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2011 072100

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 DEC 13 PM 1:24

MICHELLE JOHNSON
RECORDER

Record & Return to: Robert L. Meinzer, Jr., P. O. Box 111, St. John, IN 46373

STATE OF INDIANA)
) SS: AFFIDAVIT
COUNTY OF LAKE)

JENITA PUNCHARD being first duly sworn upon her oath, deposes and says:

1. That I was married to Frank Punchard, and while married to him, acquired title to the real estate commonly known as 11460 West 93rd Street, St. John, Indiana 46373, and legally described as follows:

The West 75 feet of the following described tract: Part of the Southeast Quarter of the Southeast Quarter of Section 29, Township 35 North, Range 9 West of the Second Principal Meridian described as follows: Beginning at a point on the South line of said section, which point is marked by a track spike and is 642.31 feet West of the Southeast corner of said section; thence North 393.02 feet; thence West 300 feet; thence South parallel with the first described line 394.58 feet to the South line of said section; thence East 300 feet to the place of beginning, in the Town of St. John, Lake County, Indiana.
Parcel No: 45-11-29-476-018.000-035

2. That title was taken under the name of Frank Punchard and Jenita Punchard, husband and wife, as tenants by the entireties.

3. That Frank Punchard died on June 18, 2011; that a copy of his death certificate is attached hereto, made a part hereof, and marked as Exhibit A, with redacted personal information.

4. That the purpose of this Affidavit is to remove Frank Punchard's name from the title and to place the title strictly in the undersigned's name as surviving spouse.

Further Affiant saith not.

I affirm under the penalties of perjury, that the aforesaid representations are true.

Jenita Punchard

JENITA PUNCHARD

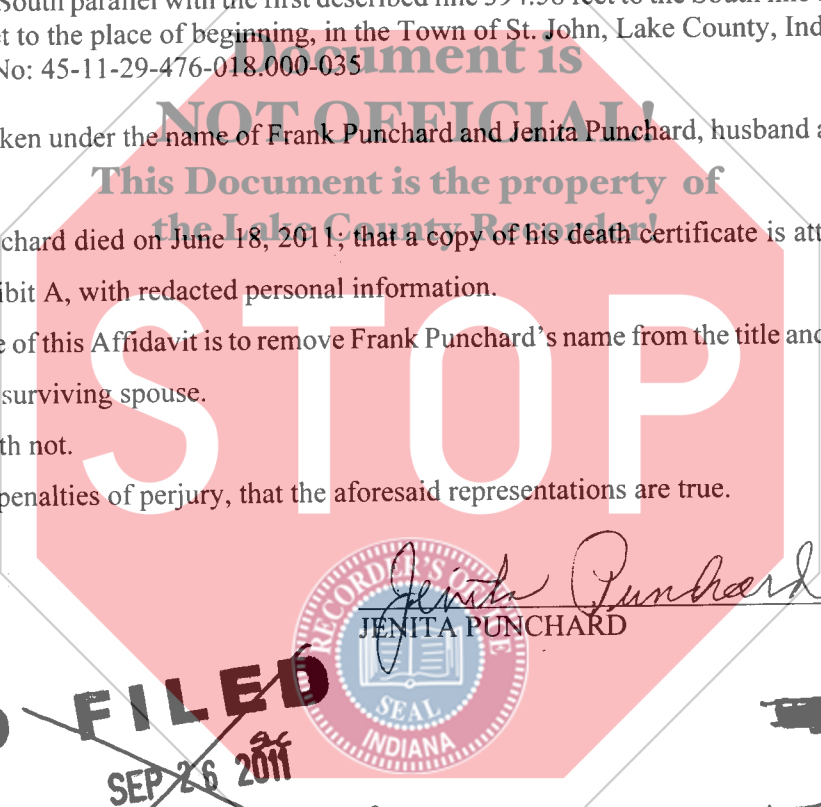
FILED **FILED**

SEP 26 2011

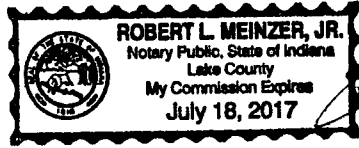
DEC 08 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

057454

AMOUNT \$ 15.00
CASH _____ CHARGE _____
CHECK # 1570
OVERAGE _____
COPY _____
NON-COM _____
CLERK Rm



SUBSCRIBED AND SWORN to before me, a Notary Public, this 20 day of September, 2011.




ROBERT L. MEINZER, JR., Notary Public

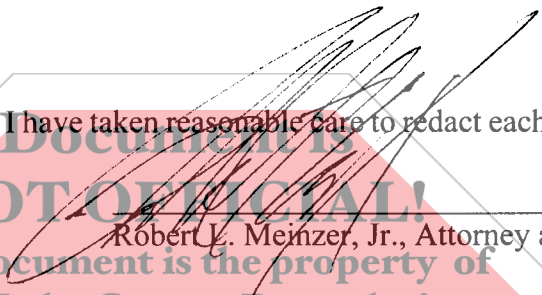
This Instrument Prepared by:

ROBERT L. MEINZER, JR. #9132-45, Attorney at Law

9190 Wicker Avenue, P. O. Box 111, St. John, IN 46373-111

Tel: (219) 365-4321; fax 219-365-9510

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.


Document is NOT OFFICIAL!

Robert L. Meinzer, Jr., Attorney at Law

This Document is the property of the Lake County Recorder!

STOP





Local No 001866

EDR No 00000204756

State No

1. Decedent's Legal Name (First, Middle, Last) FRANK PUNCHARD				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 02:31 AM		4. Date Of Death (Month/Day/Year) 06/18/2011					
5. Social Security Number 3700		6a. Age - Yrs 85		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour					
7. Date of Birth (Month/Day/Year) 1925		8. Birthplace (City and State or Foreign Country) WEST FRANKFORT, IL													
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 checked="" 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 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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER															
12. City Or Town, State, And Zip Code DYER, IN, 46311						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 JENITA PAULINE PUNCHARD				15a. (If Wife) Give Maiden Last Name TABOR				16. Decedent's Usual Occupation STEELWORKER		17. Kind Of Business/Industry REXNORD					
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town ST. JOHN		18d. Apt. No.		18e. Zip Code 46373		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 11460 WEST 93RD STREET				19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Father's Name (First, Middle, Last) GEORGE PUNCHARD						23. Mother's Name (First, Middle, Last) ALICE PUNCHARD			23a. Mother's Maiden Last Name SMITH						
24. Informant's Name JENITA PAULINE PUNCHARD				24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 11460 WEST 93RD STREET, ST. JOHN, IN 46373									
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) ST PETER AND PAUL CEMETERY				25c. Location - City, Town, And State HERSCHER, IL							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373				27a. Funeral Home License Number: FH19900052							
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09200077									
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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. SEVERE ISCHEMIC CONGESTIVE CARDIOMYOPATHY Due to (Or As A Consequence Of): 5 YEARS 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. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence Of):															
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I NONE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No						31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: ARVIND N. GANDHI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other Health Care Provider <input type="checkbox"/> Other (Specify)									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ARVIND N. GANDHI, 10010 DONALD POWERS DRIVE, MUNSTER, IN 46321						44. Lake County Health Department LAKE COUNTY HEALTH DEPARTMENT		45. Date Certified 06/20/2011		46. Additional Funeral Service Provider:					
47. JUN 20 2011						48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE									
49. For Registrar Only - Date Filed (Month/Day/Year): JUN 20 2011						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									