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SURVIVORSHIP AFFIDAVIT
2008 067263

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 SEP 26 AM 10:28

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 2nd day of September, 2008, before me personally appeared Walter Wydmon, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:
Lots 1 and 2, Block 9, Greater Gary Subdivision No. 3, in the City of Lake Station, as shown in Plat Book 15, page 29, in Lake County, Indiana.

Commonly known as: 3325 E. 20th Avenue, Lake Station, In 46405

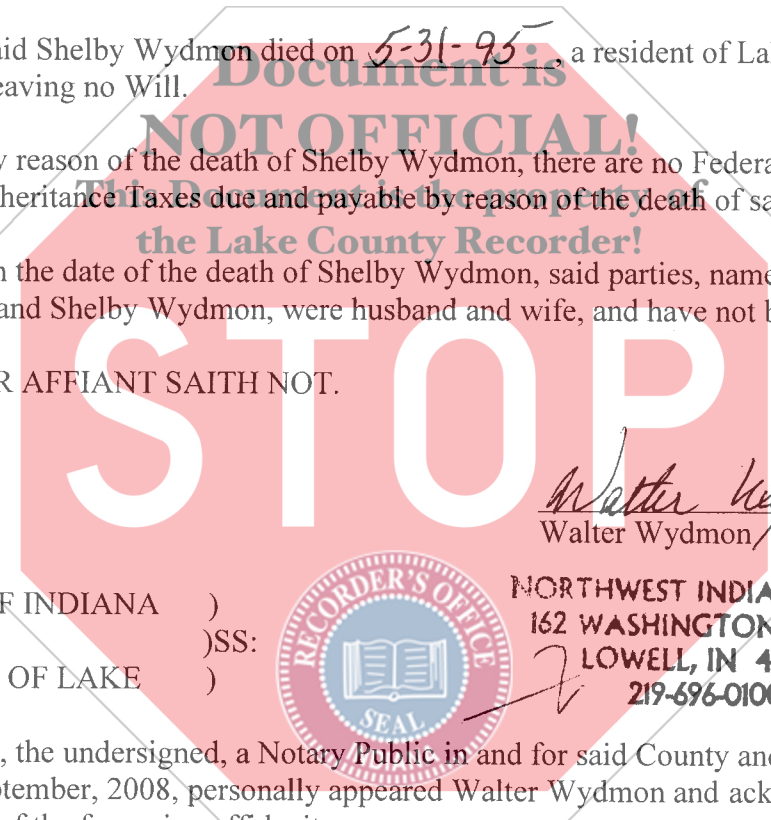
2. That said premises were formerly owned as tenants by the entireties by Walter Wydmon and Shelby Wydmon, husband and wife.

3. That said Shelby Wydmon died on 5-31-95, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of Shelby Wydmon, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of Shelby Wydmon, said parties, namely Walter Wydmon and Shelby Wydmon, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.



Walter Wydmon
Walter Wydmon

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)



NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

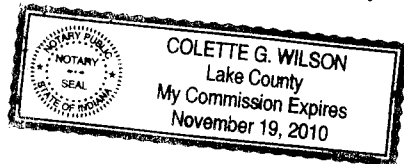
Before me, the undersigned, a Notary Public in and for said County and State, this 2nd day of September, 2008, personally appeared Walter Wydmon and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: _____

Colette G. Wilson
Notary Public

County of Residence: _____



THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356
FILE NO. 08-17059/sd

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.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

SEP 26 2008

HOLD

PEGGY HOJUNGA KATONA
LAKE COUNTY AUDITOR

015953

1417
~~1417~~
14.00
PB

2008 067263

STATE OF INDIANA
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Elvis Caputo

1000

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

Local No. 1271-95

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) SHELBY J. WYDMON		2 SEX Female	3a TIME OF DEATH 7:11P M	3b DATE OF DEATH (Month, Day, Yr.) May 31, 1995
4 *SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 51	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) JAN 21, 1944
7 BIRTHPLACE (City and State or Foreign Country) PETROS, TENNESSEE				
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 type="checkbox"/> Inpatient <input checked="" type="checkbox"/> 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. MARY MEDICAL CENTER		9c CITY, TOWN OR LOCATION OF DEATH HOBART	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife, give maiden name) WALTER WYDMON	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b KIND OF BUSINESS/INDUSTRY
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION LAKE STATION		13d STREET AND NUMBER 3325 E. 20TH AVENUE
13e ZIP CODE 46405	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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) 10 College (1-4 or 5 +)		
18 FATHER'S NAME (First, Middle, Last) JUNIOR ARMES		19 MOTHER'S NAME (First, Middle, Maiden Surname) GUSTIA PATERSON		
20a INFORMANT'S NAME (Type/Print) WALTER WYDMON		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3325 E. 20TH AVE, LAKE STATION, IN 46405		20c Relationship Husband
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <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 3, 1995 CALVARY CEMETERY		21c LOCATION—City or Town, State PORTAGE, IN
22a EMBALMER'S NAME JAMES J. KRAUSE		22b EMBALMER'S LICENSE NO. FD01006463		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>David C. Mays</i>		24b LICENSE NUMBER (of License) FD01012048		24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOME, OLSON CHAPEL 5341 CENTRAL AVE., PORTAGE, IN 46368
25 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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiopulmonary Arrest DUE TO (OR AS A CONSEQUENCE OF) b. Cardiac Arrhythmia DUE TO (OR AS A CONSEQUENCE OF) c. Chronic Obstructive Pulmonary Disease DUE TO (OR AS A CONSEQUENCE OF) d. Diabetes Mellitus (Type I)				
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) 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. 01034231	29d DATE SIGNED (Month, Day, Year) 6-2-95
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) BHUPINDAR CHHABRA MD, P. O. BOX 5779, PORTAGE, IN 46368				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>				32 DATE FILED (Month, Day, Year) June 5, 1995
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 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e 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.		