KIND OF BUSINESS/INDUSTRY Retail Store		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Lowell		13d. STREET AND NUMBER 1554 Northwood Dr.		
13a. ZIP CODE 46356	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) John Murphy				19. MOTHER'S NAME (First, Middle, Maiden Surname) Verne Kellogg			
20a. INFORMANT'S NAME (Type/Print) Ronald W. Hutchison		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1554 Northwood Dr., Lowell, In 46356			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) Jun 12, 2006 Orchard Grove Cemetery		21c. LOCATION—City or Town, State Lowell IN			
22a. EMBALMER'S NAME Molly E. Tucker		22b. EMBALMER'S LICENSE NO. FD09200061		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ken Sheets</i>		24b. LICENSE NUMBER (of Licensee) FD08900045		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356			
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. PULMONARY EMBOLISM				Approximate Interval Between Hours			
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):				b. DUE TO (OR AS A CONSEQUENCE OF):			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 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. Acute Renal Failure Anemia				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>Richard Krejsa - Physician</i>		29c. MEDICAL LICENSE NO. 0200002		29d. DATE SIGNED (Month, Day, Year) 6-7-06	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Richard Krejsa DO 317 E. Commercial Ave., Lowell, IN 46356							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But. DO.</i>					32. DATE FILED (Month, Day, Year) June 9, 2006		
33. MANNER OF DEATH <input checked="" 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 (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED		
34a. 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.					