

2013 054709

2013 JUL 26 AM 9:49

MICHAEL B. BROWN  
RECORDER

# Chicago Title Insurance Company

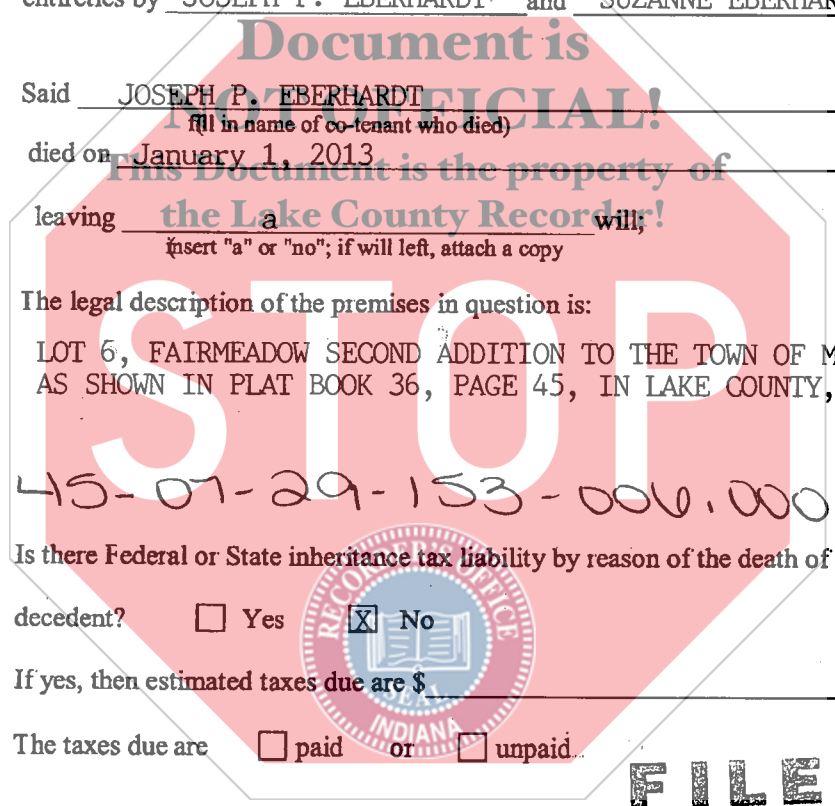
## SURVIVORSHIP AFFIDAVIT

On this 7/1/2013 before me personally appeared SUZANNE EBERHARDT  
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by JOSEPH P. EBERHARDT and SUZANNE EBERHARDT;
4. Said JOSEPH P. EBERHARDT  
(fill in name of co-tenant who died)  
died on January 1, 2013  
leaving a (insert "a" or "no"; if will left, attach a copy) will;
5. The legal description of the premises in question is:  
LOT 6, FAIRMEADOW SECOND ADDITION TO THE TOWN OF MUNSTER,  
AS SHOWN IN PLAT BOOK 36, PAGE 45, IN LAKE COUNTY, INDIANA.  
45-07-29-153-000.000-027
6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No  
If yes, then estimated taxes due are \$ \_\_\_\_\_  
The taxes due are  paid or  unpaid.

Chicago Title Insurance Company



**FILED**

CTIC Has made an accomodation recording of the instrument.

JUL 25 2013

24538 PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

15  
AO  
CT

83107Cinv

7 Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes", identify the divorce proceedings:

\_\_\_\_\_):

8. Affiant's relationship to the deceased was surviving spouse

Signature: Suzanne Eberhardt

Printed Name SUZANNE EBERHARDT

Address: 1620 Bluebird Lane

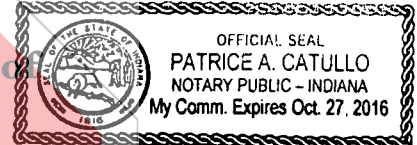
Munster, IN 46321

Subscribed and sworn to before me by the affiant

This first day of July, 2013

(insert date)

Patrice A. Catullo  
Notary Public



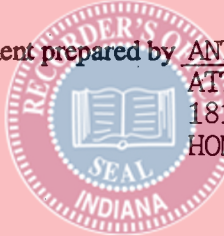
Printed Name Patrice A. Catullo

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 10/27/2016

This instrument prepared by ANTHONY G. CATULLO  
ATTORNEY AT LAW  
18141 DIXIE HIGHWAY  
HOMEWOOD, IL 60430





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

Local No 000008

EDR No 00000298637

State No 000058

1. Decedent's Legal Name (First, Middle, Last) <b>JOSEPH P EBERHARDT JR</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>16:12</b>		4. Date Of Death (Month/Day/Year) <b>01/01/2013</b>			
5. Social Security Number		6a. Age - Yrs <b>74</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		7. Date of Birth (Month/Day/Year) <b>02/28/1938</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>			
9. Ever in U.S. Armed Forces?		10. If Death Occurred In A Hospital:				10a. If Death Occurred Somewhere Other Than A Hospital							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				<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>SUZANNE EBERHARDT</b>				15a. (If Wife) Give Maiden Last Name <b>MCCANN</b>				16. Decedent's Usual Occupation <b>SCHOOL TEACHER</b>		17. Kind Of Business/Industry <b>EDUCATION</b>			
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>MUNSTER</b>		18d. Apt. No.		18e. Zip Code <b>46321</b>	
18c. Street And Number <b>1620 BLUEBIRD LANE</b>												18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</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>JOSEPH P EBERHARDT SR</b>				23. Mother's Name (First, Middle, Last) <b>LOIS EBERHARDT</b>				23a. Mother's Maiden Last Name <b>ANDERSON</b>					
24. Informant's Name <b>SUZANNE EBERHARDT</b>				24a. Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1620 BLUEBIRD LANE, MUNSTER, IN 46321</b>					
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) <b>MOUNT VERNON CEMETERY</b>				25c. Location - City, Town, And State <b>LEMONT, 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>CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01014511</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 Of Death On Each Line. Add Additional Lines If Necessary.													
Cause Of Death (See Instructions And Examples)													
Immediate Cause (Final Disease Or Condition Resulting In Death)													
A. <b>ACUTE RESPIRATORY FAILURE</b> Due to (Or As A Consequence Of): <b>30 DAYS</b>													
B. <b>PNEUMONIA</b> Due to (Or As A Consequence Of): <b>30 DAYS</b>													
C. <b>PERITONITIS</b> Due to (Or As A Consequence Of): <b>30 DAYS</b>													
D. <b>DIVERTICULITIS</b> Due to (Or As A Consequence Of): <b>60 DAYS</b>													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE, ATRIAL FIBRILLATION, PROSTATE CANCER</b>													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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>PRAVIN GUPTA, 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>PRAVIN GUPTA, 900 RIDGE ROAD SUITE L, MUNSTER, IN 46321</b>						44. License Number <b>01039588A</b>			45. Date Certified <b>01/03/2013</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>JAN 04 2013</b>							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
<p><b>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.</b></p>													