

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 042375

2012 JUN 27 AM 9:14

MICHELLE R. FAJMAN
RECORDER



Fidelity National Title Insurance Company

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake)

SS: 45-16-00-204-001,000-042.

Carmen L. Kile, being first duly sworn upon oath, deposes and says:

1. That Robert Pepper Kile died on 4/23rd, 2005 at Crown Point In.
(City/State)
2. That Robert Pepper Kile and Carmen L. Kile were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot 57 in White Hawk Country Club Phase 1, an addition to the City of Crown Point, as per plat thereof, recorded in Plat Book 83 page 58, and amended by a certain certificate of correction recorded October 28, 1997 as Document #97073314 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 (his) (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 includable 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 sayeth not.

Carmen L. Kile
Carmen L. Kile (Affiant Signature)

STATE OF Indiana)
)
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Carmen L. Kile who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 15th day of June, 2012.

Resident of Porter County, Indiana. Signature Jennifer A. Mantai

My Commission Expires: 03/04/2019 Printed Jennifer A. Mantai

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. Jennifer A. Mantai
[Name]

This instrument prepared by Carmen L. Kile

FIDELITY NATIONAL TITLE COMPANY

92012-1907

AMOUNT \$ 13
CASH CHARGE FN
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY aw

P.001 21932224695

FILED

JUN 25 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Jennifer A. Mantai
Notary Public Seal State of Indiana
Porter County
My Commission Expires 03/04/2019

012968

4-SV

2012-06-21 08:12

12193659773 >> 0415121734947600 P 1/1

ATTENTION ESTATE: Disclosure of the 35% we need to pursue our responsibilities & voluntary and there will be no penalty for refusal.

Local No. 1266-05

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No. ORIGINAL

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) ROBERT PEPPER KILE		2. SEX Male	3a. TIME OF DEATH 1:54 AM	3b. DATE OF DEATH (Month, Day, Yr.) April 23, 2005
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 49	5b. UNDER 1 YEAR Months Days Hours	5c. UNDER 1 DAY Minutes
6. DATE OF BIRTH (Mo., Day, Yr.) July 11, 1955		7. BIRTHPLACE (City and State or Foreign Country) FT. RILEY KANSAS		
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1987	9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) CARMEN LOPEZ	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) ATTORNEY	12b. KIND OF BUSINESS/INDUSTRY LAW
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION CROWN POINT	13d. STREET AND NUMBER 1215 MONDAVI COURT
14. ZIP CODE 46307	15. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	16. CITIZEN OF WHAT COUNTRY? USA	17. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	18. RACE - American Indian, Black, White, etc. (Specify) White
19. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+		20. FATHER'S NAME (First, Middle, Last) HENRY ALLEN KILE, SR.		
21. MOTHER'S NAME (First, Middle, Maiden Surname) SHIRLEY ROSEMOND FRISTAD		22. INFORMANT'S NAME (Type/Print) CARMEN SOCORRO LOPEZ KILE		
23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1215 MONDAVI COURT, CROWN POINT, IN		24. Relationship Wife		
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 26, 2005 N.W. Ind. Cremation Services		27. LOCATION - City or Town, State Crown Point, Indiana
28. EMBALMER'S NAME JAMES F. BURNS		29. EMBALMER'S LICENSE NO. 1009461	30. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
31. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>		32. LICENSE NUMBER (of Licensee) FD01009461	33. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana	
34. CAUSE OF DEATH (Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.) METASTATIC COLON CANCER a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.				
35. PART II - Other significant conditions - Conditions contributing to death but not previously stated in Part I				
36. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		37. WAS AN AUTOPSY PERFORMED? (Yes or no) No		38. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
39. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN In the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
40. SIGNATURE AND TITLE OF CERTIFIER <i>Mary Mulcahy</i>		41. MEDICAL LICENSE NO. 36-96205	42. DATE SIGNED (Month, Day, Year) APRIL 29, 2005	
43. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20)(Type/Print) DR. MARY MULCAHY 675 N. ST. CLAIRE, CHICAGO IL 60611				
44. HEALTH OFFICER'S SIGNATURE <i>Susan J. But...</i>				
45. DATE FILED (Month, Day, Year) May 4, 2005				
46. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Assault		47. DATE OF INJURY (Month, Day, Year)	48. TIME OF INJURY	49. INJURY AT WORK? (Yes or No)
50. DESCRIBE HOW INJURY OCCURRED		51. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE		