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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006713

2014 FEB -4 AM 10:28

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Affiant, DAVID E. HUBER, after being first duly sworn upon his oath, deposes and states as follows:

- 1. That he is the Son of EDWIN H. HUBER ("decedent"), who is now deceased.
- 2. That EDWIN H. HUBER died intestate, a resident of Lake County, Indiana, on March 2, 1993.
- 3. That Edwin H. Huber and Catherine Huber, husband & wife, held the following-described real estate at the date of death of Edwin H. Huber, namely:

See attached Exhibit A.
 Commonly known as: 428 Orchard Drive, Crown Point, Indiana.
 Parcel Number: 45-16-08-101-036.000-042

4. That the expenses of the last illness and burial of EDWIN H. HUBER have been paid in full; that an estate was opened in Lake Superior Court under Cause Number 45D02-9401-ES-00001; and that there is no federal estate tax due and owing in said Decedent's Estate.

5. That Affiant makes this Affidavit to induce the proper governmental authorities of Lake County, Indiana, to remove EDWIN H. HUBER from the chain of title to the Real Estate.

FURTHER YOUR AFFIANT SAYETH NOT.

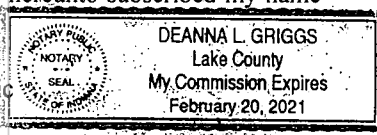
David E. Huber TEE
 DAVID E. HUBER

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

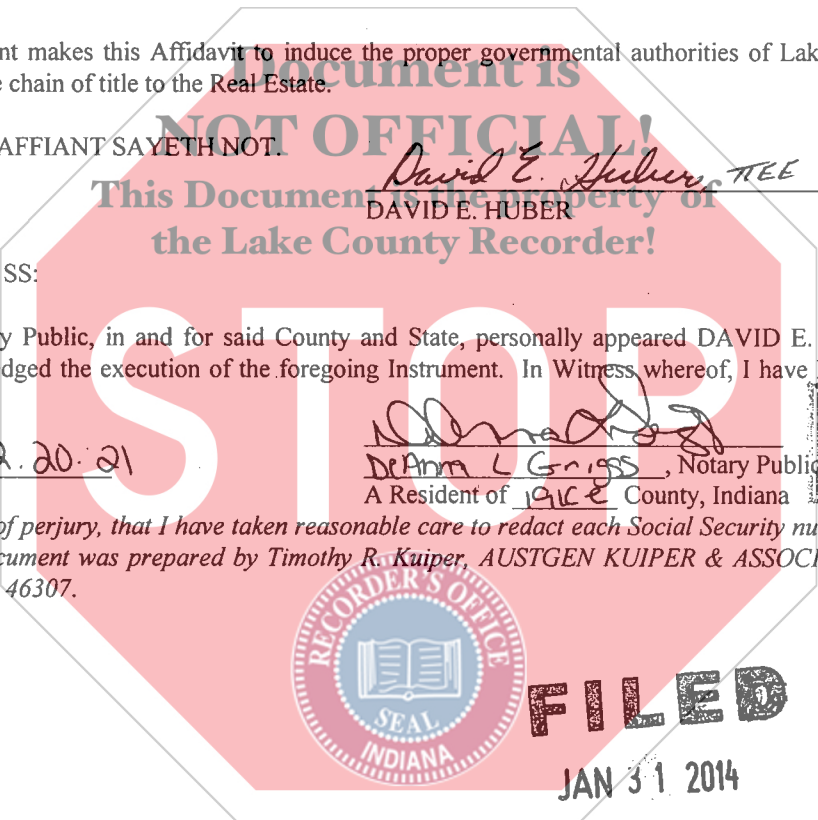
Before me, a Notary Public, in and for said County and State, personally appeared DAVID E. HUBER on the 21 day of January, 2014, and acknowledged the execution of the foregoing Instrument. In Witness whereof, I have hereunto subscribed my name and affixed my Official Seal.

My Commission Expires: 2.20.21

Deanna L Griggs
 DEANNA L GRIGGS, Notary Public
 A Resident of LAKE County, Indiana



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law and this document was prepared by Timothy R. Kuiper, AUSTGEN KUIPER & ASSOCIATES, P.C., 130 North Main Street, Crown Point, Indiana, 46307.



