AFFIDAVIT

STATE OF INDIANA 041191

\$ 64. E OF 1090AND LAFE COUNTY FILED FOR REDCAD 2008 JUL - 5 LA 9: 25

MICHAEL A BROWN RECORDER

COUNTY OF LAKE

PAT CZARNECKI, being first duly sworn upon oath, deposes and says:

 That Affiant's mother, URSULA R. JIRTLE, died on January 1, 2006, a Lake County, Indiana resident.

2. That the following real estate was owned by GEORGE C. JIRTLE, deceased, and URSULA R. JIRTLE in joint names as husband and wife:

Lot 15, in Block 1, in Villa Shores Sixth Addition to the City of Hobart, as per plat thereof, recorded in Plat Book 29 page 101 in the Office of the Recorder of Lake County, Indiana, Parcel No. 27-18-235-15, commonly known as 1105 West Grantee 41st Avenue, Hobart, Indiana 46342

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 death.

4. That all funeral expenses in connection with the death of said decedents have been paid in full.

the Lake County Recorder!

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, or Indiana Inheritance taxes.

Further Affiant sayeth not.

JUN - 4 2008

PAT CZARNECKI

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR.

Notary Public

Subscribed and sworn before me, a Notary Public, this 8th day of ______, 2008.

S 1 1 1 1 00935

My Commission expires: 1-26-09

County of residence: Porter

Prepared by: Atty. Jeffrey Cefali, 17 Main, Hobart, IN

I affirm, under the penalties for periory, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Mane Thompson

OTAA,

MY COMM. EXPIRES 1-26-09

This document not valid unless stamped on reverse side and embossed with raised scal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 36. DATE OF DEATH (No A TIME OF DEATH 2. SEX TYPE/PRINT URSULA R. JIRTLE 5:39 AM Female January 1, 2006 IN DAY 8. DATE OF (Mo. Cay Yr) RTHPLACE (City and State or Foreign Country) 4. *SOCIAŁ SECURITY NUMBER Sh. UNDER 1 YEAR Sa AGE—Lest Birthday (Yasra) PERMANENT West Berlin Germany February 10, 1921 BLACK INK 84 84 WAS DECEDENT A U.S. VETERAN? 86 YEAR LAST SERVED IN U.S. ARMED FORCES? PLACE OF DEATH (Check only one See instructions) OTHER | Nursing Home | Chin (Speedy) Hospice HOSPITAL | Imp No N/A ☐ ER/Outpatient ☐ DCA 9c. CITY, TOWN OR LOCATION OF CEATH 94 COUNTY OF BEATH St. FACILITY NAME (# not instit re street and (v.mber) DECEDENT Porter VNA Hospice Center Valparaiso 12b. KIND OF BUSINESS/INDUSTRY 10. MARITAL STATUS 11. SURVIVING SPOUSE (If wife, give maden name) 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Waitress Married George Jirtle 130. RESIDENCE-STATE 136 COUNTY ISC CITY TOWN OR LOCATION 36 STREET AND NUMBER 1105 W. 41st. Ave Indiana Lake Hobart RACE—American Indian. Black White, etc. 13F INSIDE CITY LIMITS 14 CITIZEN OF WHAT COUN 17. DECEDENT'S EDUCATION 13a ZIP CODE (Specify) dary (0-12) College (1-4 or 5 + 46342 13g. ON A FARM? U.S.A. White 12 No DYes 18 FATHER'S NAME (First Middle Last 19 MOTHER'S NAME (First Middle Meiden Sur PARENTS Frank Warmbier Charlotte Pfeiffer 20s. INFORMANT'S NAME (Type/Print) 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 20e Relation INFORMANT George Jirtle 1105 West 41st. Ave., Hobart, In 46342 Husband 21a. METHOD OF DISPOSITION 21b. DATE AND PLACE OF DISPOSITION (Name of cometery, cramatory, or ☐ Ent 21c. LOCATION-City or Town, State Jan 5, 2006 Cremetron - - Removal from State ☐ Buriel Portage IN ☐ Doneti Other (Specify) Calvary Crematory 226 EMBALMER'S LICENSE NO 224. EMBALMER'S NAME: 23 WAS CEATH REPORTED TO CORONER? DISPOSITION DX No ☐ Yes FD01006463 James J. Krause 24b: LICENSE NUMBER (of Licensee) 24s. SIGNATURE OF FUNERAL DIRECTOR 25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HON Rees Funeral Home, Inc. FH83003069 FD01006463 600 W. Old Ridge Road, Hobart, IN 46342-0488 pications that caused the deem. Do not enter nenapecific terms, such as cardiac or resouratory only one cause on each line. 26. PART 1 Onset and Death Cardio-Respiratory arrest MMEDIATE CAUSE (Final DUE TO LOR AS A CONSEQUENCE O diseas or condition resulting in (46th) CAUSE OF DEATH Congestive Cardiac failure OUE TO (OR AS A CONSEQUENCE OF)
Hypertension- Pulmonary DUE TO (OR AS A CONSEQUENCE OF) Myelodysplasia Syndrome WAS DECEDENT PREGNANT OR 80 DAYS PART II Other agnificant conditions - Conditions contributing to death but not previously stated in Part I WAS AN AUTOPSY PERFORMED! (Yes or no) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) PREGNANT OR POSTPARTUM! (Yes or no) Degenerative Arthritis No No No Gout 28s. CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurre HEALTH OFFICER On the bess of exam CORONER On the 29c. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month. Day, Year) 296 SIGNATURE AND TITLE OF CERTIFIER CERTIFIER 01031797 5 06 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) Shashikant R Rane MD 10 N. Michigan Avenue, Hobart, IN 46342 31 HEALTH OFFICER'S SIGNATURE 32 DATE FILED (Month, Day, Year) HEALTH OFFICER Dobeste 14152006 Bre الصادوين DATE OF INJURY 33. MANNER OF DEATH 34b TIME OF 34c INJURY AT WORK? 344. DESCRIBE HOW INJURY OCCURRED (Month, Day, Year) INJURY (Yes or no) Panding Investigs Accident 34e PLACE OF INJURY --building etc (Specify) 34F LOCATION (Street and Number or Fural Route Number, City or Town, State) Sucde \square 34g. DATE PRONOUNCED DEAD (Month. Day. Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes specify driver, passanger, pageograps, pag SDH06-004 State Form 10110 (R5/1-99)