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STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2010 077460

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 DEC 30 AM 9:41

MICHAEL J. SHAWMAN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

The undersigned, Eleanor M. Pomplin, Personal Representative of the Estate of Charlotte J. Ernst, of Lake County, Indiana, being first duly sworn upon her oath, deposes and says:

1. That her brother in law, Jack C. Ernst, died in Munster, Lake County, Indiana, on the 12th day of December, 2007;
2. That her sister, Charlotte J. Ernst, died in Munster, Lake County, Indiana, on the 22nd day of March, 2010;
3. That Jack C. Ernst and Charlotte J. Ernst were legally married as husband and wife at the time they acquired title as husband and wife to the following described real estate in Lake County, Indiana, to wit:

Lot 13 in Block 2 in Chayes Manor Addition to Munster, as per plat thereof, recorded in Plat Book 31, page 35, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 8002 Linden, Munster, IN 46321
Tax ID No: 45-07-18-452-013.000-027

4. 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 death of said Jack C. Ernst.

5. That all funeral expenses in connection with the deaths of Jack C. Ernst and Charlotte J. Ernst have been paid in full.

 CHECKED _____
 CLEARED _____

18⁰²
 FN
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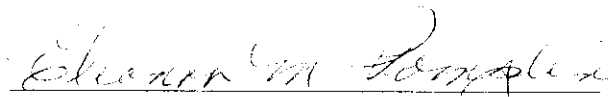
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 PEGGY HULINGA KATONA
 LAKE COUNTY AUDITOR
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6. That all assets of Jack C. Ernst and Charlotte J. Ernst, which would be includable for federal estate and state inheritance tax purposes including joint bank accounts and life insurance on decedents' deaths have been enumerated and all taxes have been paid thereon.

Further your Affiant sayeth not.


ELEANOR M. POMPLIN, Personal
Representative of the Estate of Charlotte
J. Ernst

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN to before me, a Notary Public, on this 13 day of December, 2010.


LISA J. LEGEL, NOTARY PUBLIC

My commission expires: 10/17/2017
Resident of Lake County

This instrument prepared by:

William T. Enslin
Attorney at Law
142 Rimbach
Hammond, IN 46320
(219) 931-1700

I certify, under the penalties for perjury, that I have taken reasonable care to ascertain the identity and number in this document, unless otherwise indicated by the facts.

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2989-07

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) Jack C. Ernst				2. SEX Male	3a. TIME OF DEATH 3:47A M	3b. DATE OF DEATH (Month, Day, Year) December 12, 2007
4. SOCIAL SECURITY NUMBER [REDACTED]-3952	5a. AGE - Last Birthday (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 26, 1926		7. BIRTHPLACE (City and State or Foreign Country) Hammond, IN
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" 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) Community Hospital		
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) Charlotte Brumley		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Oil Worker		12b. KIND OF BUSINESS/INDUSTRY Shell Oil		
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 8002 Linden Avenue
13e. ZIP CODE 46321	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) 12 College (1-4 or 5 +)
18. FATHER'S NAME (First, Middle, Last) Leonard Ernst			19. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Schultz			
20a. INFORMANT'S NAME (Type/Print) Charlotte Ernst			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 8002 Linden Ave. 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) December 17, 2007 Elmwood Cemetery		21c. LOCATION - City or Town, State Hammond, IN		
22a. EMBALMER'S NAME: Sally Runyon		22b. EMBALMER'S LICENSE NO. 20700071		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sally A. Runyon</i>		24b. LICENSE NUMBER (of Licensee) 20700071		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.						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Cardiac Arrest				Approximate Interval Between Onset and Death
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. CUF				
		c. COPD				
		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)		
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>[Signature]</i>				29c. MEDICAL LICENSE NO. 01058432		29d. DATE SIGNED (Month, Day, Year) Dec. 12, 2007
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Y. Fasih 9122 Columbia ave. Munster, IN 46321						
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					32. DATE FILED (Month, Day, Year) December 14, 2007	
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.				



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 883-10

State No.

1. Decedent's Legal Name (First, Middle, Last) Charlotte J. Ernst
1a. Maiden Last Name (If Female) Brumley
2. Sex Female
3. Time Of Death 12:17 am
4. Date Of Death (Month/Day/Year) March 22, 2010
5. Social Security Number 9936
6a. Age - Yrs 80
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date Of Birth (Month/Day/Year) October 24, 1929
8. Birthplace (City And State Of Foreign Country) Hammond, IN
9. Ever In U.S. Armed Forces? No
10. If Death Occurred In A Hospital: Inpatient
10a. If Death Occurred Somewhere Other Than A Hospital: Decedent's Home
11. Facility Name (If Not Institution, Give Street And Number) Community Hospital
12. City Or Town, State, And Zip Code Munster, IN 46321
13. County Of Death Lake
14. Marital Status At Time Of Death Widowed
15. Surviving Spouse's Name
15a. (If Widowed) Give Maiden Last Name
16. Decedent's Usual Occupation Homemaker
17. Kind Of Business/Industry Home
18. Residence - State IN
18a. County Lake
18b. City Or Town Hammond
18c. Street And Number 7012 Ridgeland
18d. Apt. No.
18e. Zip Code 46324
18f. Inside City Limits? Yes
19. Decedent's Education 12
20. Decedent Of Hispanic Origin No
21. Decedent's Race White
22. Father's Name (First, Middle, Last) William Walter Brumley
23. Mother's Name (First, Middle, Last) Estelle Brumley
23a. Mother's Maiden Last Name Orlowski
24. Informant's Name Eleanor M. Pomplin
24a. Relationship To Decedent Sister
24b. Mailing Address (Street And Number, City, State, Zip Code) 7012 Ridgeland, Hammond, IN 46324
25. Place Of Disposition: Elmwood Cemetery, Hammond, IN
26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home, 8415 Calumet Ave, Munster, IN 46321-2521
27a. Funeral Home License Number: 3004968
27b. Signature Of Indiana Funeral Service Licensee: Thomas Burns
27c. License Number (Of Licensee): 1045184
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. X Respiratory suffocation
B. Chronic obstructive pulmonary disease
C. Recurrent pneumonia
D. Acute heart failure
Approximate Interval: Onset To Death 3 yrs, 15 yrs, 2 days, 3 yrs
29. 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? No
30. Were Autopsy Findings Available To Complete The Cause Of Death? No
31. Did Tobacco Use Contribute To Death? No
32. If Female: Not Pregnant Within Past Year
33. Manner Of Death: Natural
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? No
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: Driver/Operator, Passenger, Pedestrian, Other (Specify)
41. Signature Of Person Certifying Cause Of Death: Fred Adler, MD
42. Certifier (Check Only One): Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Fred Adler, MD 889 MacArthur Blvd, Munster, IN 46321
44. License Number: X 01019251
45. Date Certified: March 22, 2010
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature Of Local Health Officer: Susan J. Best, DO
49. For Registrar Only - Date Filed (Month/Day/Year): March 23, 2010

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PERIC 16-3 7-1-10

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