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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**AFFIDAVIT**

STATE OF INDIANA  
COUNTY OF LAKE

2011 074322  
) SS:

2011 DEC 22 AM 10:35

MICHELLE FAJMAN  
RECORDER

**ROGER D. FOWLER**, being first duly sworn upon oath, depose(s) and say(s):

1. That **C. Roger Fowler a/k/a Clyde Roger Fowler a/k/a Clyde R. Fowler**, died without leaving a will on April 12, 2011 at, Munster Med-Inn, in Lake County, Indiana.
2. That **C. Roger Fowler a/k/a Clyde Roger Fowler a/k/a Clyde R. Fowler** acquired title with Dorothy L. Fowler who preceded him in death, as Tenants by the Entirety, in the following described real estate:  
*AKA Dorothy Fowler MS*

**Lot No. 18, as marked and laid down on the recorded plat of Parkland Terrace Second Addition to the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 25, Page 81, in the Office of the Recorder of Lake County, Indiana.**

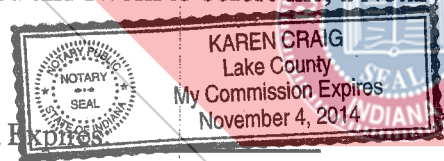
3. That the following person (s) are the true and lawful heir(s) of **C. Roger Fowler a/k/a Clyde Roger Fowler a/k/a Clyde R. Fowler**; Roger D. Fowler (son) and Terry R. Fowler (son).
4. That all funeral expenses in connection with the death of said decedent have been paid in full. **This Document is the property of the Lake County Recorder.**
5. That all of the assets of said decedent which would be included 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 saith naught.

*Roger D. Fowler*  
Roger D. Fowler

**FILED**  
DEC 21 2011  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public this 19th day of December, 2011.

  
KAREN CRAIG  
Lake County  
My Commission Expires  
November 4, 2014

My Commission Expires \_\_\_\_\_  
County of Residence: \_\_\_\_\_

*Karen Craig*, Notary Public

*1/4*  
*CM*  
*run*  
*com*  
*RM*

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

**030162**

COMMUNITY TITLE COMPANY  
FILE NO L111768



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH - RESUBMIT

Local No 001176

EDR No 00000194106

State No 016468

1. Decedent's Legal Name (First, Middle, Last) <b>CLYDE ROGER FOWLER</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>08:30 AM</b>	4. Date Of Death (Month/Day/Year) <b>04/12/2011</b>	
5. Social Security Number <b>712-16-7603</b>	6a. Age - Yrs <b>96</b>	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) <b>08/09/1914</b>	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		9. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>	
11. Facility Name (if Not Institution, Give Street and Number) <b>MUNSTER MED-INN</b>							
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>				13. County Of Death <b>LAKE</b>		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		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>FRIEGHT AGENT</b>		17. Kind Of Business/Industry <b>INDIANA HARBOR BELT RAILROAD</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18d. Apt. No.	
18c. Street And Number <b>6261 DELAWARE AVENUE</b>		18e. Zip Code <b>46323</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>CLYDE I. FOWLER</b>		23. Mother's Name (First, Middle, Last) <b>LUCILLE FOWLER</b>		23a. Mother's Maiden Last Name <b>WESTBY</b>			
24. Informant's Name <b>ROGER FOWLER</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7244 OHIO AVENUE, HAMMOND, IN 46323</b>			
25. Place Of Disposition							
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) <b>CHAPEL LAWN MEMORIAL GARDENS</b>		25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323</b>				27a. Funeral Home License Number <b>FH10600033</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>JOSE G. CORONA, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee) <b>FD08601373</b>	
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. FAILURE TO THRIVE SYNDROME Date Of As A Consequence Of: <b>8 WEEKS</b>							
B. ORGANIC BRAIN SYNDROME Date Of As A Consequence Of: <b>3 YEARS</b>							
C. ESSENTIAL HYPERTENSION Date Of As A Consequence Of: <b>3 YEARS</b>							
D. MODERATE MALNUTRITION Date Of As A Consequence Of: <b>2 MONTHS</b>							
Sequently 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							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							
89. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		90. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
91. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		92. 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 45 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 46 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		93. 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			
94. Date Of Injury (Month/Day/Year)		95. Time Of Injury		96. Location Of Injury - State		97. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
98. Describe How Injury Occurred		98a. City Or Town		98b. Apt. No.		98c. Zip Code	
41. Signature Of Person Certifying Cause Of Death: <b>FRED ADLER, BY ELECTRONIC SIGNATURE</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Date Certified <b>04/13/2011</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>FRED ADLER, 800 MAG ARTHUR BLVD STE 2, MUNSTER, IN 46321</b>				44. License Number <b>01019251A</b>		47. *Alias	
46. Additional Funeral Service Provider:				48. Signature Of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>			
48. Signature Of Local Health Officer:				49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 26 2011</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							
51. 712-16-7603 49: 4/13/2011 12:06:00 AM 49: 14-APR-11							

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

