

AFFIDAVIT OF SURVIVORSHIP

ON THIS 18th DAY OF September, 2009, personally appeared **Jo Ann Trimbur** the affiant, who being duly sworn upon her oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is owner of the premises located at 8118 Madison Avenue, Munster, Indiana and described below;
3. Cecilia H. Trimbur transferred her interest in the property to Jo Ann Trimbur, with a life estate of the life of Cecilia H. Trimbur recorded June 8, 2000;
4. Said Cecilia H. Trimbur died testate on the 16th day of March, 2008.
5. The legal description of the said premises in question is:

Lot 33 in Ridgeland Park 2nd Addition to the Town of Munster, as per plat thereof, recorded Plat Book 32 page 39, in the office of the Recorder of Lake County, Indiana.

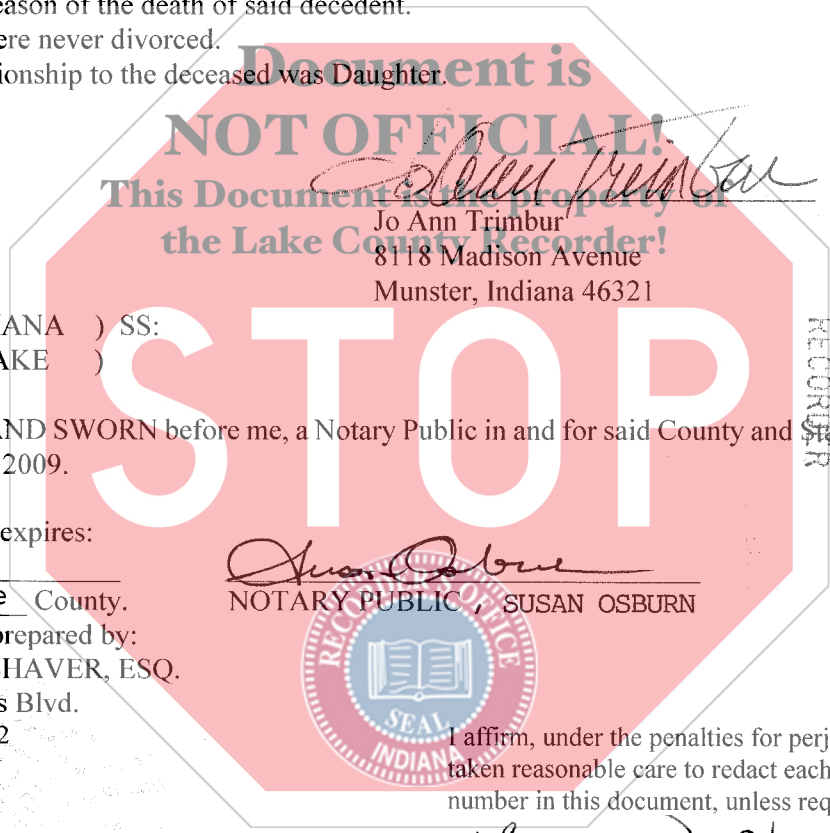
7. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
8. The parties were never divorced.
9. Affiant's relationship to the deceased was Daughter.

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MICHAEL A. BROWN
RECORDER



STATE OF INDIANA) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 18th day of Sept., 2009.

My Commission expires:
4-16-16

Resident of Lake County.
This instrument prepared by:
BARBARA M. SHAVER, ESQ.
9013 Indianapolis Blvd.
Highland, IN 46322
219/838-9200

Susan Osburn
NOTARY PUBLIC, SUSAN OSBURN

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.

FILED

Barbara M Shaver

14-
LP

SEP 23 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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3671

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**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No. 948-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Cecilia H. Trimbur				1a. Maiden Last Name (If Female) Kwiecien		2. Sex Female	3. Time Of Death 7:54 AM	4. Date Of Death (Month/Day/Year) March 16, 2008	
5. Social Security Number 316-24-5103	6a. Age Yrs 82	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) July 1, 1925		8. Birthplace (City And State Or Foreign Country) East Chicago, IN.	
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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) 8118 Madison Ave.									
12. City Or Town, State, And Zip Code Munster, IN. 46321				13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Munster					
18c. Street And Number 8118 Madison Ave.						18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School Graduate			20. Decedent Of Hispanic Origin N/A		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Frank Kwiecien				23. Mother's Name (First, Middle, Last) Hattie Kwiecien		23a. Mother's Maiden Last Name Kierniowska			
24. Informant's Name Jo Ann Trimbur		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 8118 Madison Ave. Munster, IN. 46321					
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) Holy Cross Cemetery			25c. Location - City, Town, And State Calumet City, IL.				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kish Funeral Home 10000 Calumet Ave. Munster, IN. 46321					27a. Funeral Home License Number: FH#10700038		
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee) FD01021590			
CAUSE OF DEATH (See Instructions And Examples)									
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 Unknown	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Vascular collapse 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 arteriosclerotic heart and vascular disease 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 Conditions 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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				
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 & 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: 						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
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 March 20, 2008	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: 				49. For Registrar Only - Date Filed (Month/Day/Year): March 20, 2008					