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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 018252

2013 MAR 12 AM 10: 59

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Julie M. McKenzie, of adult age, being first duly sworn, upon deposes and says:

That Julie M. McKenzie, is the Wife of , deceased, who died on April 9, 1999 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Piper Enterprises, Inc. recorded July 1, 1977 as Document No. 415186 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Julie M. McKenzie, surviving spouse of the decedent.

And further affiant sayeth not this 19th day of February, 2013.

Julie M McKenzie by Robyn McKeague her attorney in fact

Julie M. McKenzie by Robyn McKeague, her attorney-in-fact attorney in fact

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 19th day of February, 2013.

WITNESS my hand and Notarial Seal.

My Commission Expires: _____

_____
Signature of Notary Public

_____
Printed Name of Notary Public

_____
Notary Public County and State of Residence

LISHA VERA
Porter County
My Commission Expires
August 7, 2018

This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
9617 Olcott Avenue, Saint John, IN 46373

File No.: 13-2623

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. ____Lisha Vera_____ (Type or Print Name)

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HOLD FOR MERIDIAN TITLE
13-2623

FILED
MAR 07 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15.00
MT
AM

11162

1897771-1005

LEGAL DESCRIPTION

Lot Numbered Twenty-five (25) in Candlelight Trails 1st Addition to the Town of St. John, as per plat thereof, recorded in Plat Book 44, Page 135, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
22-12-0066-0026 45-11-32-252-008.000-035

This Document Not Valid Unless Stamped on Reverse Side and Embossed with Raised Seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Thomas Elmo McKenzie
2. SEX: Male
3a. TIME OF DEATH: 6:42 A M
3b. DATE OF DEATH (Month, Day, Yr.): April 9, 1999
4. SOCIAL SECURITY NUMBER: 407-40-0694
5a. AGE—Last Birthday (Years): 67
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): November 12, 1931
7. BIRTHPLACE (City and State or Foreign Country): Flat Gap, Kentucky
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1955
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): VNA Mary Bartz Hospice Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Valparaiso
9d. COUNTY OF DEATH: Porter
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Julie M. Marsh
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Chemical Engineer
12b. KIND OF BUSINESS/INDUSTRY: Paint Co
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: St John
13d. STREET AND NUMBER: 9617 Olcott Ave
13e. ZIP CODE: 46373
13f. INSIDE CITY LIMITS ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): ; College (1-4 or 5+): 4

PARENTS

18. FATHER'S NAME (First, Middle, Last): Ora McKenzie
19. MOTHER'S NAME (First, Middle, Maiden Surname): Belva Boggs

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Julie M. McKenzie
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9617 Olcott Ave St John, Indiana 46373
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify): _____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 12, 1999 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: Henry Blake
22b. EMBALMER'S LICENSE NO.: FDO 1019406
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Edward F. Mullany
24b. LICENSE NUMBER (of Licensee): FDO 1007176
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Fagen-Miller Funeral Homes Inc 1920 Hart St Dyer, Indiana 46311 FH830015

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Cerebral Vascular accident — DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval Between Onset and Death: 4 wks
b. — DUE TO (OR AS A CONSEQUENCE OF):
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

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): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one): ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ 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. ☐ 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) as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: X [illegible] M.D.
29c. MEDICAL LICENSE NO.: 02001581
29d. DATE SIGNED (Month, Day, Year): 4-10-99
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 9430 Wicker Ave St. John IN. 46373

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [illegible]
32. DATE FILED (Month, Day, Year): April 12, 1999

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.