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2013 045140

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 JUN 19 AM 10:34
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, BRIAN J. DEARDORFF, this 3 day of June, 2013, being first duly sworn upon oath, states as follows:

Re-recording - add middle initials

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JUL 12 PM 2:48

MICHAEL B. BROWN
RECORDER

2013 050683

1. That I am the son of Margaret ^{J.}Deardorff, deceased;

2. That my mother, Margaret ^{J.}Deardorff, passed away on the 21st day of September, 2003. A copy of Margaret ^{J.}Deardorff's death certificate is attached hereto.

3. That Margaret ^{J.}Deardorff was duly and legally married to John ^{F.}Deardorff at the time, as husband and wife, acquired the following real estate:

THE NORTH 16 FEET OF LOT TWENTY (20) AND THE SOUTH 24 FEET OF LOT TWENTY-ONE (21), IN BLOCK EIGHT (8), IN FORSYTH HIGHLANDS 2ND ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 18, PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Commonly known as: 6825 Northcote Avenue, Hammond, IN 46324

Key No.: 45-07-08-176-017.000-023

4. That the marital relationship which existed between Margaret ^{J.}Deardorff and John ^{F.}Deardorff at the time they acquired title to said real estate remained in effect and unbroken until the date of Margaret ^{J.}Deardorff's death;

5. That all funeral expenses in connection with the death of Margaret ^{J.}Deardorff have been paid in full; and

FILED
JUL 12 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

24275

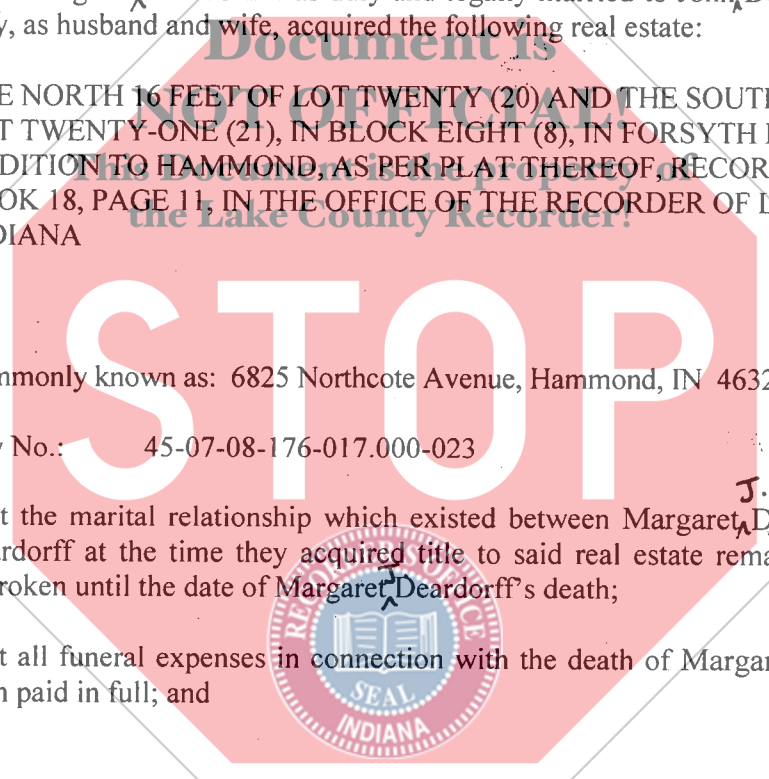
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JUN 19 2013
HOLINGA KATONA
COUNTY AUDITOR

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FCS!



6. That the estate of Margaret ^{J.} Deardorff did not necessitate the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

Brian J. Deardorff
BRIAN J. DEARDORFF

STATE OF ~~INDIANA~~ ^{FUSVOR})
COUNT OF ~~LAKE~~ ^{COOK}) SS:
)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 3 day of JUNE, 2013.

