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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 058933

2012 AUG 30 AM 10:08

MICHAEL H. FAJMAN
RECORDER

Chicago Title Insurance Company

#4519-23-301-010.000-008

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE } SS

620120505

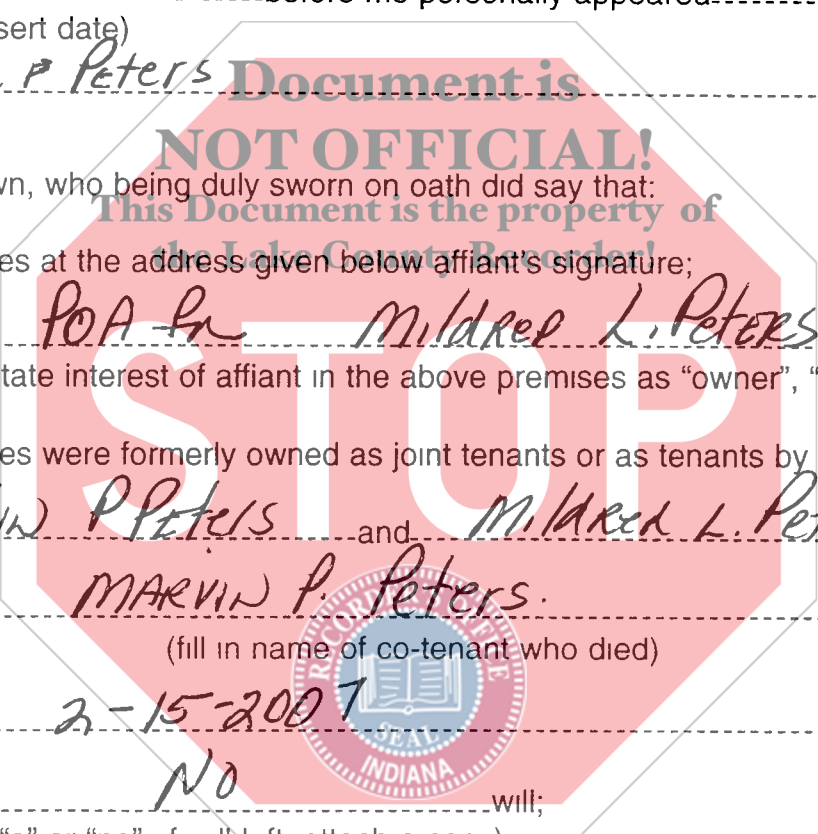
On this 8-22-12 before me personally appeared _____
(insert date)

DAVID P. Peters

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is POA for Mildred L. Peters
(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 MARVIN P. Peters and Mildred L. Peters
- Said MARVIN P. Peters
(fill in name of co-tenant who died)
died on 2-15-2007
leaving NO will;
(insert "a" or "no", if will left, attach a copy)

- The legal description of the premises in question is:
- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:



CHICAGO TITLE INSURANCE COMPANY

FILED
AUG 29 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25770

1500
CT
LR

7 Where this affidavit relates to a tenancy by the entirties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings:

8 Affiant's relationship to the deceased was wife

Mildred L. Peters by her P.O.A.
Donald P. Peters
11500 W 132nd AVE
Cedar Lake, IN 46303

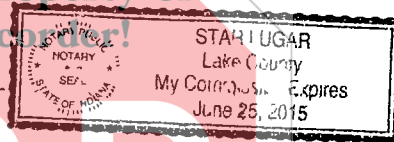
Signature Mildred L. Peters by her P.O.A. Donald P. Peters
Address 11500 W. 133rd AVE
Cedar Lake, IN 46303

Subscribed and sworn to before me by the affiant

this 8-21-12

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Notary Public



My Commission Expires

This instrument prepared by Donald P. Peters



I affirm, under the penalties for perjury, that I have taken reasonable care to obtain a valid Social Security number in this document, unless required by law. Star Ugur

No. 620120805

LEGAL DESCRIPTION

The South 98 feet of the following described parcel: A part of the Northwest Quarter of the Southwest Quarter of Section 23, Township 33 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, described as follows: Commencing at a point on the North line of Main Street, which is 252 feet West of the Southwest corner of Lot 1, as shown in the recorded plat of Highland Addition, to the Town of Lowell; and running North 198 feet; thence West 122 feet; thence South 198 feet; thence East 122 feet to the point of beginning, all in the Town of Lowell, in Lake County, Indiana.



LEGAL 6/98 SB

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
45-19-23-301-010.000-008
CERTIFICATE OF DEATH

State No.

Local No. 401-01

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Marvin P. Peters				2 SEX Male		3a TIME OF DEATH 2:05 AM		3b. DATE OF DEATH (Month, Day, Yr) February 15, 2007	
4 *SOCIAL SECURITY NUMBER 8699		5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) April 29, 1930		7 BIRTHPLACE (City and State or Foreign Country) McGee MO		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) 308 N. Nichols				9c. CITY TOWN OR LOCATION OF DEATH Lowell		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mildred Wade		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Boilermaker		12b. KIND OF BUSINESS/INDUSTRY Union			
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN, OR LOCATION Lowell		13d. STREET AND NUMBER 308 N. Nichols			
13e. ZIP CODE 46356	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (14 or 5+) 	
18. FATHER'S NAME (First, Middle, Last) William Oscar Peters				19. MOTHER'S NAME (First, Middle, Maiden Surname) Celia Catherine Banks					
20a. INFORMANT'S NAME (Type/Print) Mildred L. Peters				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 308 N. Nichols, Lowell, In 46356				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Feb 17, 2007 Lake Village Cemetery			21c. LOCATION—City or Town, State Lake Village IN			
22a. EMBALMER'S NAME Molly E. Tucker			22b. EMBALMER'S LICENSE NO. FD09200061		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Molly E. Tucker</i>			24b. LICENSE NUMBER (of Licenses) FD09200061		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356				
26. PART I	Enter the diseases, 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.						Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Internal hemorrhage DUE TO (OR AS A CONSEQUENCE OF): b. Perforation of the heart DUE TO (OR AS A CONSEQUENCE OF): c. Due to gunshot wound of the chest and neck DUE TO (OR AS A CONSEQUENCE OF): d. _____						THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT UNKNOWN FEB 19 2007		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes				
29a. CERTIFIER (Check only one) Deputy	<input type="checkbox"/> CERTIFYING PHYSICIAN To 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 checked="" 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.								
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>				29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) February 19, 2007			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307									
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best</i>						32. DATE FILED (Month, Day, Year) <i>February 19, 2007</i>			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) Feb. 15, 2007	34b. TIME OF INJURY Unknown	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Gunshot wound				
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Residence					34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 308 N. Nichols Lowell, Indiana				
34g. DATE PRONOUNCED DEAD (Month, Day, Year) February 15, 2007			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No.						

DECEDENT

PARENTS

FORMANT

POSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

