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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 068338

2012 SEP 28 AM 9:24

MICHAEL D. FAIMAN
RECORDER



Fidelity National Title
Insurance Company.

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

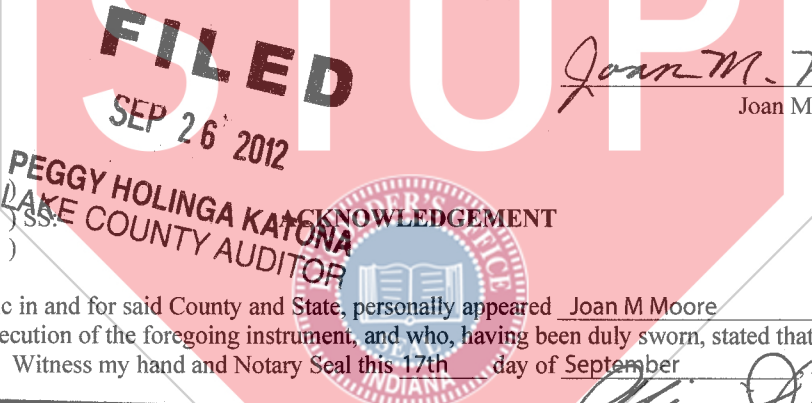
~~Richard E Moore~~ / Joan M Moore, being first duly sworn upon oath, deposes and says:

1. That Richard E Moore died on April 18, 2013 at Munster, IN (City/State)
2. That Joan M Moore and Richard E Moore were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot (19) in Block (1) in Pettie Park fourth addition in the town of Highland, Lake County, Indiana as per plat thereof, recorded in Plat Book 35, page 30, in the Recorder's Office 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.

Joan M. Moore
Joan M Moore Affiant Signature

STATE OF Indiana)
)
COUNTY OF Lake)



Before me, a Notary Public in and for said County and State, personally appeared Joan M Moore 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 17th day of September, 2012.

Resident of PHILIP J. IGNARSKI County Indiana.
My Commission Expires July 5, 2014

Signature [Signature]
Printed Philip J Ignarski

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. Philip J Ignarski [Name]

This instrument prepared by Joan M Moore

FIDELITY 920123095

014445

**FIDELITY NATIONAL
TITLE COMPANY**

92012-3095

AMOUNT \$ 1362
CASH _____ CHARGE FN
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY RA



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 001188

EDR No 00000255903

State No 017432

1. Decedent's Legal Name (First, Middle, Last) RICHARD EUGENE MOORE				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 02:54 AM	4. Date Of Death (Month/Day/Year) 04/18/2012	
5. Social Security Number		6a. Age - Yrs 83	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) 05/04/1928		8. Birthplace (City and State or Foreign Country) HIGHLAND, IN
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE			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 JOAN MOORE			15a. (If Wife) Give Maiden Last Name HILBRICH			16. Decedent's Usual Occupation HUMAN RESOURCES		17. Kind Of Business/Industry OIL	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town HIGHLAND				
18c. Street And Number 9040 GRACE STREET						18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) EMERSON JONES MOORE				23. Mother's Name (First, Middle, Last) MATILDA MOORE			23a. Mother's Maiden Last Name WALTER		
24. Informant's Name JOAN MOORE		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 9040 GRACE STREET, HIGHLAND, IN 46322					
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) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373					27a. Funeral Home License Number: FH10200006		
27b. Signature Of Indiana Funeral Service Licensee: LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006015			
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. MESOTHELIOMA 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									Approximate Interval: Onset To Death DECEMBER 2011
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I NONE						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 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: NITIN S SARDESAI, BY ELECTRONIC SIGNATURE						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: NITIN S SARDESAI, 9307 CALUMET AVENUE STE D 1, MUNSTER, IN 46321						44. License Number 01029300A		45. Date Certified 04/19/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 20 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									