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INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

SS: 2010 073342

2010 DEC 10 PM 1:24

Notary Public

AFFIDAVIT OF SURVIVORSHIP

Comes now, Rodney Noel, guardian of Natoma J. Hooten, being duly sworn upon his oath and states as follows:

1. That he is competent and has personal knowledge of the facts contained herein.
2. That at the time of his death, Lawrence J. Hooten was the owner in fee simple of the following described real estate located at 3940 Henry Avenue, Hammond, Lake County, Indiana, and more particularly described as follows:

Lot No. Twenty (20), (except the North 5 feet thereof), and the North 7 1/2 feet of Lot No. Twenty-one (21), in Block 1, in Hammond Steel City Addition to Hammond, as per plat thereof, recorded in Plat Book 17, page 18, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 3940 Henry Street, Hammond, Indiana 46327

Parcel No.: 45-02-24-476-024.000-023

3. That Lawrence J. Hooten and Natoma J. Hooten were husband and wife and acquired title as tenants by the entirety to said real estate.

4. That the marital relationship which existed between Lawrence J. Hooten and Natoma J. Hooten was unbroken from the time they acquired title to said real estate until the death of Lawrence J. Hooten on November 27, 2005.

4. That the gross value of the estate of Lawrence J. Hooten was determined for purpose of Federal Estate Taxes was less than the value required for the filing and her estate was not subject to Federal Estate Tax.

5. That the estate of Lawrence J. Hooten was not subject to Indiana Inheritance Taxes.

**FILED**  
DEC 10 2010

Rodney Noel Guardian of Natoma J. Hooten  
Rodney Noel, Guardian of Natoma J. Hooten

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

I, Rodney Noel, guardian of Natoma J. Hooten, the undersigned, a Notary Public, in and for said County and State, personally appeared Rodney Noel, guardian of Natoma J. Hooten, and acknowledged the execution of the foregoing document. Witness my hand and seal this 10 day of December, 2010

Resident of Lake County

Joella Ripston, Notary Public

My Commission Expires: 2/27/2012

Mail tax notices to: Rodney Noel, 316-1 North 625 West, Valparaiso, Indiana 46385

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.

Kathryn S. Hudzian

/kg

030934

#13  
CS  
CA

CERTIFICATE OF DEATH

Dec. 1, 2005  
Date Issued  
Hammond Health Commissioner

Local No. 776

State

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1 DECEASED—NAME (First, Middle, Last) Lawrence Joseph Hooten		2 SEX Male	3a TIME OF DEATH 5:03 P M	3b DATE OF DEATH (Month, Day, Yr) November 27, 2005	
4 *SOCIAL SECURITY NUMBER 351-12-4114	5a AGE—Last Birthday (Years) 82	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Oct. 14, 1923	
7 BIRTHPLACE (City and State or Foreign Country) Rosiclare, Illinois	8a WAS DECEDENT A U.S. VETERAN? Yes				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1943	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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) 3940 Henry Street		9c CITY, TOWN, OR LOCATION OF DEATH Hammond		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Natoma Todd	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer		12b KIND OF BUSINESS/INDUSTRY Construction	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Hammond		13d STREET AND NUMBER 3940 Henry Street	
13a ZIP CODE 46327	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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12yrs. College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) William Hooten			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Lizzie Turner		20a INFORMANT'S NAME (Type/Print) RODNEY NOEL			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3940 Henry St. Hammond, Indiana 46327		20c Relationship Guardian			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) December 3, 2005 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Scherverville, Indiana	
22a EMBALMER'S NAME Marjorie Kunch		22b EMBALMER'S LICENSE NO. FD20500007	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) FD20500007	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home FH19900051 8178 Cline Avenue Scherverville, Indiana 46375		
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 Lung Cancer		Months	
DUE TO (OR AS A CONSEQUENCE OF)					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b			
DUE TO (OR AS A CONSEQUENCE OF)					
c					
DUE TO (OR AS A CONSEQUENCE OF)					
d					
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) 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 		29c MEDICAL LICENSE NO. 01038072	29d DATE SIGNED (Month, Day, Year) 11/28/2005 (Erwin Robin)		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29b) ERWIN ROBIN, MD 801 TACORVILLE BLVD #401 MUNSTER, IN 46371					
31 HEALTH OFFICER'S SIGNATURE 				32 DATE FILED (Month, Day, Year) December 1, 2005	
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
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.			