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STATE OF INDIANA)
) SS: 2009 079802
)
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 DEC -2 AM 9: 35

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

I, MARIE M. MEYER, having been first duly sworn upon my oath, state that I am the wife and well acquainted with GEORGE P. MEYER, the deceased, who passed away on the 18th day of June, 2009 (copy of death certificate attached hereto) and at the time of his death, we were joint owners of real estate as joint tenants with rights of survivorship in Lake County, Indiana, known as:

Lot 1 in Block 1 in Knickerbocker Manor 3rd Addition to the Town of Munster, as shown in Plat Book 31, Page 100, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 8645 Hohman Avenue
Munster, Indiana 46321

Key Number: 18-28-0181-0001

Marie M. Meyer
MARIE M. MEYER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Document is NOT OFFICIAL!

Subscribed and sworn to before me, a Notary Public, this 30th day of November, 2009

Carole Storing
Notary Public

My Commission Expires: 3-11-09
County of Residence: Lake

This instrument prepared by: Kenneth L. Anderson, Attorney at Law
Attorney No. 2404-45
9105 Indianapolis Boulevard
Highland, IN 46322

FILED

DEC 02 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

"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."
PREPARED BY: *[Signature]*



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0004-09

State No.

1. Decedent's Legal Name (First, Middle, Last) George Phillip Meyer				1a. Maiden Last Name (If Female)		2. Sex Male	3. Time Of Death 12:05 PM	4. Date Of Death (Month/Day/Year) June 18, 2009
5. Social Security Number [REDACTED]	6a. Age Yrs 86	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) May 6, 1923	8. Birthplace (City And State Or Foreign Country) Chicago, IL	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Hospice Facility <input 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) Riley Hospice Residence								
12. City Or Town, State, And Zip Code Munster, IN, 46321					13. County Of Death Lake		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 MARIE MEYER			15a. (If Wife) Give Maiden Last Name Mayer		16. Decedent's Usual Occupation MANAGER		17. Kind Of Business/Industry SALES	
18. Residence - State IN		18a. County Lake		18b. City Or Town Munster				
18c. Street And Number 8645 Hohman 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 or GED completed			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Carl Meyer				23. Mother's Name (First, Middle, Last) Grace Meyer		23a. Mother's Maiden Last Name Clare		
24. Decedent's Name Marie Meyer			24a. Relationship To Decedent Spouse		24b. Mailing Address (Street And Number, City, State, Zip Code) 8645 Hohman Ave., Munster, IN 46321			
25a. Method Of Disposition: <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) Regional Cremation Service		25c. Location - City, Town, And State Munster, Indiana			
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 Avenue Munster, IN 46321					27a. Funeral Home License Number: FH10700038	
27b. Signature Of Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) FD01021590		
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 Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Chemical Hypoxemia (asphyxia)</u> 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. <u>Chronic Hypoxemia (asphyxia)</u> C. <u>Chronic Hypoxemia (asphyxia)</u> D. <u>Chronic Hypoxemia (asphyxia)</u>								
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 type="checkbox"/> No <input 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 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)		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: <i>[Signature]</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: Dr. Mark Kozloff 71 W. 156th St. Suite 401 Harvey, IL 60426						44. License Number 0103804910		45. Date Certified 6-24-09
46. Additional Funeral Service Provider: <i>[Signature]</i>						47. *Akas:		
48. Signature Of Local Health Officer: <i>[Signature]</i>						48. For Registrar Only - Date Filed (Month/Day/Year): June 24 2009		

State Form 10110 (R7/8-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 164-11-02

