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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 077911

2010 DEC 30 PM 1:54

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL J. HUMAN
RECORDER

A F F I D A V I T

BESSIE A. BISHOP, being first duly sworn upon her oath, states:

1. That she resides at 2039 - 38th Street, Highland, Lake County, Indiana.

2. That she is the surviving widow of JOHN M. BISHOP, who died a resident of Highland, Lake County, Indiana on May 13, 2009. (Death Certificate attached as Exhibit "A")

3. That she is the surviving and exclusive owner of the following parcel of real property, which is located at 2039 - 38th Street, Highland, Lake County, Indiana, and legally described as:

Lot Thirty-One (31), in Melody Lane Gardens Addition to the Town of Highland, Lake County, Indiana, as shown in Plat Book 31, Page 58 at the Recorder's Office

Bessie A. Bishop
BESSIE A. BISHOP

SUBSCRIBED and SWORN to before me, a Notary Public, this 15th day of December, 2010.

Kenneth M. Wilk
KENNETH M. WILK, Notary

My Commission Expires: February 10, 2015
County of Residence : Lake

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.

Kenneth M. Wilk
KENNETH M. WILK

THIS INSTRUMENT PREPARED BY:

KENNETH M. WILK, Attorney at Law
3235 - 45th Street, Highland, Indiana 46322

219/924-2640



FILED

DEC 29 2010

PEGGY HULWAKATONA
LAKE COUNTY AUDITOR

056958

AMOUNT \$ 14
CASH _____ CHARGE _____
CHECK # 5713
OVERAGE _____
COPY _____
NON-COM _____
CLERK AU

E



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 1865-09

State No.

1. Decedent's Legal Name (First, Middle, Last) JOHN M. BISHOP				1a. Maiden Last Name (If Female) N/A		2. Sex M	3. Time Of Death 8:15 PM	4. Date Of Death (Month/Day/Year) MAY 13, 2009	
5. Social Security Number 309-24-9773	6a. Age Yrs 83	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) February 19, 1926		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA	
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 checked="" 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 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 ANGALEE BISHOP			15a. (If Wife) Give Maiden Last Name ACKMAN		16. Decedent's Usual Occupation MARKETING SUPERVISOR		17. Kind Of Business/Industry OIL COMPANY		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND					
18c. Street And Number 2039 38TH STREET					18d. Apt No N/A	18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education Some college credit, but no degree			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JOHN BISHOP				23. Mother's Name (First, Middle, Last) MYRTLE BISHOP			23a. Mother's Maiden Last Name DEERING		
24. Informant's Name ANGALEE BISHOP		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2039 38TH ST. HIGHLAND, INDIANA 46322					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME 9039 KLEINMAN ROAD HIGHLAND, INDIANA 46322					27a. Funeral Home License Number FH10300021		
27b. Signature Of Indiana Funeral Service Licensee <i>Tara J. Wright</i>						27c. License Number (Of Licensee) FD20400058			
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.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Congestive heart failure</u>									
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. <u>Coronary artery disease</u>									
C. _____									
D. _____									
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? <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 checked="" 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						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: <i>Wail Asfour</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: Wail Asfour, M.D. 10010 Don Powers Dr. Munster, IN 46321						44. License Number 01053031A		45. Date Certified 5-15-09	
46. Additional Funeral Service Provider:						47. *Akas			
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>May 15, 2009</i>			