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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 080709

2009 DEC -4 AM 9:45

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Elizabeth A. Roper, being duly sworn upon her oath, and states as follows:

1. That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

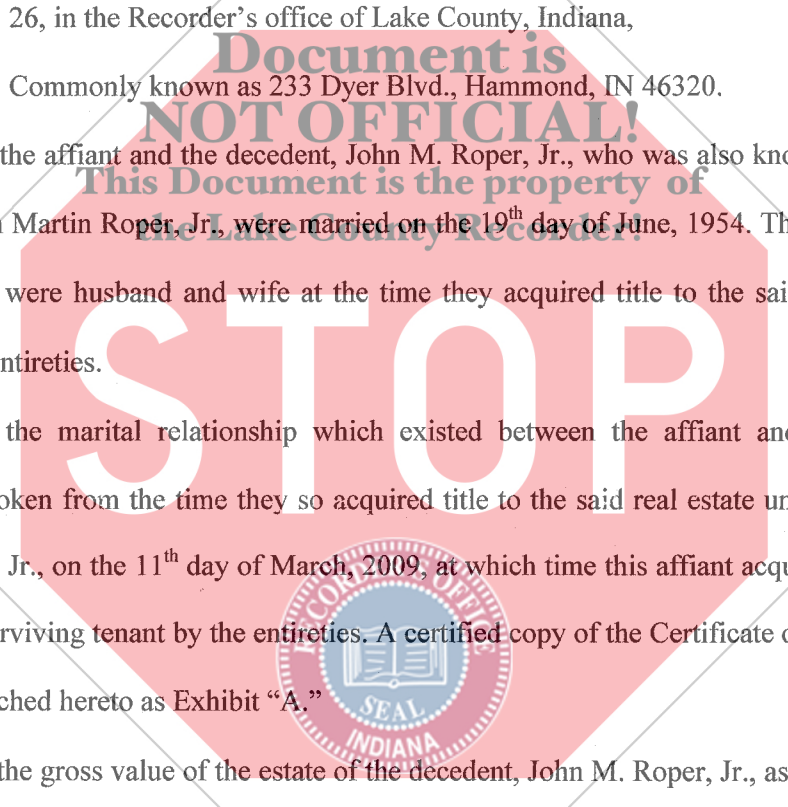
Lot six (6) in block one (1) in Dyer's Second Addition to the City of Hammond, Lake County, Indiana, as shown in Plat Book 13, at page No. 26, in the Recorder's office of Lake County, Indiana,

Commonly known as 233 Dyer Blvd., Hammond, IN 46320.

2. That the affiant and the decedent, John M. Roper, Jr., who was also known as John M. Roper and John Martin Roper, Jr., were married on the 19th day of June, 1954. That the decedent and the affiant were husband and wife at the time they acquired title to the said real estate as tenants by the entireties.

3. That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to the said real estate until the death of John M. Roper, Jr., on the 11th day of March, 2009, at which time this affiant acquired title to the real estate as surviving tenant by the entireties. A certified copy of the Certificate of Death of said decedent is attached hereto as Exhibit "A."

4. That the gross value of the estate of the decedent, John M. Roper, Jr., as determined for the purpose of federal estate taxes, was less than the value required for the filing of a federal estate tax return, and the decedent's estate was not subject to federal estate tax.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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5. That the decedent's estate was not subject to Indiana inheritance taxes.

Further your affiant sayeth not.

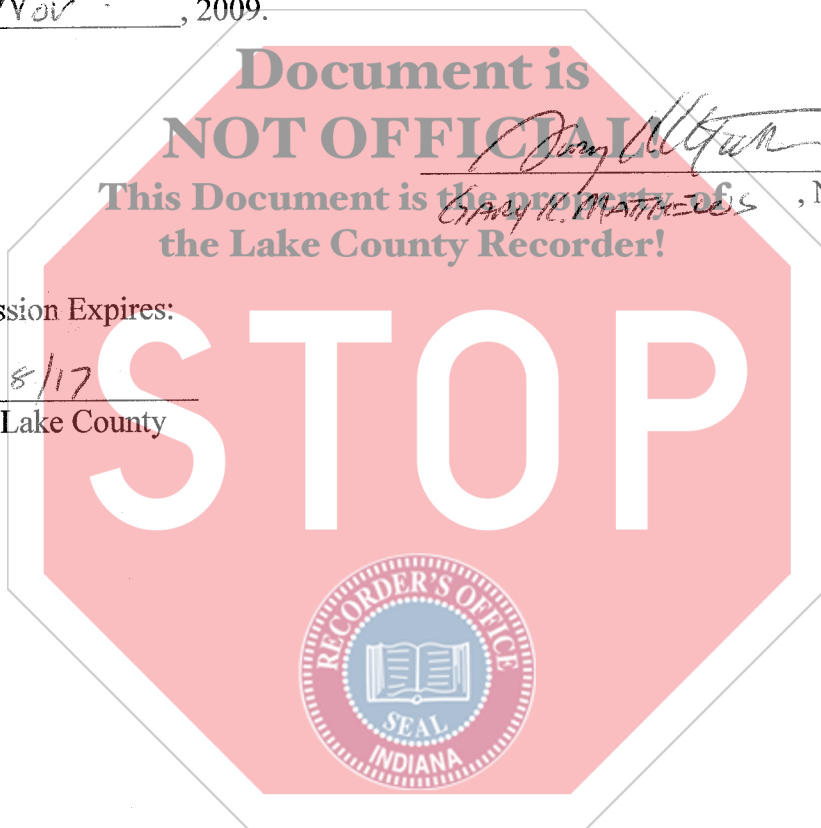
Elizabeth A. Roper
ELIZABETH A. ROPER a/k/a
Elizabeth Roper and Elizabeth Ann Roper

SUBSCRIBED AND SWORN to before me, a Notary Public, this 2nd day of
Nov, 2009.