My commission expires: 8/1/2015

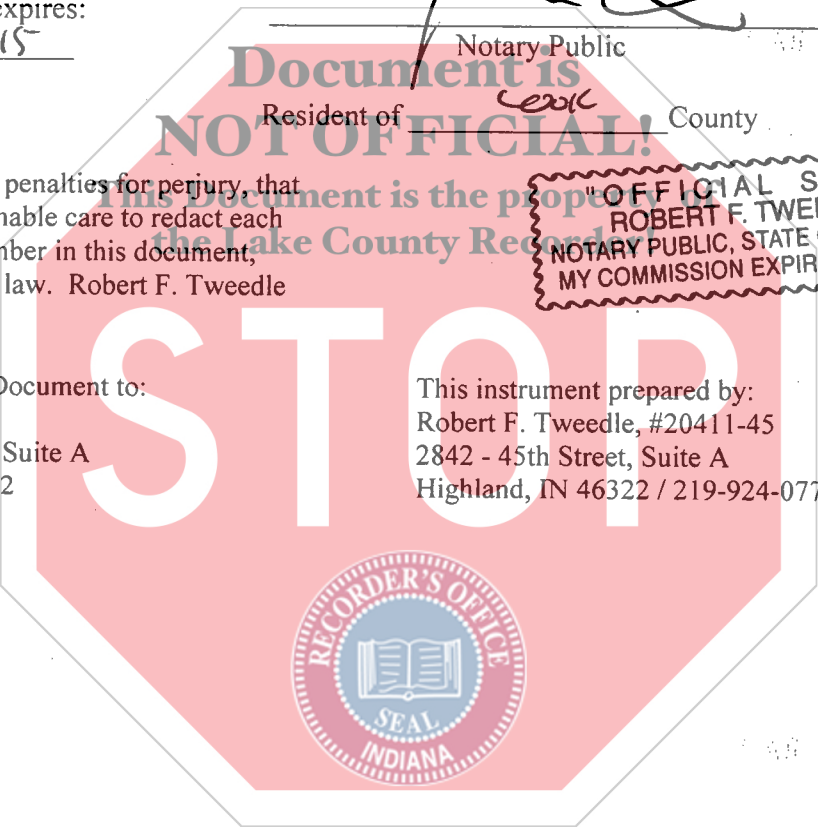
Notary Public [Signature]
Resident of COOK County

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. Robert F. Tweedle

"OFFICIAL SEAL"
ROBERT F. TWEEDLE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/1/2015

Return Recorded Document to:
Robert F. Tweedle
2842 - 45th Street, Suite A
Highland, IN 46322

This instrument prepared by:
Robert F. Tweedle, #20411-45
2842 - 45th Street, Suite A
Highland, IN 46322 / 219-924-0770



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2226-93

184390
TYPE/PRINT
IN
PERMANENT
BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1. DECEASED—NAME (First, Middle, Last) MARGARET DEARDORFF		2. SEX FEMALE	3a. TIME OF DEATH 9:45 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) SEPTEMBER 21, 2003
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 64	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Jan. 9, 1939
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) John Deardorff	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Agent	12b. KIND OF BUSINESS/INDUSTRY Insurance	
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 6825 Northcote Ave.	
13e. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) 12 College (1-4 or 5+) ---		18. FATHER'S NAME (First, Middle, Last) Stephen Bogolia		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Sarlea		20. INFORMANT'S NAME (Type/Print) John Deardorff		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6825 Northcote Ave. Hammond, IN 46324		20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) September 25, 2003 Oak Hill Cemetery		21c. LOCATION—City or Town, State Hammond, IN
22a. EMBALMER'S NAME James Porras		22b. EMBALMER'S LICENSE NO. 1045964		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) 1021590		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321
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. Gastrointestinal bleeding DUE TO (OR AS A CONSEQUENCE OF) b. Cirrhosis of liver, ruptured DUE TO (OR AS A CONSEQUENCE OF) c. Multiple organ failure of stomach DUE TO (OR AS A CONSEQUENCE OF) heart - coronary artery dis d. Diabetes, mellitus PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. bleeding tendency				
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
29a. CERTIFIER (Check only one) <input checked="" 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 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>[Signature]</i> M.D.		29c. MEDICAL LICENSE NO. 01026031		29d. DATE SIGNED (Month, Day, Year) SEPTEMBER 23, 2003
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ILWOONG CHANG, M.D. 9030 COLUMBIA AVENUE MUNSTER, INDIANA 46321				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> D.O.		32. DATE FILED (Month, Day, Year) September 23, 2003		
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 type="checkbox"/> Suicide <input type="checkbox"/> 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.		34i. [Stamp: THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH.]		

DECEASED

INFORMANT

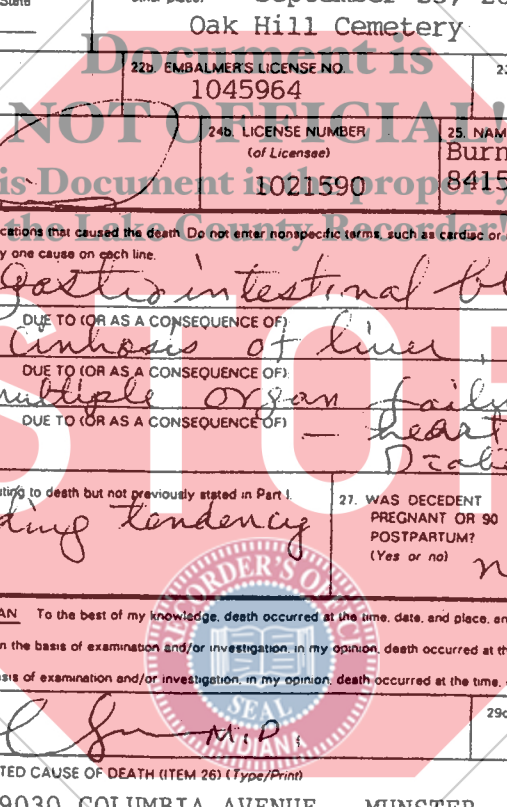
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



SEP 23 2003