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*This Document is being re-recorded to correct the Legal Description

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA)

COUNTY OF LAKE)

SS: 2011 073260

2011 DEC 19 AM 9:53

MIC

Comes now **DAVID D. HOOVER**, being duly sworn upon his oath, and states:

1. Donald M. Hoover died intestate, a resident of Lake County on October 14, 2002. His wife, Virginia D. Hoover, died testate, a resident of Lake County, Indiana on June 10, 2011.

2. The affiant herein, **DAVID D. HOOVER**, also their son, was appointed Personal Representative of the Estate of Virginia D. Hoover on July 14, 2011 by the Circuit Court of Lake County under Cause No. 45C01-1107-EU-089.

3. Donald M. Hoover and Virginia D. Hoover, husband and wife, both now deceased, were the owners in fee simple of the following described real estate located in Lake County, Indiana:

LOT ^{*20} 10 IN WIRTZ CROWN HEIGHTS, UNIT NO. 1, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 37, PAGE 10, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 2220 West 93rd Place, Crown Point, Indiana 46307.

4. Donald M. Hoover and Virginia D. Hoover, both now deceased, were husband and wife at the time they acquired title to said real estate as tenants by the entireties.

5. The marital relationship which existed between Donald M. Hoover and Virginia D. Hoover, continued unbroken from the time they so acquired title to said real estate until the death of Donald M. Hoover on October 14, 2002, at which time Virginia D. Hoover acquired title to the real estate as the surviving tenant by the entireties.

6. The gross value of the estate of Donald M. Hoover, as determined for the purposes of federal estate taxes, did not require the filing of a Federal Estate Tax Return. The estate of Donald M. Hoover was not subject to Indiana inheritance tax.

FILED
DEC 27 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

David D. Hoover
DAVID D. HOOVER, Personal Representative
of the Estate of Virginia D. Hoover

030221

FILED
DEC 14 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Subscribed and sworn to before me on November 21, 2011.

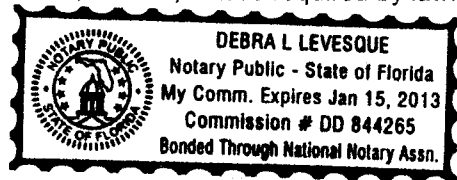
My Commission Expires: Jan. 15, 2013
County of Residence: *Brevard*

Debra L. Levesque
Notary Public

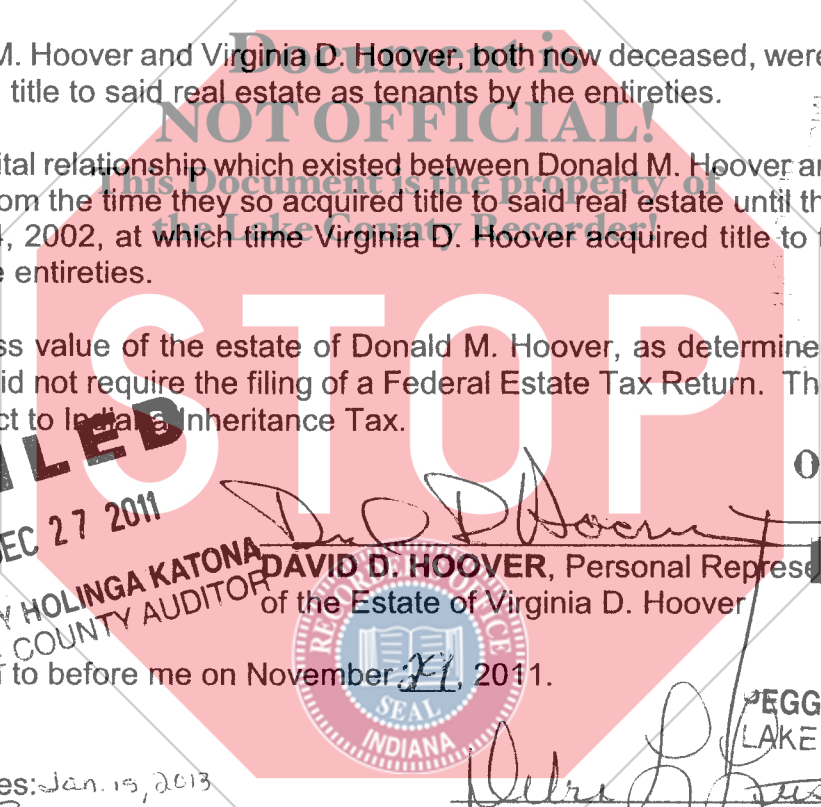
Prepared by: Kent A. Jeffirs, Attorney at Law, 104 W. Clark Street, Crown Point, IN 46410. I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

92011-4214

4792



This is to certify that this is a true and correct copy of the original.
Debra L. Levesque



12/14
14/11
2011
FN
LM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-12-32-203-012.000-029

Local No 001798

EDR No 00000203573

State No

1. Decedent's Legal Name (First, Middle, Last) VIRGINIA D HOOVER		1a. Maiden Name (If female) HURYSZ		2. Sex FEMALE		3. Time Of Death 10:04 PM		4. Date Of Death (Month/Day/Year) 06/10/2011	
5. Social Security Number ██████████		6a. Age - Yrs 87		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) 05/04/1924		8. Birthplace (City and State or Foreign Country) CHICAGO, IL					
9. 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 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 ANTHONY MEDICAL CENTER OF CROWN POINT									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307				13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT					
18c. Street And Number 2220 WEST 93RD PLACE				18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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) JOHN HURYSZ			23. Mother's Name (First, Middle, Last) HELEN HURYSZ			23a. Mother's Maiden Last Name HERMA			
24. Informant's Name DAVID HOOVER		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 210 FOREST HILL DRIVE, COCOA, FL 32926					
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL HOME INC.-MERRILLVILLE, 7905 BROADWAY, MERRILLVILLE, IN 46410-5559					27a. Funeral Home License Number: FH83007762		
27b. Signature Of Indiana Funeral Service Licensee: ALEXIS G. THANOS, BY ELECTRONIC SIGNATURE					27c. License Number (Of Licensee): FD08600505				
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) Approximate Interval: Onset To Death Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE SUBARACHNOID HEMORRHAGE LEFT FRONTAL LOBE UNKNOWN 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. SEVERE PANCYTOPENIA POST CHEMOTHERAPY C. LEITIS D. RIGHT SIDED COLON CANCER STAGE IIA									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I ACUTE RENAL FAILURE, BREAST CANCER HISTORY					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 checked="" type="checkbox"/> No					31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> Pregnant 43 Days To 1 Year Before Death		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 checked="" 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: SHOAB H. RASHEED, BY ELECTRONIC SIGNATURE					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SHOAB H. RASHEED, 1201 S MAIN ST STE 201B, CROWN POINT, IN 46307					44. License Number 01066300A		45. Date Certified 06/13/2011		
46. Additional Funeral Service Provider:					47. Akas:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year) JUN 14 2011				