Document is NOT OFFICIAL
Dorey Altman
This Document is the property of Erin M. Matthews, Notary Public
the Lake County Recorder!

My Commission Expires:

6/8/17
Resident of Lake County



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



Local No. 1203-09

RESUBMIT

State No. _____

1. Decedent's Legal Name (First, Middle, Last) John M. Roper Jr.				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 6:50 PM		4. Date Of Death (Month/Day/Year) March 11, 2009		
5. Social Security Number 301-12-8455		6a. Age - Yrs 81		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 30, 1927				8. Birthplace (City And State Or Foreign Country) Campbell, Ohio								
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home / Long Time 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 Elizabeth				15a. (If Wife) Give Maiden Last Name Aubruner		16. Decedent's Usual Occupation Teacher			17. Kind Of Business/Industry Education			
18. Residence - State IN			18a. County Lake			18b. City Or Town Hammond						
18f. Street And Number 233 Dyer Blvd.						18d. Apt. No.		18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 12 + 8				20. Decedent Of Hispanic Origin No				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) John M. Roper Sr.				23. Mother's Name (First, Middle, Last) Katherine Roper				23a. Mother's Maiden Last Name Kachmar				
24. Informant's Name Elizabeth Roper			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 233 Dyer Rd. Hammond, IN 46324						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Kelly Carroll Crematory				25c. Location - City, Town, And State Gary, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home 5840 Hohman Ave. Hammond, IN 46320						27a. Funeral Home License Number 3002819				
27b. Signature Of Indiana Funeral Service Licensee: <i>Brian T. Burns</i>						27c. License Number (Of Licensee): 8601763						
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Non-mall cell carcinoma of lung</u> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____										Approximate Interval: Onset To Death		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <u>Extensive liver metastases</u>						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 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 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												
41. Signature, Of Person Certifying Cause Of Death: <i>James B. Walsh</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. J. Walsh 9122 Columbia Ave. Munster, IN 46321						44. License Number 1027487		45. Date Certified 3/17/09				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature Of Local Health Office: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): March 19, 2009						

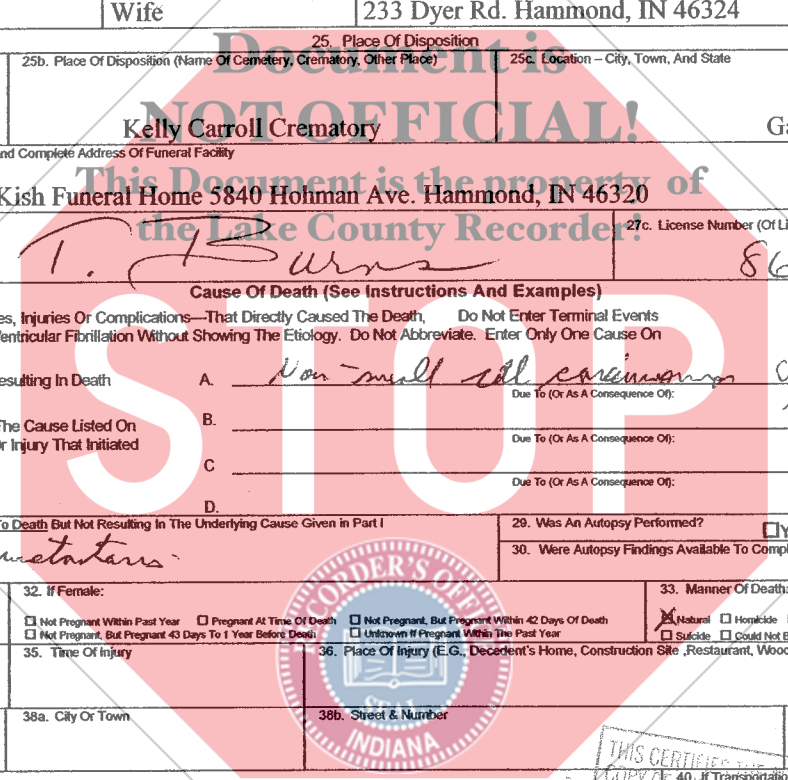


EXHIBIT "A"

State Form 10110 (87AL07) ATTENTION DECEASED: The Social Security # is being requested by this state agency in order to process the estate and determine the decedent's eligibility for unemployment and there will be no penalty for refusal. THE DECEDENT IN THIS STATE IS DECEASED. DECEASED 10110 (87AL07)