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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 024842

2011 MAY -3 PM 2:05

MICHAEL J. FAJMAN
RECORDER

Return Recorded Document to:

Karen Vine
2024 Davis Avenue
Whiting, IN 46394



SURVIVORSHIP AFFIDAVIT

I, **Karen Vine**, being duly sworn upon her oath, says:

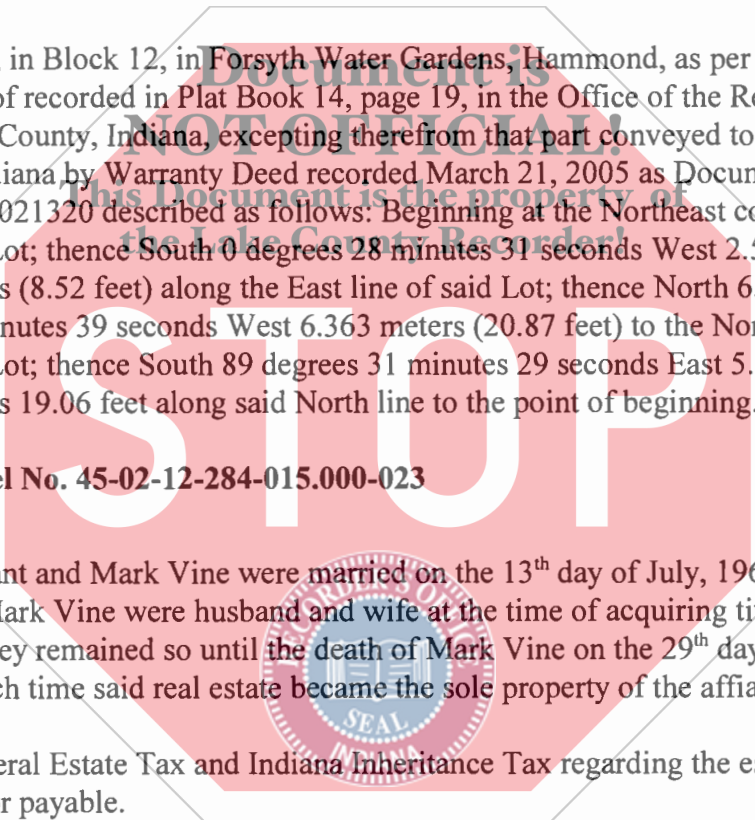
- 1. She is the owner in fee simple of the real estate located in Lake County, State of Indiana, commonly known as **2006 Calumet Avenue, Whiting, Lake County, Indiana**, and more particularly described as follows:

Lot 4, in Block 12, in Forsyth Water Gardens, Hammond, as per plat thereof recorded in Plat Book 14, page 19, in the Office of the Recorder of Lake County, Indiana, excepting therefrom that part conveyed to the State of Indiana by Warranty Deed recorded March 21, 2005 as Document No. 2005 021320 described as follows: Beginning at the Northeast corner of said Lot; thence South 0 degrees 28 minutes 31 seconds West 2.598 meters (8.52 feet) along the East line of said Lot; thence North 65 degrees 25 minutes 39 seconds West 6.363 meters (20.87 feet) to the North line of said Lot; thence South 89 degrees 31 minutes 29 seconds East 5.808 meters 19.06 feet along said North line to the point of beginning.

Parcel No. 45-02-12-284-015.000-023

- 2. That the affiant and Mark Vine were married on the 13th day of July, 1963. That the affiant and Mark Vine were husband and wife at the time of acquiring title to said real estate, and they remained so until the death of Mark Vine on the 29th day of October, 2010, at which time said real estate became the sole property of the affiant.
- 3. That no Federal Estate Tax and Indiana Inheritance Tax regarding the estate of Mark Vine is due or payable.
- 4. That this affidavit is being filed to clarify the title to said real estate.

Further your affiant sayeth not.



AMOUNT \$ 15.00
 CASH _____ CHARGE _____
 CHECK # 1564
 OVERAGE _____
 COPY _____
 DONOR _____
 CLERK AB

FILED

MAY 03 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

052546

Karen Vine

Karen Vine
2024 Davis Avenue, Whiting, IN 46394

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Before me, a Notary Public in and for said county and state, personally appeared Karen Vine, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

