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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Ruth Ann Krause, and upon being duly sworn does attest and say:

Granted Address 216 N Mich. Ave Hobart 46342

1. That the affiant is the spouse of Mark R. Burns, deceased.
2. That Mark R. Burns, and Ruth Ann Krause acquired the following properties as Husband and Wife during the term of their marriage:

WOODS ADDITION S 50 FT. OF N. 100 FT L. 12
Parcel #27-18-0194-0025
Commonly known as 216 N. Michigan Ave., Hobart, IN 46342

GEO. & WM. EARLES 2ND SUBDIV. ALL L. 7 BL. 9
Parcel #27-17-0132-0007
Commonly known as: 639 Main St., Hobart, IN 46342

FIFIELDS ADD. HOBART L. 4
Parcel #27-17-0158-0010
Commonly known as: 49 N. Linda, Hobart, IN 46342-3245

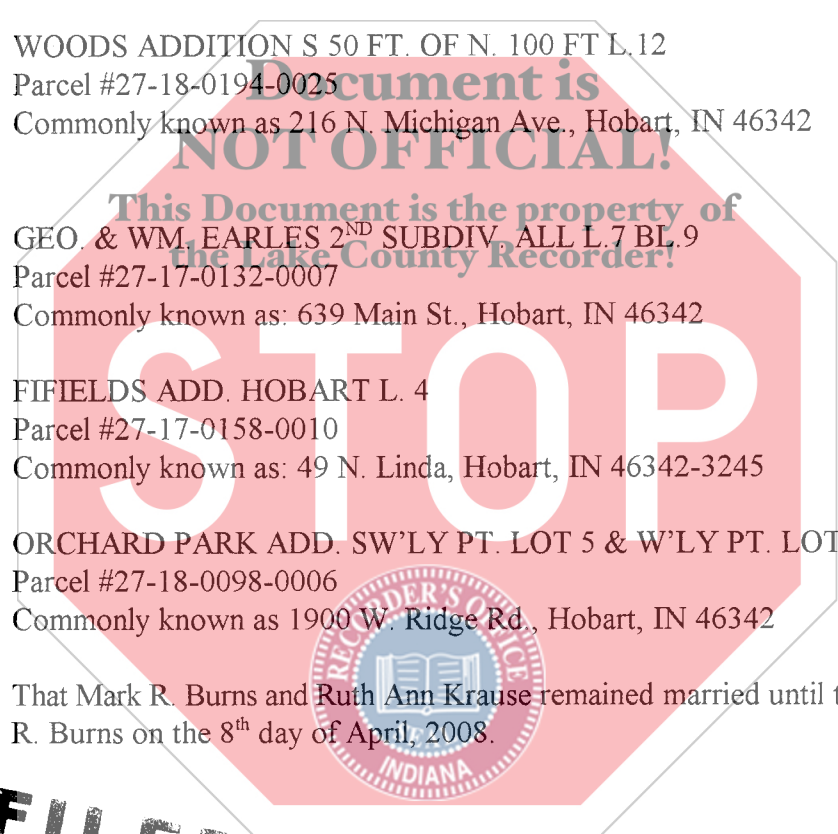
ORCHARD PARK ADD. SW'LY PT. LOT 5 & W'LY PT. LOT 6 BL. 6
Parcel #27-18-0098-0006
Commonly known as 1900 W. Ridge Rd., Hobart, IN 46342

3. That Mark R. Burns and Ruth Ann Krause remained married until the death of Mark R. Burns on the 8th day of April, 2008.

FILED

JUN 10 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



*\$15
CK#
9693
[Signature]*

8858

4. That Ruth Ann Krause became the fee simple owner of the properties at the death of Mark R. Burns.

I affirm under the penalties for perjury that the foregoing statements are true.

Ruth Ann Krause
Ruth Ann Krause

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 9 day of June, 2008.

My Commission
Expires: 3-25-2010

Patricia A. Rees
Patricia A. Rees, Notary Public
Resident of Lake County

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

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

Patricia A. Rees
Patricia A. Rees



*This Instrument Prepared by: Patricia A. Rees, Attorney at Law,
5341 Central Ave., Portage, IN 46368
(219) 947-1692.*



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Resubmit
Local No. 1322-08

State No.

1 Decedent's Legal Name (First, Middle, Last) MARK R. BURNS				1a Maiden Last Name (If Female)		2 Sex Male	3 Time Of Death 3:28 p.m.	4 Date Of Death (Month/Day/Year) April 8, 2008	
5 Social Security Number 313-68-9571	6a Age - Yrs 50	6b Under 1 Year Months	6c Under 1 Month Days	6d Under 1 Day Hours	6e Under 1 Hour Minutes	7 Date Of Birth (Month/Day/Year) November 24, 1957		8 Birthplace (City And State Or Foreign Country) Munich, Germany	
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input checked="" type="checkbox"/> Other (Specify)				
11 Facility Name (If Not Institution, Give Street And Number) 1900 W. Ridge Rd.									
12 City Or Town, State, And Zip Code Hobart IN Lake 46342				13 County Of Death Lake		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15 Surviving Spouse's Name Ruth Ann Krause			15a (If Wife) Give Maiden Last Name Krause		16 Decedent's Usual Occupation Substation Electrician		17 Kind Of Business/Industry Business- Utilities		
18 Residence - State IN		18a County Lake		18b City Or Town Hobart		18d Apt. No.	18e Zip Code 46342	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c Street And Number 216 N. Michigan Ave.		19 Decedent's Education 12 + 4		20 Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino		21 Decedent's Race White			
22 Father's Name (First, Middle, Last) Junior R. Burns			23 Mother's Name (First, Middle, Last) Elsie M. Burns			23a Mother's Maiden Last Name Spangler			
24 Informant's Name Ruth Ann Krause		24a Relationship To Decedent Wife		24b Mailing Address (Street And Number, City, State, Zip Code) 216 N. Michigan Ave., Hobart, IN 46342					
25 Place Of Disposition									
25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Blake Cemetery			25c Location - City, Town, And State Portage, Indiana 46368				
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd, P.O. Box 488, Hobart, Indiana 46342					27a Funeral Home License Number: FH83003069		
27b Signature Of Indiana Funeral Service Licensee <i>James J. Krause</i>					27c License Number (Of Licensee): FD01006463				
28 Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Cardiac arrhythmias Due To (Or As A Consequence Of):									
B. Severe coronary atherosclerosis Due To (Or As A Consequence Of):									
C. Hypertension Due To (Or As A Consequence Of):									
D.									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
29 Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					30 Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32 If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33 Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			38 Zip Code		
38 Location Of Injury - State		38a City Or Town		38b Street & Number		38c Apt. No.			
39 Describe How Injury Occurred									
41 Signature Of Person Certifying Cause Of Death <i>Jeffrey R. Wells</i>					42 Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer Chief Deputy				
43 Name, Address And Zip Code Of Person Certifying Cause Of Death: Jeffrey R. Wells, Chief Deputy 2900 West 93rd Avenue, Crown Point, Indiana 46307					44 License Number N/A		45 Date Certified May 23, 2008		
46 Additional Funeral Service Provider:					47 *Akas				
48 Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>					49 For Registrar Only - Date Filed (Month/Day/Year): <i>May 23, 2008</i>				