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2011 MAY 25 AM 10:15

MICHAEL J. ROMAN
RECORDER



Fidelity National Title Insurance Company

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

Barry D. Weiss, being first duly sworn upon oath, deposes and says:

1. That Jody L. Weiss died on May 25, 2006 at Munster, Indiana (City/State)
2. That Barry D. Weiss and Jody L. Weiss were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot 96, in Briar Creek Addition, to the Town of Munster, as per plat thereof, recorded in Plat Book 65 page 44, in the Office of the Recorder of Lake County, Indiana Parcel No. 45-07-31-476-006.000-027
3. 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 (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Barry D. Weiss

Barry D. Weiss Affiant Signature

STATE OF Indiana)
) SS:
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Barry D. Weiss who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 7th day of January, 20 11.

Resident of Lake Indiana
My Commission Expires Sept. 29, 2013



Signature *Janet King*
Printed Janet King

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. Janet King [Name]

This instrument prepared by Barry D. Weiss

FILED

MAY 17 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

026829

AMOUNT \$ 13⁰⁰
CASH _____ CHARGE FW
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLEAN _____ FW

FIDELITY NATIONAL TITLE INSURANCE COMPANY

920108292

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 1336-06
30455

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

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POSITION

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1. DECEASED—NAME (First, Middle, Last) Jody L. Weiss		2. SEX Female	3a. TIME OF DEATH 7:50P M	3b. DATE OF DEATH (Month, Day, Yr.) May 25, 2006	
4. SOCIAL SECURITY NUMBER [REDACTED]-5268	5a. AGE—Last Birthday (Years) 52	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) Aug. 2, 1953	
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	7c. 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			
8b. FACILITY NAME (If not institution, give street and number) Community Hospital		8c. CITY, TOWN, OR LOCATION OF DEATH Munster	8d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Barry Weiss	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher	12b. KIND OF BUSINESS/INDUSTRY Education		
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster	13d. STREET AND NUMBER 10413 Sandy Lane		
13e. ZIP CODE 46321	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> College (1-4 or 5+) 5+		18. FATHER'S NAME (First, Middle, Last) Goodwin Lubliner			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Lorraine Teplitz		20a. INFORMANT'S NAME (Type/Print) Barry Weiss			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10413 Sandy Lane, Munster, IN 46321		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) May 28, 2006 Beth El Cemetery		21c. LOCATION—City or Town, State Portage, IN		
22a. EMBALMERS NAME N/A		22b. EMBALMER'S LICENSE NO. N/A	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) 1021590	24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321		
25. 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. Approximate Interval Between Cause and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Congestive Heart Failure</i>		<i>Weeks</i>	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. _____		_____	
c. _____		d. _____		_____	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Breast Cancer</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. 101038072	29d. DATE SIGNED (Month, Day, Year) June 02, 2006		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) E. Robin, MD 801 MacArthur Blvd. Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But. D.O.</i>			32. DATE FILED (Month, Day, Year) <i>[Signature]</i> 2006		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> -		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE DEATH RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

