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**AFFIDAVIT**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:  
Tax I.D. No. 45-13-08-126-013.000-046

**2012 042159**

**2012 JUN 26 AM 10:35**

MICHELLE S. FAJMAN  
RECORDER

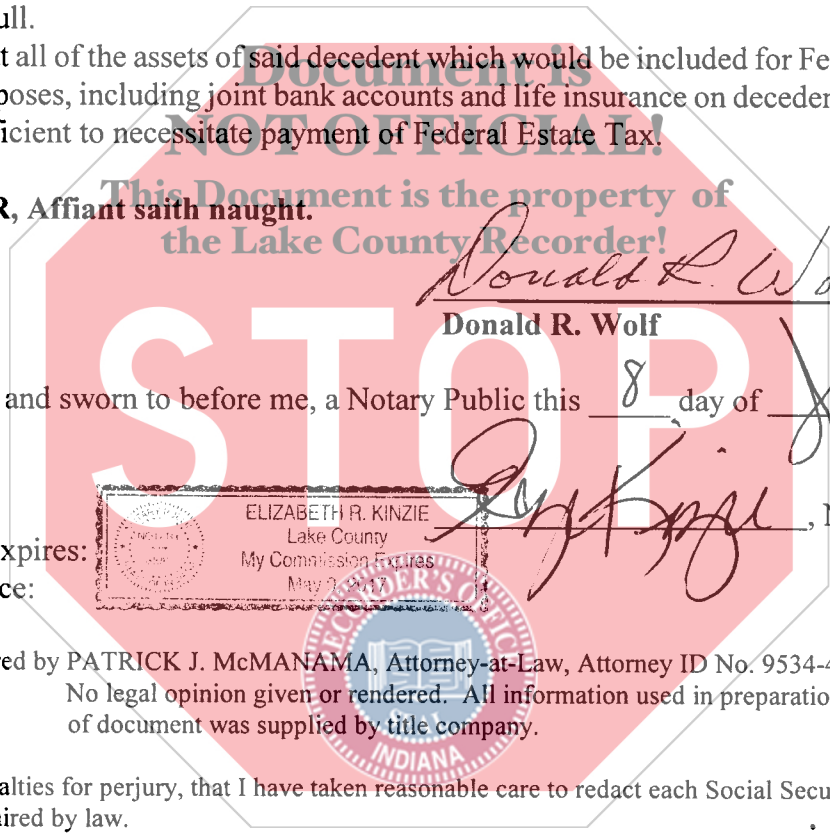
**Donald R. Wolf**, being first duly sworn upon oath, depose(s) and say(s):

1. That Affiant's wife, **Carol E. Wolf** died without leaving a will on April 30, 2012, in Hamilton County, Indiana.
2. That the Affiant and **Carol E. Wolf** were duly and legally married at the time they acquired title in the following described real estate:

**Lot 275 in Unit 16 in Barrington Ridge, a Planned Unit Development in the City of Hobart as per plat thereof, recorded in Plat Book 83 page 13, in the Office of the Recorder of Lake County, Indiana.**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
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.**



*Donald R. Wolf*  
Donald R. Wolf

Subscribed and sworn to before me, a Notary Public this 8 day of June, 2012.

*Elizabeth R. Kinzie*  
Notary Public



My Commission Expires:  
County of Residence:

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.

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.

*142  
Dmcm  
LPT  
AM*

*Elizabeth R. Kinzie*  
Signature of Preparer

**FILED** *Elizabeth Kinzie*  
Name of Preparer

**JUN 22 2012**

**002604**

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

**COMMUNITY TITLE COMPANY  
FILE NO 122583**



05/12

INDI

# HAMILTON COUNTY HEALTH DEPARTMENT CERTIFICATE OF DEATH

This photocopy is a true copy of the record on file with the Hamilton County Health Dept.

DATE MAY 02 2012

Local No **000450**

1. Decedent's Legal Name (First, Middle, Last) <b>CAROL E WOLF</b>			2. Sex <b>FEMALE</b>			3. Time Of Death <b>04:16 AM</b>		4. Date Of Death (Month/Day/Year) <b>04/30/2012</b>	
5. Social Security Number <b>[REDACTED]</b>			6a. Age - Yrs <b>75</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>10/30/1936</b>		8. Birthplace (City and State or Foreign Country) <b>ERIE, PA</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>11077 CHANDLER WAY</b>									
12. City Or Town, State, And Zip Code <b>FISHERS, IN, 46038</b>					13. County Of Death <b>HAMILTON</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 <b>DONALD WOLF</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>TEACHER</b>		17. Kind Of Business/Industry <b>EDUCATION</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>HAMILTON</b>			18b. City Or Town <b>FISHERS</b>				
18c. Street And Number <b>11077 CHANDLER WAY</b>					18d. Apt. No.		18e. Zip Code <b>46038</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</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>CARL EIGABROADT</b>			23. Mother's Name (First, Middle, Last) <b>ETHEL EIGABROADT</b>			23a. Mother's Maiden Last Name <b>CARNEY</b>			
24. Informant's Name <b>SALLY WOLF</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>11077 CHANDLER WAY, FISHERS, IN 46038</b>					
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>OAKLAWN MEMORIAL GARDENS</b>			25c. Location - City, Town, And State <b>INDIANAPOLIS, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>RANDALL &amp; ROBERTS FUNERAL CENTER, 1685 WESTFIELD RD., NOBLESVILLE, IN 46062</b>					27a. Funeral Home License Number: <b>FB41000001</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>JASON A. BEAR, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD20200088</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. <b>METASTATIC COLON CANCER</b>				Due to (Or As A Consequence Of): <b>30 MONTHS</b>		
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					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 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 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: <b>PATRICK JOSEPH LOEHRER, 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. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>PATRICK JOSEPH LOEHRER, 535 BARNHILL DR ROOM 455, INDIANAPOLIS, IN 46202</b>					44. License Number <b>01030846A</b>		45. Date Certified <b>05/01/2012</b>		
46. Additional Funeral Service Provider:					47. *Akas:				
48. Signature of Local Health Officer: <b>CHARLES HARRIS, VIA ELECTRONIC SIGNATURE</b>					49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 02 2012</b>				
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									