## SURVIVORSHIP AFFIDAVIT

SORVIVORSII	× 5
STATE OF INDIANA )	57
COUNTY OF LAKE	SS:
DANA J. GOOD MAN	[insert name of person making afficiavit], being
first duly sworn upon oath, deposes and says:	STATE 3 JUL 1 CHA
1. That BERNARD GOODM	[insert name of deceased garson the
Decedent) and on the 15.	day of AFRIC PICE 20 3 OF Sale
1820 MIRMAR RD, MUNSTER, IN 46321	[insert location of death].
2. That the Decedent and OANA	J. GODDMAN Insert
	egally married at the time they acquired title as
husband and wife to the following describ	
Give legal description of property below  LOT 22, INILLY VALE ESTATES  ASTHE SAME APPEARS OF RE IN THE OFFICE OF THE RE SUBJECT TO RESTRICTION A LIEN ON THE PROPERTY  ORDINANCE OF THE TOWN	CORDINALAT BOOK 32, PAGE 65 CORDINALAT BOOK 32, PAGE 65 CORDER OF LAKE COUNTY, INDIANA IS OF RECORD TAXES WHICH ARE BUT YET PAYABLE, AND OF MUNSTER, INDIANA.
5. That the martar relationship which existe	d between them at the time they acquired title to roken until the date of the Decedent's death.
4. That all funeral expenses in connection w full.	ith the death of the Decedent have been paid in
5. That all of the assets of the Decedent wh	ich would be includable for Federal Estate Tax
purposes, including joint bank accounts ar	nd life insurance on the Decedent's life were not
sufficient to necessitate payment of Feder	al Estate Tax.
Further affiant sayeth not.	
	Signature of Affiant
JUL 2 6 2013	
PEGGY HOLINGA KATONA	24567 /60
LAKE COUNTY AUDITOR	1# 6916
	24567 /6 0 /# 6916 Inon com

Subscribed and sworn to before me, a Notary Public, this 2/2 day of 3/2.



Notary Public
My Commission Expires: Sept./2, 2018

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.

Signature

Print Name- Sue Hohserter

County of Residence: will

## This Instrument prepared by:

Name: Sue Hohreiter

Address: 3550 Hobson Rd FFFICIAL!

Woodridge It 60517

This Document is the property

This Document is the property of the Lake County Recorder!