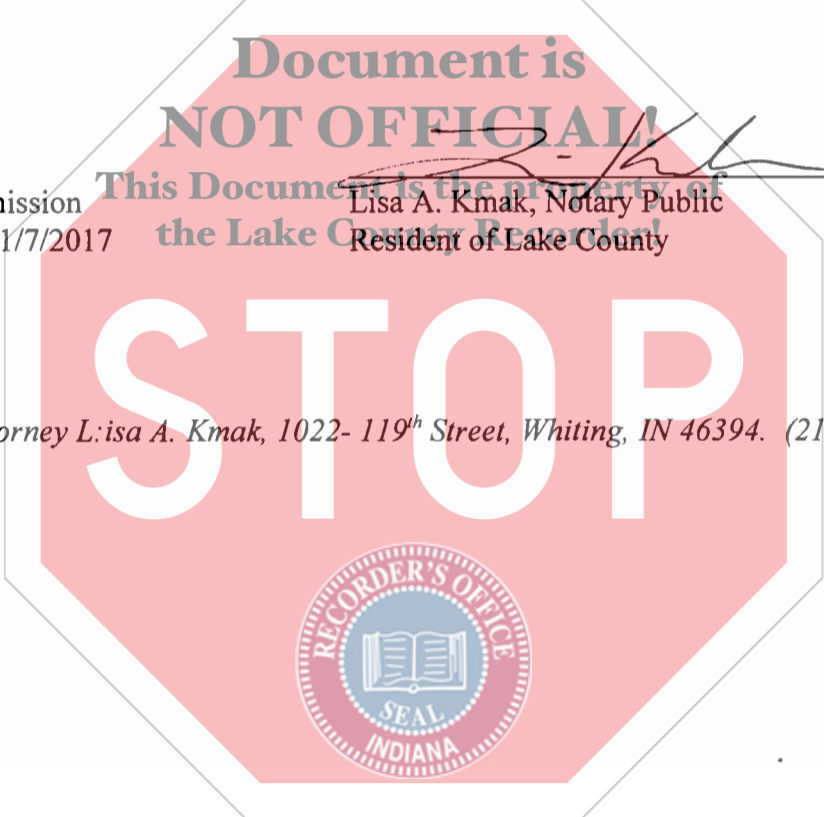
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Signed and sealed this 22nd day of April, 2011.

My Commission
Expires: 11/7/2017

Document is NOT OFFICIAL!
Lisa A. Kmak
This Document is the property of the Lake County Recorder
Lisa A. Kmak, Notary Public
Resident of Lake County

Prepared by: *Attorney Lisa A. Kmak, 1022- 119th Street, Whiting, IN 46394. (219) 659-1355.*





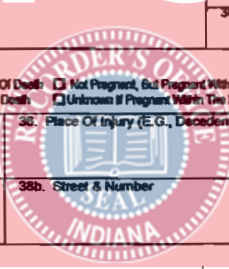
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3844-10

State No.

1. Decedent's Legal Name (First, Middle, Last) MARK J. VINE				1a. Maiden Last Name (if Female) N/A		2. Sex M	3. Time Of Death 6:45 A.M.	4. Date Of Death (Month/Day/Year) OCTOBER 29, 2010	
5. Social Security Number [REDACTED]	6a. Age Yrs 77	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) MARCH 27, 1933		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 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 checked="" 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) 2024 DAVIS AVENUE									
12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46394					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 KAREN M. VINE			15a. (If Wife) Give Maiden Last Name RIX		16. Decedent's Usual Occupation MANAGER OF SAFETY & SECURITY		17. Kind Of Business/Industry LEVER BROTHERS COMPANY		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND (WHITING, INDIANA)					
18c. Street And Number 2024 DAVIS AVENUE				18d. Apt. No.	18e. Zip Code 46394		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) JACOB VINE				23. Mother's Name (First, Middle, Last) KATA VINE		23a. Mother's Maiden Last Name BENSIC			
24. Informant's Name MRS. KAREN M. VINE		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2024 DAVIS AVENUE, WHITING, INDIANA 46394					
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) HERITAGE CREMATORY		25c. Location - City, Town, And State PORTAGE, INDIANA						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility BARAN & SON, INC., 1235-11971 STREET, WHITING, INDIANA 46394					27a. Funeral Home License Number: FDH63007267			
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) FDE01019456			
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. CORONARY ARTERY DISEASE Due To (Or As A Consequence Of): B. ISCHEMIC CARDIOMYOPATHY Due To (Or As A Consequence Of): C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due To (Or As A Consequence Of): 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) INDIANA STATE DEPARTMENT OF HEALTH					37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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>[Signature]</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: Joseph Legaspi, M.D., 9307 Calumet Avenue Munster, Indiana 46321				44. License Number 01059155A		45. Date Certified Nov. 1, 2010			
46. Additional Funeral Service Provider:						47. *Atas:			
48. Signature of Local Health Officer: <i>[Signature]</i>					49. For Registrar Only - Date Filed (Month/Day/Year): November 3, 2010				

NOT OFFICIAL!
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NOV 03 2010
INDIANA STATE DEPARTMENT OF HEALTH