

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 028403

2011 MAY 23 AM 10:26

AFFIDAVIT OF SURVIVORSHIP

MICHAEL J. HANSEN
RECORDER

Joan C. Hamilton, of adult age, being first duly sworn, upon deposes and says:

That Joan C. Hamilton, is the wife of Howard F. Hamilton, deceased, who died on 9/16/2007 a resident of Lake County, .

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

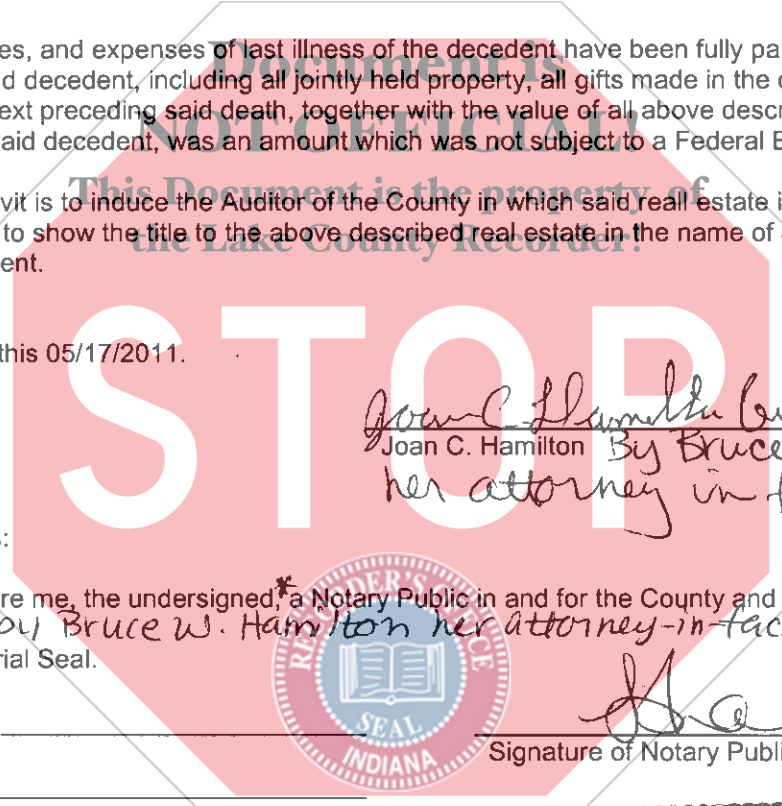
and hereinafter sometimes called "the Real Estate" for convenience by a ~~Deed from recorded as Document No.~~ in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Joan C. Hamilton, surviving spouse of the decedent.

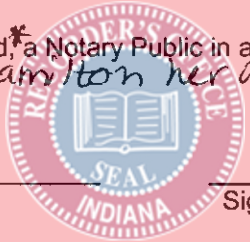
And further affiant sayeth not this 05/17/2011.



Joan C. Hamilton
Joan C. Hamilton By *Bruce W. Hamilton*
her attorney in fact

State of IN, County of Lake ss:

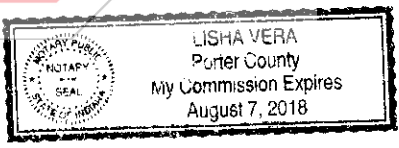
Subscribed and sworn to before me, the undersigned, *a Notary Public in and for the County and State aforesaid, this *5/17/2011
*Joan C. Hamilton by Bruce W. Hamilton her attorney-in-fact
WITNESS my hand and Notarial Seal.



My Commission Expires:

Lisha Vera
Signature of Notary Public

Printed Name of Notary Public



Notary Public County and State of Residence

This instrument was prepared by: *Joan C. Hamilton*

11-23367 LV

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.

[Name] Lisha Vera

NOTE: The individual's name in affirmation statement may be typed, hand written or a signature.

FILED
MAY 20 2011
PEGGY HOLING KATONA
LAKE COUNTY AUDITOR

11-23367

2

HOLD FOR MERIDIAN TITLE

150
m
2m
26909

LEGAL DESCRIPTION

Part of Block 7, Pratt and Ruschli's Subdivision in the City of Crown Point as shown in Plat Book 1, Page 8, in Lake County, Indiana, more particularly described as follows:

Beginning at a point 165.46 feet South and 30 feet East of the point of intersection of the centerlines of Porter Street and Pratt Street, said beginning point also being the Southwest corner of the property deeded to Jack D. and Velma M. Livingston, husband & wife, by Warranty Deed recorded on December 11, 1961 as Document No. 372737; thence East along the South line of the above mentioned Livingston property 135.21 feet to the Southeast corner of the Livingston property; thence South a distance of 67.71 feet to the Northeast corner of the property deeded to Eugene and Norma Jeanne Carey, husband & wife, by Warranty Deed recorded on June 18, 1962 as Document No. 411023; thence West along the North line of the Carey property a distance of 135.18 feet to the Northwest corner of the Carey property; thence North a distance of 67.73 feet to the place of beginning.



* 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

Local No. 2254-07
448067

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) Howard F. Hamilton		2. SEX Male		3a. TIME OF DEATH 7:20 PM		3b. DATE OF DEATH (Month, Day, Yr.) September 16, 2007	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 77		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		6. DATE OF BIRTH (Mo., Day, Yr.) January 02, 1930	
7. BIRTHPLACE (City and State or Foreign Country) Covington, Kentucky		8a. WAR DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1959		9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Residence OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) Colonial Nursing Home				11. CITY, TOWN, OR LOCATION OF DEATH Crown Point		12. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wid. give spouse status) Joan Slusser		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Steel Worker		12b. KIND OF BUSINESS/INDUSTRY Steel Mills	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 310 Pratt St.	
13e. ZIP CODE 46307-		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY USA		15. RACE - American Indian, Black, White, etc. (Specify) White	
16. FATHER'S NAME (First, Middle, Last) James F. Hamilton		17. MOTHER'S NAME (First, Middle, Maiden Surname) Eleanor Dahlgren		18. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary (1-12) 10 College (1-6 or 7+)			
20a. INFORMANT'S NAME (Type/Print) Joan Hamilton		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 310 Pratt St., Crown Point, IN 46307-				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) September 20, 2007 Chapel Lawn Memorial Gardens		21c. LOCATION - City or Town, State Schererville, Indiana			
22a. EMBALMER'S NAME Kevin Knaga		22b. EMBALMER'S LICENSE NO. FD20400005		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24. SIGNATURE OF FUNERAL DIRECTOR <i>Michelle Henry</i>		24a. LICENSE NUMBER (If Licensee) FD29700007		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Garrison Funeral Centre 606 E. 113th Ave. Crown Point, Indiana 46307- PH10700031			
26. PART I. Cite the diseases, injuries, or complications that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or brain failure. (Use only one cause on each line.) Pneumonia Appraisal Interval Between Causes and Death: 5 days Septicemia 5 days							
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. digestive tract failure Diabetes Mellitus							
27. WAS DECEASED 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 Kevin M.D.		29c. MEDICAL LICENSE NO. 0106119A		29d. DATE SIGNED (Month, Day, Year) 9/17/2007			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Kevin Hartzell M.D. 123 N. Court St., Crown Point, IN 46307							
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best, D.O.</i>						32. DATE FILED (Month, Day, Year) September 19, 2007	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
						34d. DESCRIBE HOW INJURY OCCURRED	