STOP P



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First,	باا						State No		•			
ii = occount a cogar (vano (i no.,				1a. Maiden Last Na	me (if Female)	2	Sex	3. Time			Death (Month/Day/Year)	
	BERNARD GOODMAN A.K.A. BOB GO			OODMAN		N	Male		M	April 13, 2010		
5. Social Security Number	6a. Age Yrs	6b. Under 1 Ye Months	gc, Under 1 Days	Month 8d, Under 1 Day Hours	6e. Under 1 Hour	7. Date Of Birth	(Month/Day/Year)	8. Birthp	ace (City An	State Or For	elgn Country)	
313-20-7090				October 22, 1927 East Chicago				hicago, I	, IN			
9. Ever in U.S. Armed Forces?	_ 1	Occurred in A i	•		10a. If Death Occurred	Somewhere Other	Than A Hospital:	Hospice	acility 🖾 D	ecedent's Hon	ne Nursing Home/Long-	
Yes No Unknown	-   - ·		Department Outpatio	ent 🔲 Dead On Arrival	Term Care Facility	Other (Specify)						
11. Facility Name (If Not Institution 1820 MIRMAR RD	n, Give Street And h	Number)							-		-	
12. City Or Town, State, And Zip	Code	<del></del>			13. County Of	Death	<del></del>	1 14 1	tarital Status	At Time Of De	ueth	
MUNSTER, INDIANA, 46321				LAKE			Married					
15. Surviving Spouse's Name				15a. (If Wife)Give Maiden	Last Name	16. D	ecedent's Usual Occ				Business/Industry	
Dana Goodman				Parducci	Pharmacist				Pharmacy			
18. Residence - State	in the state of th					- 1						
IN	•		Lake		Munster							
1820 Mirmar Rd	18c. Street And Number 1820 Mirmar Rd					-				181. Inside City Limits?		
19. Decedent's Education		· · · · · · · · · · · · · · · · · · ·	20. Decedent Of	Hispanic Origin	l 21. De	cedent's Race			10021		L	
Bachelor's degree (e.g.	, BA, AB, BS)	1	l	nish/Hispanic/Latino	ſ							
22. Father's Name (First, Middle,	Last)	<del></del>		<u> </u>	23. Mother's Name (Fig	rst, Middle, Last)			23a. 1	Nother's Maid	en Last Name	
Morris Goodman					Luba Goodmar	-			N/A	N/A		
4. Informant's Name Dana Goodman			Spouse	nship To Decedent	24b. Mailing Address ( 1820 Mirmar Rd			9)				
				25. Pla	ce Of Disposition					<del></del>		
	Burial  Cremation	"		ame Of Cernstery, Crematory,	Other Place)	25c. Location - C	ty, Town, And State					
☐ Donation ☐ Entombment ☐ ☐ Other (Specify):	Removal From State	Regio	nal Cremation	Service	itelie	Munster, Ind	iana					
26. Was Coroner Contacted?  ☑ Yes ☐ No			Address Of Funeral me 10000 Calu	Fadity met Avenue Munste	er, IN 46321	AL!				27a. Funer FH10700	Home License Number: 1038	
7b Signature Of Indiana Funeral	Service Licensee:	11 //	This D	ocument	is the pr	operty	7 Of 27c. Lic	ense Numb	er (Of Licens	96)		
16 mal		XXX	the	Lake Cou	nty Rec	orderl	FD010	21590				
S Start L Entre The Chair	OV Francis - Pine			Cause Of Death (See	Instructions And	Examples)						
<ol> <li>Part I. Enter The Chain of the</li></ol>	piratory Arrest, C	r Ventricular	Fibrillation Witho	ut Showing The Etiology.	Do Not Abbreviate.	Enter Only One	Events Cause On	,			Approximate Interval: Onset To Death	
mmeijiate Cause (Final Dise	ase Or Condition	Resulting Ir	Death	A Chronic	Myllom		Len ,	(m)	9			
Sequentially List Conditions,	If Any, Leading 1	To The Cause	e Listed On	В	/							
ine A. Enter The Underlying The Events Resulting In Deat	g Cause (Disease	Or Injury Ti	nat Initiated	0		Due To (Or As A Cone	quence Of);					
·												
				C		Due To (Or As A Conse	iquence Of):					
art II. Enter Other Significent Cor	ditions Contributing	To Death But I	Not Resulting In The	D.	nt I	Due To (Or As A Conse		□Yes	521 No.			
ent II. Enter Other <u>Significant Cor</u> Chronic Ob			Not Resulting in The Curry	D. Underlying Cause Given in Par	nt I	29. Was An Autop		☐ Yes o Complete	⊠ No The Cause (	Of Death?	☐ Yes ☑ No	
Chronie Ob 1. Did Tobacco Use Contribute To	Struttive o Death?	32 If Fer	Curnmy	D. Underlying Cause Given in Par Dis Lase	AD YOUR DESIGNATION OF THE PARTY OF THE PART	29. Was An Autopsy 30. Were Autopsy	sy Performed?	Complete	No The Cause C		☐ Yes    No	
Chronic Ob  1. Did Tobacco Use Contribute To  1 Yes Syrrobably   No   Unknown	Stvu Cliv o Death?	32 If Fer	Curry My naie:	D.  Jinderlying Cause Given in Par  Dis Case  Pregnant At Time Of bash. Dis	Not Pregnant, But Pregnant W	29. Was An Autopay 30. Were Autopay	sy Performed? Findings Available T	o Complete  of Death:	The Cause C	nding trivestigation	n -	
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