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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 DEC 20 PM 12:50

STATE OF INDIANA)

2010 075145

COUNTY OF LAKE)

)SS:

MICHELLE R. FAJMAN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Betty J. Harris, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Eddie A. Harris, deceased.
2. That Betty J. Harris and Eddie A. Harris were married on July 5, 1991.
3. That Betty J. Harris and Eddie A. Harris, acquired the following property as Husband and Wife during the term of their marriage.

Lot 25 and Lot 26, Block 7, in Elliotts Park, as recorded in the Office of the Recorder, Lake County, Indiana.

Commonly known as: 2357 Vermillion St., Lake Station, IN 46405
Parcel Nos.: 45-09-16-253-009.000-021
45-09-16-253-010.000-021

4. That Betty J. Harris and Eddie A. Harris remained married until the death of Eddie A. Harris on the 2nd day of July, 2004.
5. That Betty J. Harris became the fee simple owner of the property at the death of Eddie A. Harris.

I affirm under the penalties for perjury that the above and foregoing statements are true.

Betty J. Harris
Betty J. Harris

STATE OF INDIANA, COUNTY OF LAKE)SS:

Subscribed and sworn to before me this 17 day of December, 2010.

Patricia A. Rees
Patricia A. Rees, Notary Public
Resident of Lake County

My Commission
Expires: 03/25/2018

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Patricia A. Rees
Patricia A. Rees

FILED
This Instrument Prepared by Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368
(219) 947-1692.

DEC 20 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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056731

#13
EK#
10822
CIA

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1656-04

CERTIFICATE OF DEATH

State No.

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) Eddie A. Harris | | | | 2. SEX Male | | 3a. TIME OF DEATH 1:58PM | | 3b. DATE OF DEATH (Month Day Yr) July 2, 2004 | | |
| 4. SOCIAL SECURITY NUMBER 313-44-8426 | | 5a. AGE - Last Birthday (Years) 59 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo Day Yr) July 4, 1944 | | 7. BIRTHPLACE (City and State or Foreign Country) Evansville, IN | | | |
| 8a. WAS DECEDENT A U.S. VETERAN? No | | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A | | 9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA | | | | | OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | |
| 9b. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center | | | | | 9c. CITY TOWN OR LOCATION OF DEATH Hobart, IN | | | 9d. COUNTY OF DEATH Lake | | |
| 10. MARITAL STATUS (Specify) Married | | 11. SURVIVING SPOUSE (If wife, give maiden name) Betty Harnishfeger | | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Foreman | | | 12b. KIND OF BUSINESS INDUSTRY Steel Mill | | | |
| 13a. RESIDENCE - STATE Indiana | | 13b. COUNTY Lake | | 13c. CITY TOWN OR LOCATION Lake Station | | 13d. STREET AND NUMBER 2357 Vermillion St. | | | | |
| 13e. ZIP CODE 46405 | 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> | | 17 12 | |
| 18. FATHER'S NAME (First, Middle, Last) Ben Harris | | | | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Cushman | | | | | |
| 20a. INFORMANT'S NAME (Type/Print) Betty Harris | | | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2357 Vermillion St., Lake Station, IN 46405 | | | | 20c. Relationship Wife | | |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) July 6, 2004 Calvary Crematory | | | 21c. LOCATION - City or Town State Portage, Indiana | | | | |
| 22a. EMBALMER'S NAME James J. Krause | | | 22b. EMBALMER'S LICENSE NO. FD01006463 | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Joshua R. Krause</i> | | | 24b. LICENSE NUMBER (of Licensee) FD29700036 | | 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 83005613 Rees Funeral Home, Olson Chapel 5341 Central Avenue, Portage, IN 46368 | | | | | |
| 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Respiratory Failure</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>congestive heart Failure</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any which gave rise to the immediate cause stating the underlying cause last | | | | | | | | Approximate Interval Between Onset and Death <u>72 hours</u> | | |
| PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <u>renal Failure</u> <u>emphysema</u> | | | | | 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <u>NO</u> | | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <u>(No)</u> | | 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 <i>E. F. Schulte</i> | | | | | | 29c. MEDICAL LICENSE NO 01035204 | | 29d. DATE SIGNED (Month Day Year) 7/6/07 | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Eric F. Schulte, MD, 7863 Broadway, Merrillville, IN 46410 | | | | | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Schulte</i> | | | | | | | | | | |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 <u>Stroke</u> JUL 07 2004 | | | | | |
| 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. | | | | | | |