FILED
 JAN 31 2014

PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

00315
 #15
 CM
 CA

COMMUNITY TITLE COMPANY
 FILE NO 135372

**EXHIBIT "A"
LEGAL DESCRIPTION**

File No.: 135372

PART OF THE NORTHWEST QUARTER OF SECTION 8 TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE 2nd P.M., IN CROWN POINT, LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF 0.3705 ACRES OF LAND HERETOFORE CONVEYED TO KATHERINE WALTER AND LOUIS WALTER IN WARRANTY DEED, RECORDED NOVEMBER 2, 1950 IN BOOK 875 PAGE 188 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA; THENCE NORTH 74 DEGREES 30' WEST A DISTANCE OF 80.73 FEET TO THE NORTHEAST CORNER OF THE DOKUS PARCEL DESCRIBED IN DEED BOOK 875 PAGE 190; THENCE CONTINUING NORTH 74 DEGREES 30' WEST A DISTANCE OF 17.40 FEET THENCE SOUTH 05 DEGREES 30' WEST A DISTANCE OF 203.08 FEET TO A POINT 17.87 FEET SOUTHEASTERLY OF THE SOUTHEAST CORNER OF SAID DOKUS PARCEL; THENCE SOUTH 74 DEGREES 30' EAST A DISTANCE OF 62.85 FEET; THENCE NORTH 15 DEGREES 30' EAST A DISTANCE OF 200.00 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0452-93

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) Edwin H. Huber		2. SEX Male	3a. TIME OF DEATH 8:30A	3b. DATE OF DEATH (Month, Day, Year) March 2, 1993	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Year) 82	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	
6a. WAS DECEASED A U.S. VETERAN? No	6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8. DATE OF BIRTH (MM, Day, Yr) AUG 29, 1910			
7. BIRTHPLACE (City and State or Foreign Country) Calumet City, IL					
9a. PLACE OF DEATH (Check only one. See instruction.) 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. Anthony's Nursing Home		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Catherine Holman		12a. DECEASED'S USUAL OCCUPATION (Other kind of work done during most of working life. Do not use retired) Owner & President		
12b. KIND OF BUSINESS/INDUSTRY Clothing Store					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Crown Point		
13d. STREET AND NUMBER 428 Orchard Drive					
13e. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		
15. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (1, 4 or 5 +) <input type="checkbox"/> 12			
18. FATHER'S NAME (First, Middle, Last) Edward G. Huber		19. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine Gerlach			
20a. INFORMANT'S NAME (Type/Print) Catherine Huber		20b. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 428 Orchard Drive, Crown Point, IN 46307		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" 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) MAR 6, 1993 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME Marty Andersen		22b. EMBALMER'S LICENSE NO. FD01005205		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert P. Gies</i>		24b. LICENSE NUMBER (of Licensee) FD01000328	24c. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FD83001253 Giesen Funeral Home, Inc. 109 N East St, Crown Point, IN 46307		
26. PART I. Enter the disease, 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) MYOCARDIAL INFARCTION DUE TO IOR AS A CONSEQUENCE OF: ATHEROSCLEROSIS		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT JAN 16 2014 S. K. Khalid, M.D.			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. ALZHEIMER DISEASE Ventricular arrhythmia.					
25a. 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 Do 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.		27. WAS DECEASED PREPREGNANT OR DELIVERING POST PARTUM? (Yes or no) NO		28. WAS POSTMORTEM EXAMINATION? (Yes or no) NO	
29a. SIGNATURE AND TITLE OF CERTIFIER <i>S. K. Khalid, M.D.</i>		29b. MEDICAL LICENSE NO. 01034369	29c. DATE SIGNED (Month, Day, Year) NOT VALID UNLESS		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Zafar U. Khalid M.D., 900 Broadway, Merrillville, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Zafar U. Khalid, M.D.</i>			32. DATE FILED (Month, Day, Year) March 5, 1993		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d. 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.			

RAISED SEAL AFFIXED