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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 041007

2012 JUN 21 AM 9:53

SURVIVORSHIP AFFIDAVIT

MICHAEL H. FAJMAN  
RECORDER

620121586M(INV)

On June 4, 2012 before me personally appeared  
Kenneth A. Hardin  
to me personally known, who being duly sworn on oath did say that:

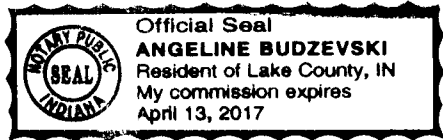
- Affiant resides at the address give below affiant's signature;
- Affiant is OWNER  
(state interest of affiant in the above premises as "owner", "son of owner", etc)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Kenneth A. Hardin and Betty Hardin;
- Said Betty Hardin  
(complete name of deceased co-tenant)  
died on JANUARY 28, 2011 leaving No will;  
insert "a" or "no" if will, attach a copy
- The legal description of the premises in question is:  
LOT 65, IN THE PARK SECOND ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 37, PAGE 6, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, IN.
- Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent?  Yes  No If yes, then estimated taxes due are \$ \_\_\_\_\_  
The taxes due are  paid or  unpaid.
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  Yes  No  
If yes, identify the divorce proceedings: \_\_\_\_\_
- Affiant's relationship to the deceased was SPOUSE

Signature: Kenneth Hardin  
Printed Name: Kenneth A. Hardin  
Address: 520 EAST 40th Place  
GRIFFITH, IN. 46319

Subscribed and sworn to before me by the affiant  
on June 4, 2012, before me Angeline Budzevski a Notary Public  
My County of Residence is: Lake In the State of Indiana  
My Commission Expires: April 13, 2017

This instrument prepared by Angeline Budzevski

FILED



24001

JUN 20 2012  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

1300  
CT  
RN

**ISSUED BY MARION COUNTY HEALTH DEPARTMENT**  
**INDIANA STATE DEPARTMENT OF HEALTH**  
**CERTIFICATE OF DEATH**



Local No **000640**

EDR No **000000180450**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>BETTY HARDIN</b>				1a. Maiden Name (if female) <b>SHANNER</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>05:05 AM</b>	4. Date Of Death (Month/Day/Year) <b>01/28/2011</b>
5. Social Security Number <b>313-36-2703</b>	6a. Age - Yrs <b>73</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>03/17/1937</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>
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 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 checked="" 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) <b>8825 ALGECIRAS DRIVE</b>				12. City Or Town, State, And Zip Code <b>INDIANAPOLIS, IN, 46250</b>		13. County Of Death <b>MARION</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
15a. (If Wife) Give Maiden Last Name			15b. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>TEACHER</b>		17. Kind Of Business/Industry <b>SCHOOL SYSTEM</b>
18. Residence - State <b>INDIANA</b>		18a. County <b>MARION</b>		18b. City Or Town <b>INDIANAPOLIS</b>		18c. Street And Number <b>8825 ALGECIRAS DRIVE</b>	18d. Apt. No. <b>1 D</b>	18e. Zip Code <b>46250</b>
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</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>CHARLES SHANNER</b>			23. Mother's Name (First, Middle, Last) <b>THELMA SHANNER</b>			23a. Mother's Maiden Last Name <b>MAUCK</b>		24. Mailing Address (Street And Number, City, State, Zip Code) <b>8825 ALGECIRAS DRIVE APT 1 D, INDIANAPOLIS, IN 46250</b>
24. Informant's Name <b>KENNETH HARDIN</b>		24a. Relationship To Decedent <b>HUSBAND</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. Location - City, Town, And State <b>SCHERERVILLE, IN</b>
25c. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>MEMORY LANE</b>		27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number <b>FH10300021</b>
28. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Signature Of Indiana Funeral Service Licensee: <b>TARA LYNN WRIGHT, BY ELECTRONIC SIGNATURE</b>		29a. License Number (Of Licensee) <b>FD20400058</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) <b>A. ANAL CARCINOMA, METASTATIC TO LUNGS</b>		
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death <b>8 MONTHS</b>		
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 checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 43 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)		38a. City Or Town		38b. Zip Code
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code
38. 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: <b>DANIEL T. MILTON, BY ELECTRONIC SIGNATURE</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01063353A</b>		45. Date Certified <b>02/01/2011</b>
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>DANIEL T. MILTON, 8301 HARCOURT ROAD, INDIANAPOLIS, IN 46280</b>				47. *Alias:		49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 07 2011</b>		
48. Additional Funeral Service Provider:				49. For Registrar Only - Date Filed (Month/Day/Year):				
48. Signature Of Local Health Officer: <b>VIRGINIA A. CAINE, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year):				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 63396 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.