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**SURVIVORSHIP AFFIDAVIT**

2008 022483

CHARLES E. LEADY, III, being first duly sworn, states upon his oath as follows:

1. That this Affidavit relates to the following described real estate:

**Lot No. 20, Fairmeadow 8<sup>th</sup> Addition, Block 1, to the Town of Munster, as shown in Plat Book 40, page 7, in Lake County, Indiana.**

**Commonly known address: 9525 Northcote Avenue, Munster, Indiana 46321.  
Tax Key No. 18-28-0298-0020**

2. Title to the above described real estate had been held in the name of Charles E. Leady, Jr. and Pauline J. Leady, as tenants in common.

3. That Charles E. Leady, Jr. died on the 12<sup>th</sup> day of May, 2007, that a copy of the Certificate of Death issued by the State of Indiana is attached hereto and made a part hereof.

4. That under the terms of the decedent's Last Will and Testament which was not submitted to probate but which was spread of record under Cause No. 45D04-07T0-EU-00064 in Room Four of the Lake Superior Court, Gary, Indiana and a copy of which is attached hereto. Said real estate and the decedent's residuary estate was bequeathed to the Affiant, CHARLES E. LEADY, III.

5. That no estate has been opened or is it intended that an estate will be opened as a result of the death of Charles E. Leady, III and no federal estate taxes or Indiana Inheritance Taxes are due as a result of the death of Charles E. Leady, III.

Dated the 15 day of February, 2008.

*Charles E. Leady, III*  
CHARLES E. LEADY, III

**FILED**  
MAR 31 2008

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.

*Jana M. Reno*

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Hold for  
Professionals' Title Services

3858

16<sup>00</sup>  
2795  
RM



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. 12-56-07

828381

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) Charles Edward Leady, Jr.				2. SEX Male	3a. TIME OF DEATH 10:50P M	3b. DATE OF DEATH (Month, Day, Year) May 12, 2007	
4. *SOCIAL SECURITY NUMBER -2427	5a. AGE—Last Birthday (Years) 87	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) July 30, 1919	7. BIRTHPLACE (City and State or Foreign Country) Pittsburgh, PA		
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 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. Margaret Mercy Healthcare			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) Pauline Huettner	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cylindrical Die Maker		12b. KIND OF BUSINESS/INDUSTRY US Steel			
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 9525 Northcote Ave.			
13e. ZIP CODE 46321	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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12		
18. FATHER'S NAME (First, Middle, Last) Charles Leady, Sr.			19. MOTHER'S NAME (First, Middle, Maiden Surname) Pearl White				
20a. INFORMANT'S NAME (Type/Print) Pauline Leady		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 9525 Northcote Ave. Munster, IN 46321		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input checked="" 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) May 19, 2007 Oakhill Cemetery		21c. LOCATION—City or Town, State Cheboyhan, MI			
22a. EMBALMER'S NAME: Apollo Moreno		22b. EMBALMER'S LICENSE NO. 20600073	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) 9000031	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN (For Christian FH Cheboygan, MI)				
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)  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. <i>Coronary Artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF):			Approximate Interval Between Onset and Death <i>2 years</i>		
		b. <i>Congestive Heart Failure</i> DUE TO (OR AS A CONSEQUENCE OF):			<i>2 years</i>		
		c. <i>End stage Renal D.</i> DUE TO (OR AS A CONSEQUENCE OF):			<i>3 months</i>		
		d.					
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>X01058603A</i>	29d. DATE SIGNED (Month, Day, Year) May 17, 2007		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Atassi 7400 Columbia Ave. Hammond, IN 46324							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>			THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE AS OF DATE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT <i>5/18/07</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. DESCRIBE HOW INJURY OCCURRED <i>MAY 18 2007</i>		
		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.					