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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 042560

2011 AUG -9 AM 8:57

MICHELLE ELLMAN  
RECORDER

STATE OF INDIANA }  
COUNTY OF Lake }

SS:

AFFIDAVIT OF SURVIVORSHIP

Karen Pender, being of legal age, and duly sworn on her oath deposes and says:

That Karen Pender is the owner in fee simple title of the following described real estate located in Lake County, Indiana, to-wit:

See Exhibit A.

Affiant further states that Karen A. Pender and now deceased David Pender, were married at the time they acquired title to aforesaid real estate until the death of David Pender on September 25, 2002, at which time this affiant acquired title to said real estate as a surviving tenant by the entireties. Indiana State Board of Health Medical Certificate of Death # 1763-02 issued Lake County/State of Indiana.

There has not been any administration upon the estate of the said David Pender, deceased, nor is any administration contemplated.

The estate of David Pender was not subject to any Federal Estate Tax.

Affiant makes this affidavit for the purpose of causing the proper transfer of the real estate in the Offices of the Auditor of Lake County, Indiana.

Karen A. Pender  
Karen A. Pender

Subscribed and sworn to before me a Notary Public, in and for said county, this 5<sup>th</sup> day of August 2008. 2011.

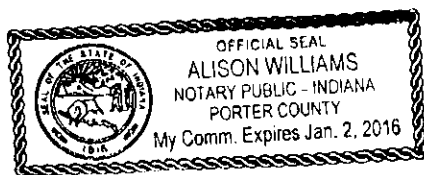
My commission expires 1-2-2011



Alison Williams

Notary

I live in Porter County



This instrument prepared by aw for Alison Williams  
Form BRP100

**FILED**  
AUG 09 2011  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

#15  
CS  
CA

028152

EXHIBIT A

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Application #: <u>0530893343</u>	Address:	1329 S ILLINOIS ST
Borrower: KAREN A PENDER		HOBART, IN 463426003
		LAKE County
	Parcel ID Number:	45-13-05-253-005.000-018

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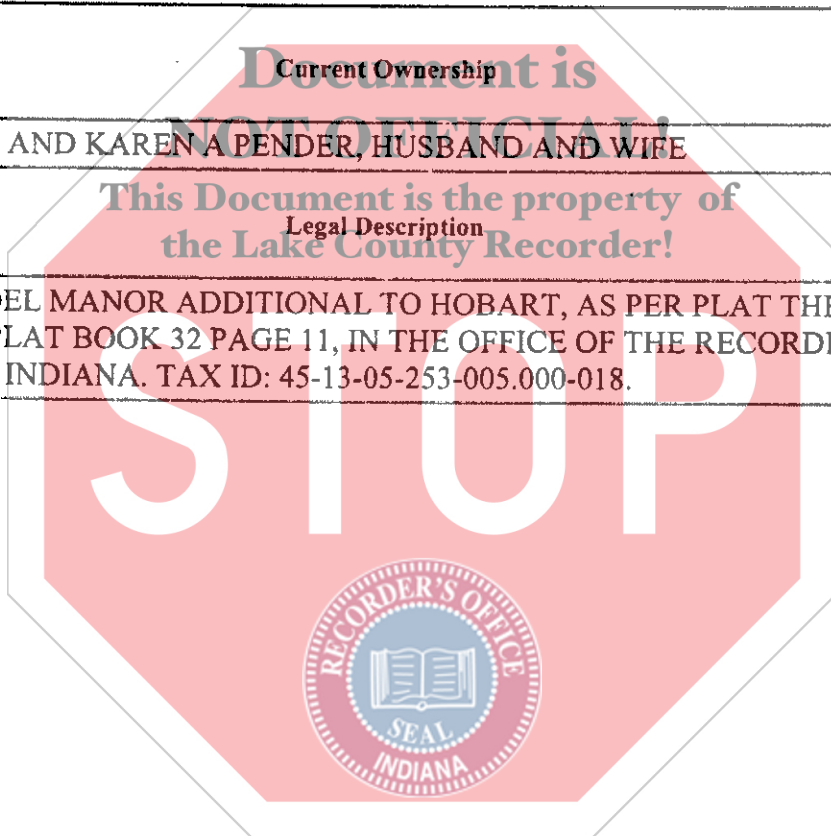
**Current Ownership**

DAVID PENDER AND KAREN A PENDER, HUSBAND AND WIFE

**This Document is the property of  
the Lake County Recorder!**

**Legal Description**

LOT 29, IN SPI-DEL MANOR ADDITIONAL TO HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32 PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. TAX ID: 45-13-05-253-005.000-018.



ATTENTION ESTATE: Disclosure of the # we need to pursue our responsibilities voluntary and there will be no penalty for usal.

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

Local No. 1763-02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

1. DECEASED - NAME (First, Middle, Last) David Pender		2. SEX Male		3a. TIME OF DEATH 11:35 AM		3b. DATE OF DEATH (Month, Day, Year) September 25, 2002	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 69		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 DAY Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) August 09, 1933		7. BIRTHPLACE (City and State or Foreign Country) Hobart Indiana					
8a. WAS DECEASENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1962		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			
9a. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center				9b. CITY, TOWN, OR LOCATION OF DEATH Hobart		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Karen Downey		12a. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Lineman		12b. KIND OF BUSINESS/INDUSTRY NIPSCO	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 1329 S. Illinois St.	
13e. ZIP CODE 46342		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASENT 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. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+): N/A		18. FATHER'S NAME (First, Middle, Last) Dewey Pender			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Leatha Nichols				20a. INFORMANT'S NAME (Type/Print) Karen Pender		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1329 S. Illinois St., Hobart, IN 46342	
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 28, 2002 EVERGREEN MEMORIAL PARK CEMETERY		21c. LOCATION - City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME Craig Byron Malone		22b. EMBALMER'S LICENSE NO. 01022392		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of License) FD1013890		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home 701 E. 7th Street, Hobart, Indiana FH83002390 46342-			
26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, check, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause first		a. <i>Direct primary cause</i> DUE TO (OR AS A CONSEQUENCE OF): <i>acute myocardial infarction</i>		b. <i>Coronary artery disease</i> DUE TO (OR AS A CONSEQUENCE OF): <i>status post coronary artery bypass surgery</i>		Approximate Interval Between Onset and Death <i>minutes</i> <i>minutes</i> <i>years</i> <i>years</i>	
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) 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. 31712		29d. DATE SIGNED (Month, Day, Year) 10-1-02	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Dr. Jack Ziegler, M.D., 1400 South Lake Park Avenue, Hobart, IN 46342							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) October 2, 2002					
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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) September 25, 2002		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.					

TYPE/PRINT IN PERMANENT BLACK INK  
DECEASENT  
INFORMANT  
DISPOSITION  
CAUSE OF DEATH  
CERTIFIER  
HEALTH OFFICER

