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2013 051083

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 JUL 15 PM 2: 28

MICHAEL S. BROWN
RECORDER
PARCEL NO. 45-07-14-255-013.000-003

Please send all tax bills to:
Estate of Betty Hutchison
c/o Kathy I. Wadkins, Personal Representative
2345 Hobart Street
Gary, Indiana 46406

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Kathy I. Wadkins, an adult, of 2345 Hobart Street, Gary, Indiana 46406, daughter of Carl Hutchison and Betty Hutchison, and court-appointed personal representative of the Estate of Betty Hutchison, Deceased, declares under her oath:

1. That Carl Hutchison ("Decedent") died on the 19th day of December, 2000, while domiciled in Lake County, Indiana. A certified copy of Decedent's death certificate is herein attached as Exhibit A.

2. That, at the time of his death, Decedent owned the following real estate, together with his wife, Betty Hutchison, as "husband and wife:"

Legally described as:

Lots 10 and 11 in Block 6 in Partway 2nd Addition, as Per Plat Thereof, Recorded in Plat Book 29, Page 3, in the Office of the Recorder of Lake County, Indiana.

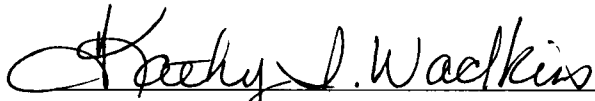
Commonly known as:

2448 Edison Street, Gary, Indiana 46406

3. That, therefore, his surviving wife, Betty Hutchison, is entitled to convey of the above- enumerated real property by operation of law.

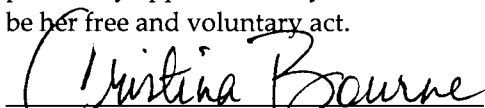
WHEREFORE, the affiant herein herby requests that the above- enumerated real property be transferred to same Betty Hutchison by operation of law.

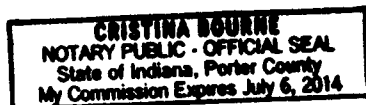
I HEREBY AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.


KATHY I. WADKINS
AFFIANT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a Notary Public, in and for said County and State, this 12th day of July, 2013, personally appeared Kathy I. Wadkins, and acknowledged the execution of the foregoing instrument to be her free and voluntary act.


Cristina Bourne
Notary Public



OK 13-7618
DW

This instrument prepared by:
Sophia J. Arshad, Esq. of Arshad, Pangere and Warring LLP, 7899 Taft Street, Merrillville, IN, 46410;
(219) 736-6500



004243

* 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

CERTIFICATE OF DEATH

Local No. 1005

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Carl Hutchison, Sr.		2 SEX Male	3a TIME OF DEATH 2:24 AM	3b DATE OF DEATH (Month Day Yr.) December 19, 2000	
4 *SOCIAL SECURITY NUMBER 414-44-9548	5a AGE—Last Birthday (Years) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr.) Aug. 1, 1930	
7 BIRTHPLACE (City and State or Foreign Country) Union County, Tenn.	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Healthcare (North)		9c CITY, TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Betty Bales	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Water Tender		12b KIND OF BUSINESS/INDUSTRY Steel Manufacturing	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 2448 Edison		
13e ZIP CODE 46406	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? 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) 7 College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) Henry Hutchison			
19 MOTHER'S NAME (First Middle, Maiden Surname) Maggie Flatford		20a INFORMANT'S NAME (Type/Print) Betty Hutchison			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2448 Edison, Gary, Indiana 46406		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) December 22, 2000 Ridge Lawn Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Edgar C. Gleim		22b EMBALMER'S LICENSE NO. FDO 1016173		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>James S. Sloan</i>		24b LICENSE NUMBER (of Licensee) FDO 1010850		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman R Highland, Indiana 46322 FH 19900008	
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 ADULT RESPIRATORY DISTRESS SYNDROME DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death DAYS	
Conditions if any which gave rise to the immediate cause, stating the underlying cause last		b ACUTE MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF)		DAYS	
		c PULMONARY HYPERTENSION DUE TO (OR AS A CONSEQUENCE OF)		YEARS	
		d RENAL INSUFFICIENCY DUE TO (OR AS A CONSEQUENCE OF)		DAYS	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I INTERSTITIAL LUNG DISEASE					
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>Cynthia J. Sanders, MD</i>		29c MEDICAL LICENSE NO. 101035201		29d DATE SIGNED (Month Day Year) 12/20/00 (December)	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Cynthia J. Sanders, MD 7905 CALONEL AVENUE MUNSTER, IN 46321					
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Serrano, MD</i>					
32 DATE FILED (Month Day Year) December 21, 2000					
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 LOCATION (Street and Number or Rural Route Number, City or Town, State) Susan W. Best, MD LAKE COUNTY HEALTH OFFICER
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MO... specify driver, passenger, pedestrian, etc.			

