

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 065203

2008 SEP 17 AM 11:13

MICHAEL A. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA )  
COUNTY OF Lake )

SS:

Mail Tax Statements To:  
Barbara J. Ferris  
6835 Arkansas Ave  
Hammond, IN 46323-1633

**BARBARA J. FERRIS**

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

1. That **CHARLES R. FERRIS** died on **NOV. 16, 2005** at **the community hospital**
2. That **Charles R. Ferris** and **Barbara J. Ferris** were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

**SEE ATTACHED LEGAL DESCRIPTION**

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) (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 no sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*Barbara J. Ferris*  
Barbara J. Ferris  
Affiant Signature

Subscribed and sworn to before me, a Notary Public this 17 day of April, 2008

*Leticia Valdivia*  
Notary Public

My Commission Expires: Aug. 17, 2009

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

[Name] Leticia Valdivia  
Leticia Valdivia

County of Residence: Lake

This Instrument prepared by Barbara Ferris  
6835 Arkansas Ave.  
Hammond, IN 46323

Return To:  
First American Title/LFC  
Recording Division  
2605 Enterprise Rd Ste 200  
Clearwater, FL 33759-9943  
File # 61-8077634-3 1/3



**FILED**

SEP 16 2008  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR  
013812

#1232917  
15.00  
*[Handwritten initials]*

~~009898~~

~~012318~~

~~**FILED**~~

~~JUN 16 2008~~

~~PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR~~

~~**FILED**~~

~~JUL 21 2008~~

~~PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR~~

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. 3881-05

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>CHARLES R. FERRIS</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>8:20 A.M.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>NOVEMBER 16, 2005</b>
5a. AGE—Last Birthday (Years) <b>76</b>		Sb. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>FEB. 2, 1929</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Hammond, IN</b>		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		
8a. WAS DECEDENT A U.S. VETERAN? <b>yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1954</b>	9b. FACILITY NAME (If not institution, give street and number) <b>THE COMMUNITY HOSPITAL</b>		
9c. CITY, TOWN, OR LOCATION OF DEATH <b>MUNSTER</b>		9d. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Barbara Stange</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Self-employed</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Ferris Standard Serv</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Hammond</b>	13d. STREET AND NUMBER <b>6835 Arkansas Avenue</b>	
13e. ZIP CODE <b>46323</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>white</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>		18. FATHER'S NAME (First, Middle, Last) <b>D. Lawton Ferris</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Edith Wilson</b>		20a. INFORMANT'S NAME (Type/Print) <b>Mrs. Barbara Ferris</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6835 Arkansas Ave., Hammond, IN</b>		20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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) <b>November 18, 2005 Community Cremation Service</b>		21c. LOCATION—City or Town, State <b>Schererville, IN</b>
22a. EMBALMER'S NAME <b>none</b>		22b. EMBALMER'S LICENSE NO. <b>none</b>		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) <b>FD01013507</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Bocken Funeral Home FH3002801 7042 Kennedy Hammond, IN 46323</b>	
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. <b>Malignant Pericardial Effusion</b> <b>Adenocarcinoma of Pericardium - Secondary</b> <b>COPD</b> <b>Pneumonia</b>				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>Aspergillus infection</b> <b>HTN shocked liver</b>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <b>01042431A</b>	29d. DATE SIGNED (Month, Day, Year) <b>NOVEMBER 17, 2005</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>PYARALI M. KESHVANI, M.D. 8731 INDIANPOLIS BLVD. HIGHLAND, INDIANA 46322</b>				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) <b>November 18, 2005</b>
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 (Month, Day, Year)	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.		

**SCHEDULE "A"**

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY IN THE STATE OF INDIANA, TO-WIT:

SOUTH FIFTY (50) FEET OF LOT FOUR (4) BLOCK SEVEN (7), IN HARTMAN' S GARDENS ADDITION TO HESSVILLE, NOW IN THE CITY OF HAMMOND, LAKE COUNTY, INDIANA.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY ASSESSOR AS 26-34-0048-0007; SOURCE OF TITLE IS BOOK 867, PAGE 461 (RECORDED 07/31/50)

