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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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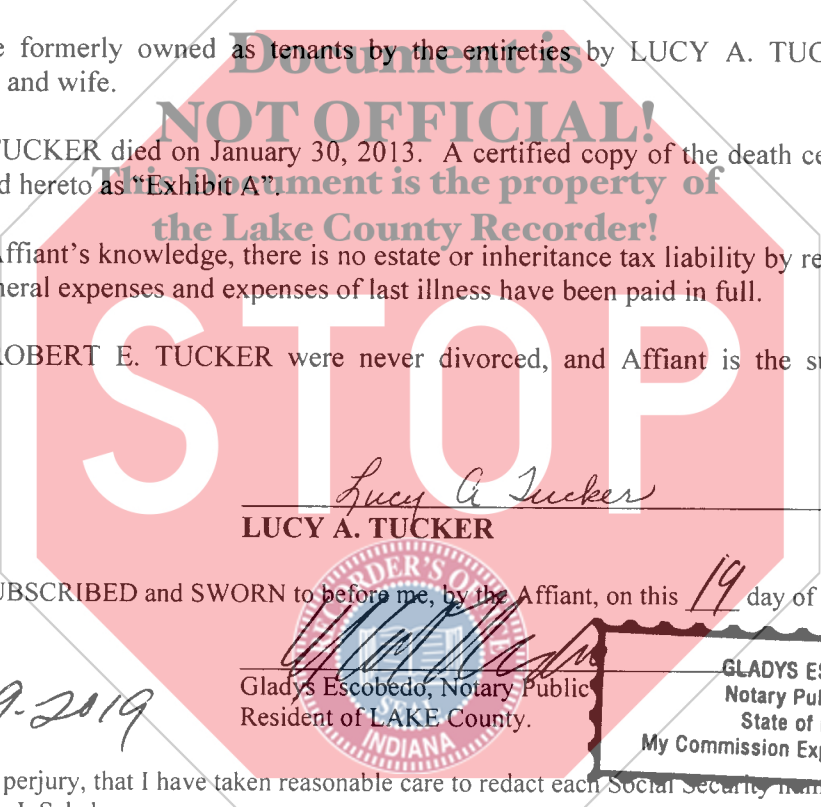
MICHAEL S. BROWN  
RECORDER

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

On the 19<sup>th</sup> day of February, 2013, before me personally appeared LUCY A. TUCKER to me personally known, who being duly sworn upon her oath, did say that:

1. Affiant resides at 2730 Strong Street, Highland, IN 46322. <<GRANTEE'S ADDRESS
2. Affiant is the owner of the following described property:  
  
The East 21 feet of Lot 38 and the West 19 feet of Lot 39, Block 2, in Highland Terrace, an addition to the Town of Highland, Indiana, as per plat thereof recorded in the Office of the Recorder of Lake County, Indiana, commonly known as 2730 Strong Street, Highland, IN 46322.
3. Said premises were formerly owned as tenants by the entireties by LUCY A. TUCKER and ROBERT E. TUCKER, husband and wife.
4. Said ROBERT E. TUCKER died on January 30, 2013. A certified copy of the death certificate of ROBERT E. TUCKER is attached hereto as Exhibit A.
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.
6. That Affiant and ROBERT E. TUCKER were never divorced, and Affiant is the surviving spouse of said decedent.



*Lucy A Tucker*  
\_\_\_\_\_  
LUCY A. TUCKER

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 19 day of February, 2013.

My Commission Expires: 11-9-2019

*Gladys Escobedo*  
\_\_\_\_\_  
Gladys Escobedo, Notary Public  
Resident of LAKE County.

GLADYS ESCOBEDO  
Notary Public- Seal  
State of Indiana  
My Commission Expires Nov 9, 2019

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. Thomas J. Schab

PREPARED BY and MAIL TO: THOMAS J. SCHAB, 131 Ridge Road, Munster, IN 46311, 219-836-1384

↗ 21350

**FILED**

MAR 01 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

#13  
CHK# 29469  
a



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

EXHIBIT A

Local No 000382

EDR No 000000304635

State No 005074

1. Decedent's Legal Name (First, Middle, Last) <b>ROBERT E TUCKER</b>			1a. Maiden Name (If female)			2. Sex <b>MALE</b>		3. Time Of Death <b>03:59 PM</b>		4. Date Of Death (Month/Day/Year) <b>01/30/2013</b>		
5. Social Security Number <b>324-24-8671</b>		6a. Age - Yrs <b>79</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>10/02/1933</b>			8. Birthplace (City and State or Foreign Country) <b>HOOPESTON, IL</b>									
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) <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>LUCY TUCKER</b>				15a. (If Wife) Give Maiden Last Name <b>MCWILLIAMS</b>				16. Decedent's Usual Occupation <b>IRONWORKER</b>		17. Kind Of Business/Industry <b>STEEL</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>	
18c. Street And Number <b>2730 STRONG</b>												
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
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>JAMES TUCKER</b>						23. Mother's Name (First, Middle, Last) <b>LENA TUCKER</b>			23a. Mother's Maiden Last Name <b>NOT AVAILABLE</b>			
24. Informant's Name <b>LUCY TUCKER</b>				24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2730 STRONG, HIGHLAND, IN 46322</b>						
25. Place Of Disposition												
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>OAKLAND MEMORY LANES</b>			25c. Location - City, Town, And State <b>DOLTON, IL</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number <b>FH10300021</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE</b>												
27c. License Number (Of Licensee): <b>FD08800305</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. <u>PULMONARY EMBOLISM</u> Due to (Or As A Consequence Of) <b>FEB 01 2013</b>												
B. <u>AORTIC ANEURYSM</u> Due to (Or As A Consequence Of):												
C. <u>DIABETES MELLITUS</u> Due to (Or As A Consequence Of):												
D. <u>DEMENCIA</u>												
Approximate Interval: Onset To Death <b>1 DAY</b>												
<b>DAYS</b>												
<b>YEARS</b>												
<b>YEARS</b>												
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 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>MICHELE J OSTROWSKI, 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>MICHELE J OSTROWSKI, 11355 W 97TH LN, ST. JOHN, IN 46373</b>						44. License Number <b>01059162A</b>			45. Date Certified <b>01/31/2013</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 01 2013</b>						
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>												