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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 081299

2009 DEC -8 PM 12:48

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

MARILYN CAREY, as Executrix of the Estate of Charleen A. Ulrich under Cause No. 45D04-0906-EU-00029, being first duly sworn upon oath, deposes and says:

1. That CHARLES F. ULRICH, died on May 13, 2004. A certified copy of the death certificate of CHARLES F. ULRICH is attached hereto as "Exhibit A".
2. That CHARLES F. ULRICH, and CHARLEEN ULRICH were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 25, FAIRMEADOW EIGHTH ADDITION, BLOCK 4, TO THE TOWN OF MUNSTER, AS SHOWN IN PLAT BOOK 43, PAGE 103, IN LAKE COUNTY, INDIANA.
Commonly known as: 1640 HEATHER DRIVE, MUNSTER, IN 46321
Key No. 45-07-29-354-002.000-027

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.

Marilyn Carey (E-x)
MARILYN CAREY, as Executrix of the Estate of Charleen A. Ulrich under Cause No. 45D04-0906-EU-00029

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me the undersigned, a notary public in and for said County and State, this 4 day of December, 2009, MARILYN CAREY, as Executrix of the Estate of Charleen A. Ulrich, personally appeared, and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 61315
Resident of LAKE County



FILED
DEC 08 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. Thomas L. Kirsch.

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 5224-45, 131 Ridge Road, Munster, IN 46321, 219-836-1384

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014312 3770
RM

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to ensure 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. 1246-04

34050

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT LACK INK

DECEDENT

ARENTS

FORMANT

POSITION

USE OF ATH

RTIFIER

ALTH ICER

1 DECEASED—NAME (First, Middle, Last) Charles F. Ulrich				2. SEX Male		3a. TIME OF DEATH 9:10P M		3b. DATE OF DEATH (Month, Day, Yr.) May 13, 2004			
4. *SOCIAL SECURITY NUMBER 311-28-0256		5a. AGE—Last Birthday (Years) 73		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) Feb. 24, 1931		7. BIRTHPLACE (City and State or Foreign Country) Calumet City, IL	
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1952		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) Riley Hospice Residence				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) Charleen Burgan		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker				12b. KIND OF BUSINESS/INDUSTRY Inland Steel			
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster				13d. STREET AND NUMBER 1640 Heather Dr.			
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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) 12 College (1-4 or 5 +)	
18. FATHER'S NAME (First, Middle, Last) Charles H. Ulrich				19. MOTHER'S NAME (First, Middle, Maiden Surname) Blanche Donovan							
20a. INFORMANT'S NAME (Type/Print) Charleen Ulrich				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1640 Heather Dr. Munster, IN 46321				20c. Relationship Wife			
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) May 17, 2004 St. John Cemetery				21c. LOCATION—City or Town, State Hammond, IN			
22a. EMBALMER'S NAME John T. Noble				22b. EMBALMER'S LICENSE NO. 9000031		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas Burns</i>				24b. LICENSE NUMBER (of Licensee) 1045184		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.										Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>x Organ & Brain Syndrome</i> b. <i>Congestive Heart Failure</i>										5 years	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										3 years	
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>A. Gandhi</i>						29c. MEDICAL LICENSE NO. 01029887		29d. DATE SIGNED (Month, Day, Year) May 14, 2004			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. Gandhi, M.D. 9122 Columbia Ave. Munster, IN 46321											
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Bert</i>										32. DATE FILED (Month, Day, Year) MAY 18, 2004	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED (UNLESS OTHERWISE SPECIFIED) HEALTH DEPT			
		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) MAY 18, 2004					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							