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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 042446

2012 JUN 27 AM 9:51

MICHELLE R. FAJMAN  
RECORDER

Case # 1200960

**SURVIVORSHIP AFFIDAVIT**

# 45-07-33-228-012.000-026

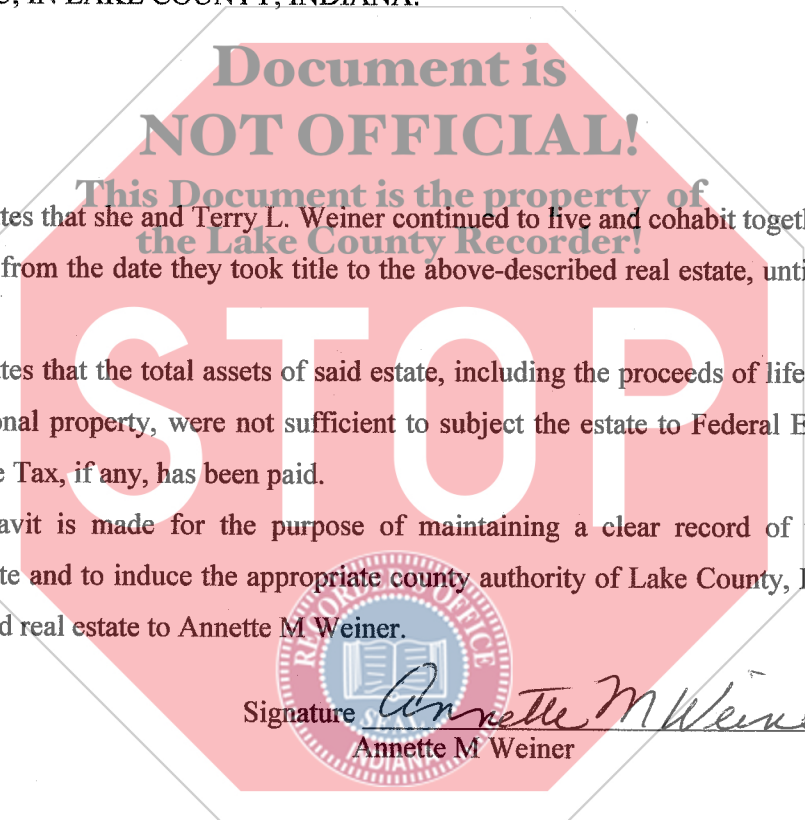
Comes now Annette M Weiner, who being duly sworn upon her oath, deposes and says:

That, She is the surviving spouse of Terry L. Weiner, deceased who died domiciled in Lake County, Indiana, on 2/3/2012.

That Annette M. Weiner and Terry L. Weiner acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

LOT 109, LAKESIDE 4TH ADDITION TO THE TOWN OF HIGHLAND, AS SHOWN IN PLAT BOOK 37, PAGE 3, IN LAKE COUNTY, INDIANA.

CHICAGO TITLE INSURANCE COMPANY



Affiant states that she and Terry L. Weiner continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Terry L. Weiner's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Annette M Weiner.

Executed: 6/15/12

Signature Annette M Weiner  
Annette M Weiner

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 15th day of June, 2012.

Witness my hand and Notarial Seal on this 15th day of June, 2012.



Karen Craig  
Notary Public Karen Craig  
Resident of Lake County  
My Commission expires: 11/4/2014

Prepared by: Annette M. Weiner

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Karen Craig.

13<sup>th</sup>  
CT  
AM

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

24199

JUN 26 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

# 45-07-33-228-012.000-026

Local No 000345

EDR No 00000243234

State No 005020

1. Decedent's Legal Name (First, Middle, Last) <b>TERRY L. WEINER</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>0245 PM</b>	4. Date Of Death (Month/Day/Year) <b>02/03/2012</b>		
5. Social Security Number <b>359-40-0497</b>	6a. Age - Yrs <b>63</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>02/02/1949</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</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 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) <b>COMMUNITY HOSPITAL</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 <b>ANNETTE WEINER</b>			15a. (if Wife) Give Maiden Last Name <b>ESTES</b>			16. Decedent's Usual Occupation <b>CONTRACTOR SALES REP.</b>		17. Kind Of Business/Industry <b>RETAIL</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HIGHLAND</b>		18d. Apt. No.	18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number <b>3118 98TH STREET</b>	19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</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>ALBERT WEINER</b>				23. Mother's Name (First, Middle, Last) <b>GENEVIEVE WEINER</b>			23a. Mother's Maiden Last Name <b>KIEMELE</b>			
24. Informant's Name <b>ANNETTE WEINER</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3118 98TH STREET, HIGHLAND, IN 46322</b>						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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>NORTHWEST INDIANA CREMATION SERVICES</b>			25c. Location - City, Town, And State <b>CROWN POINT, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>FAGEN-MILLER FUNERAL GARDENS, INC.-HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322</b>					27a. Funeral Home License Number: <b>FH83003035</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01006015</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>ACUTE MYOCARDIAL INFARCTION</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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										
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		Approximate Interval: Onset To Death <b>FEB 07 2012</b>		
30. Were Autopsy Findings 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 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>MARK STEPHEN RYBCZYNSKI, 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>MARK STEPHEN RYBCZYNSKI, 10860 MAPLE LANE, SAINT JOHN, IN 46373</b>						44. License Number <b>02001056A</b>		45. Date Certified <b>02/06/2012</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 07 2012</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										