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2013 055257

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

DANA J. GOODMAN [insert name of person making affidavit], being first duly sworn upon oath, deposes and says:

1. That BERNARD GOODMAN [insert name of deceased person] "Decedent") died on the 13TH day of APRIL 2010 at 1820 MIRMAR RD, MUNSTER, IN 46321 [insert location of death].
2. That the Decedent and DANA J. GOODMAN [insert name of Decedent's spouse] were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

[Give legal description of property below.]
 LOT 22, HILLY VALE ESTATES 1ST ADDITION TO MUNSTER, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 32, PAGE 65 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, SUBJECT TO RESTRICTIONS OF RECORD, TAXES WHICH ARE A LIEN ON THE PROPERTY BUT YET PAYABLE, AND ORDINANCE OF THE TOWN OF MUNSTER, INDIANA.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of the Decedent's death.
4. That all funeral expenses in connection with the death of the Decedent have been paid in full.
5. That all of the assets of the Decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

FILED

Dana J. Goodman
Signature of Affiant

JUL 26 2013

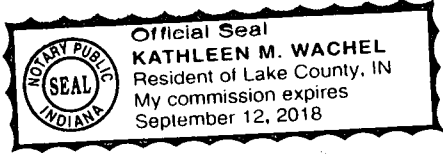
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

24567

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✓ # 6916
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AB

STATE OF INDIANA
 LAKE COUNTY
 RECORDER
 MICHAEL B. BROWN
 2013 JUL 30 AM 9:04
 FILED FOR RECORD

Subscribed and sworn to before me, a Notary Public, this 21 day of June, 2013.



Kathleen M Wachel
Notary Public
My Commission Expires: Sept. 12, 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.

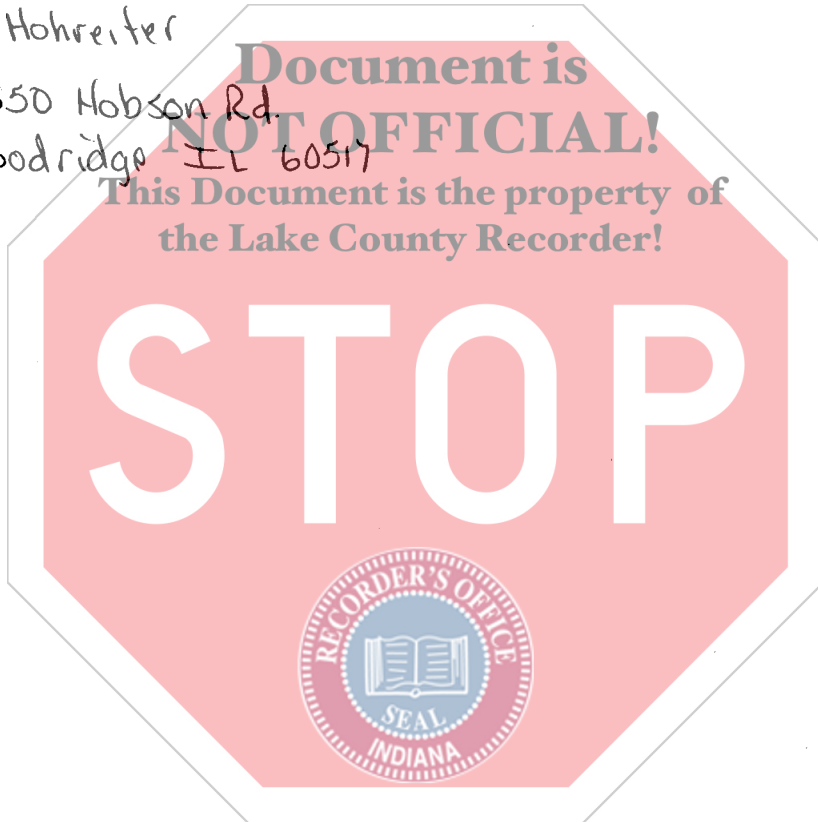
Sue Hohreiter
Signature
Print Name- Sue Hohreiter

County of Residence: Will

This Instrument prepared by:

Name: Sue Hohreiter

Address: 3550 Hobson Rd.
Woodridge IL 60517





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1158-10

State No. _____

1. Decedent's Legal Name (First, Middle, Last) BERNARD GOODMAN		1a. Maiden Last Name (If Female) A.K.A. BOB GOODMAN		2. Sex Male	3. Time Of Death 9:02 PM	4. Date Of Death (Month/Day/Year) April 13, 2010	
5. Social Security Number 315-28-7098	6a. Age Yrs 82	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) October 22, 1927	8. Birthplace (City And State Or Foreign Country) East Chicago, IN
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) 1820 MIRMAR RD							
12. City Or Town, State, And Zip Code MUNSTER, INDIANA, 46321				13. County Of Death LAKE		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 Dana Goodman		15a. (If Wife) Give Maiden Last Name Parducci		16. Decedent's Usual Occupation Pharmacist		17. Kind Of Business/Industry Pharmacy	
18. Residence - State IN		18a. County Lake		18b. City Or Town Munster			
18c. Street And Number 1820 Mirmar Rd				19d. Apt. No.	19e. Zip Code 46321		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education Bachelor's degree (e.g., BA, AB, BS)		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Morris Goodman			23. Mother's Name (First, Middle, Last) Luba Goodman			23a. Mother's Maiden Last Name N/A	
24. Informant's Name Dana Goodman		24a. Relationship To Decedent Spouse		24b. Mailing Address (Street And Number, City, State, Zip Code) 1820 Mirmar Rd , Munster, IN 46321			
25. Place Of Disposition							
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From Site <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Regional Cremation Service		25c. Location - City, Town, And State Munster, Indiana			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kish Funeral Home 10000 Calumet Avenue Munster, IN 46321				27a. Funeral Home License Number: FH10700038	
27b. Signature Of Indiana Funeral Service Licensee: 				27c. License Number (Of Licensee) FD01021590			
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 On A Line. Add Additional Lines If Necessary.							
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Chronic Myelomonocytic Leukemia Due To (Or As A Consequence Of):							Approximate Interval: Onset To Death
B. _____ Due To (Or As A Consequence Of):							
C. _____ Due To (Or As A Consequence Of):							
D. _____ Due To (Or As A Consequence Of):							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I chronic obstructive pulmonary disease							
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 checked="" type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" 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, Vehicle, etc.)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Zip Code	
39. Describe How Injury Occurred				40. If Transported In Injury: <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: 				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: Dr. Howard Mishoulam 10110 Donald Powers Dr. Munster, IN 46321				44. License Number 01033507		45. Date Certified 4-15-10	
46. Additional Funeral Service Provider:				47. *Akas:			
48. Signature of Local Health Officer: 				49. For Registrar Only - Date Filed (Month/Day/Year): April 16, 2010			

This Document is the property of the Lake County Recorder!

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

APR 16 2010

6/20/03
DB