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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 026622

2009 APR 24 PM 1:34

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On the 23rd day of April, 2009, before me personally appeared **JAMES E. WALKER and PATTY L. HALL** to me personally known, who being duly sworn upon oath, did say that:

1. Affiants are the children of Leroy E. Walker and Florence A. Walker, and have personal knowledge of the facts stated herein.
2. The following premises were formerly owned as tenants by the entireties by Leroy E. Walker and Florence A. Walker, husband and wife.

LOT 2 IN BLOCK 1 OF KNICKERBOCKER MANOR 2ND ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. Commonly known as: 8410 MORaine AVENUE, MUNSTER, IN 46321 Key no. 45-06-24-154-011.000-027

3. That FLORENCE A. WALKER died on November 18, 2005. A certified copy of the death certificate of FLORENCE A. WALKER is attached hereto as "Exhibit A."
4. That LEROY E. WALKER and FLORENCE A. WALKER were never divorced, and LEROY E. WALKER was the surviving spouse of FLORENCE A. WALKER, and became the sole owner of said real estate upon the death of said FLORENCE A. WALKER.
5. That LEROY E. WALKER died on September 17, 2008, and his estate was duly probated in Lake County Superior Court under Cause No. 45D04-0810-EU-00063, and that JAMES E. WALKER and PATTY L. HALL were named Personal Co-Executors of the Estate of Leroy E. Walker on October 14, 2008.
6. That to the best of Affiants' knowledge, there is no estate or inheritance tax liability by reason of the death of FLORENCE A. WALKER; and all funeral expenses and expenses of last illness have been paid in full.

James E. Walker Patty L. Hall
JAMES E. WALKER PATTY L. HALL

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 23 day of April, 2009.

My Commission Expires:
Resident of LAKE County.



Suzette Davis Young
Notary Public

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. Thomas L. Kirsch

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, Atty. No. 5224-45, 131 Ridge Road, Munster, IN 46321, 219-836-1384

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CIA
25961
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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

EXHIBIT A

CERTIFICATE OF DEATH

State No.

Local No. 3932-05
691574

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) Florence Arlene Walker				2. SEX Female		3a. TIME OF DEATH 4:15A M		3b. DATE OF DEATH (Month, Day, Yr.) November 18, 2005				
4. *SOCIAL SECURITY NUMBER 317-14-9559		5a. AGE—Last Birthday (Years) 83		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) July 18, 1922		7. BIRTHPLACE (City and State or Foreign Country) Crisman, IN		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None		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				
9b. FACILITY NAME (If not institution, give street and number) Community Hospital						9c. CITY, TOWN, OR LOCATION OF DEATH Munster			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) LeRoy Walker			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 Own Home				
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster			13d. STREET AND NUMBER 8410 Moraine					
13e. ZIP CODE 46321		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 checked="" 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) College (1-4 or 5 +) 12		
18. FATHER'S NAME (First, Middle, Last) James E. Deverick						19. MOTHER'S NAME (First, Middle, Maiden Surname) Florence LaRue						
20a. INFORMANT'S NAME (Type/Print) LeRoy Walker				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8410 Moraine Munster, IN 46321				20c. Relationship Husband				
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) November 22, 2005 Elmwood Cemetery				21c. LOCATION—City or Town, State Hammond, IN				
22a. EMBALMER'S NAME Brian T. Burns				22b. EMBALMER'S LICENSE NO. 8601763		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR				24b. LICENSE NUMBER (of Licensee) 1021590		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321						
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death		
a. <i>Renal failure</i> DUE TO (OR AS A CONSEQUENCE OF):												
b. <i>infect + decub +</i> DUE TO (OR AS A CONSEQUENCE OF):										<i>diex vascular</i>		
c. <i>hyper tens. + hypertensic cardiac</i> DUE TO (OR AS A CONSEQUENCE OF):												
d. <i>Dementia</i> DUE TO (OR AS A CONSEQUENCE OF):												
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)		
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. 01026043		29d. DATE SIGNED (Month, Day, Year) Nov. 22, 2005		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Rahmany 3801 Ridge Road Highland, IN 46322												
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32. DATE FILED (Month, Day, Year) November 23, 2005		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		THIS DESCRIBES HOW AND WHERE IT OCCURRED AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT NOV 23 2005				
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.								