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STATE OF INDIANA
LAKE COUNTY
RECORDER OF RECORDS



2009 025975
Chicago Title Insurance Company

2009 APR 23 AM 9:09

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

620091993LD

On this 04/16/09 before me personally appeared John F. Skeen-----
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is owner
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned as joint tenants or as tenants by the entireties by John F. Skeen and Donna L. Skeen;
- Said Donna L. Skeen
(fill in name of co-tenant who died)
died on December 1, 2008

leaving no will;
(insert "a" or "no"; if will left, attach a copy)

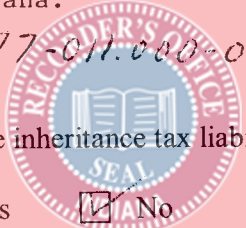
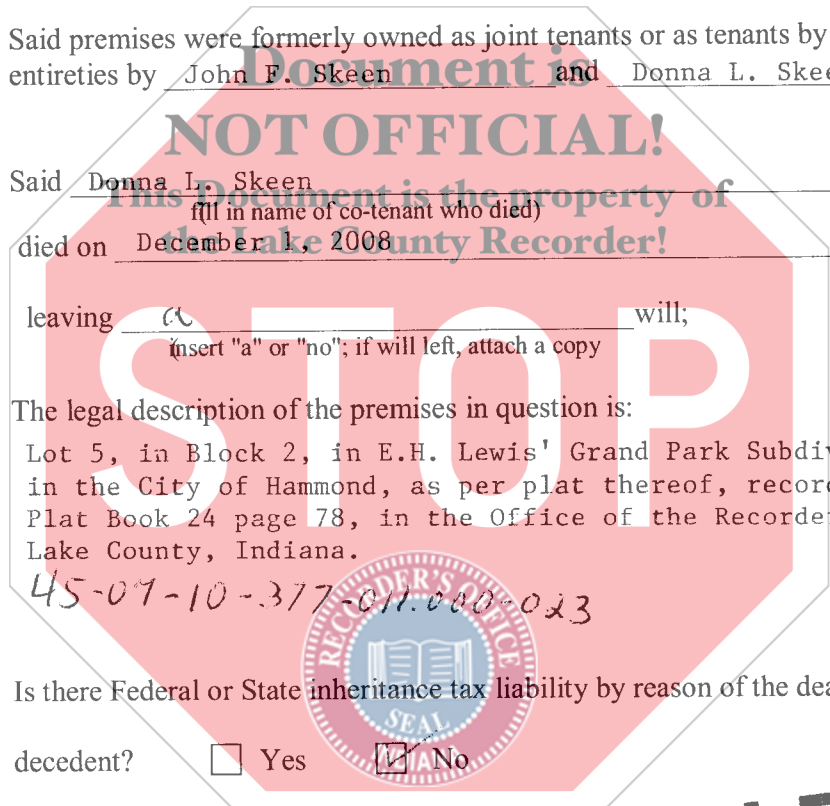
5. The legal description of the premises in question is:
Lot 5, in Block 2, in E.H. Lewis' Grand Park Subdivision,
in the City of Hammond, as per plat thereof, recorded in
Plat Book 24 page 78, in the Office of the Recorder of
Lake County, Indiana.

45-07-10-377-011.000-023

- Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..



FILED

APR 22 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

004525

\$16
CT
CA

Chicago Title Insurance Company

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was husband

Signature: John F. Skeen

Printed Name John F. Skeen

Address: 7126 Missouri Avenue

Hammond, IN 46323

Subscribed and sworn to before me by the affiant

This 16th day of April, 2009
(insert date)

Nancy L. Williams
Notary Public

Printed Name Nancy L. Williams

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 10/04/2010

This instrument prepared by John F. Skeen

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.
Barbara Meggler



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

008669

Local No.....

State No.....

1. Decedent's Legal Name (First, Middle, Last) Donna L. Skeen				1a. Maiden Last Name (If Female) Martin		2. Sex Female	3. Time of Death 1:00 PM	4. Date of Death (Month/Day/Year) December 1, 2008	
5. Social Security Number 313-40-0129	6a. Age - Yrs. 70	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) April 26, 1938		8. Birthplace (City And State Or Foreign Country) Brocton, IL	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If not institution, Give Street And Number) Rosewalk Village Nursing Home									
12. City Or Town, State, And Zip Code Indianapolis, IN 46219					13. County Of Death Marion		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 John Skeen			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Domestic		
18. Residence - State IN		18a. County Lake			18b. City Or Town Hammond				
18c. Street And Number 7126 Missouri Ave					18d. Apt. No.	18e. Zip Code 46323		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HS Grad or GED			20. Decedent Of Hispanic Origin No, Not Spanish, Hispanic, Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Guy Martin				23. Mother's Name (First, Middle, Last) Opal Martin		23a. Mother's Maiden Last Name Rankins			
24. Informant's Name John Skeen		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 7126 Missouri Ave Hammond, IN 46323					
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) Elmwood Cemetery			25c. Location - City, Town, and State Hammond, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility White Funeral Home & Cremation Service 921 W. 45th Ave Griffith, IN 46319					27a. Funeral Home License Number FH10600026		
27b. Signature of Indiana Funeral Service Licensee <i>Raymond E. White Jr.</i>					27c. License Number (Of Licensee) FD08700086				
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. <i>End Stage Dementia</i> Due to (or as a consequence of):									
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ Due to (or as a consequence of):									
C. _____ Due to (or as a consequence of):									
D. _____ Due to (or as a consequence of):									
Part II. Enter Other Significant Condition Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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				
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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street And Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):			
41. Signature Of Person Certifying Cause Of Death <i>Manuel J. Hurley</i>						42. Certifier: (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <i>Manuel J. Hurley MD PO Box 100 Beech Grove, IN 46107</i>						44. License Number <i>0029180 A</i>		45. Date Certified <i>December 4, 2008</i>	
46. Additional Funeral Service Provider:						47. *AKAs			
48. Signature Of Health Officer: <i>Virginia A. Carneiro</i>						49. For Registrar Only - Date Filed (Month/Day/Year) DEC 05 2008			

