3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006868

2014 FEB -4 PM 3:16

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

I, Kathleen M. Hulse, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The North 100 feet of the South 350 feet of that part of the South 80 acres of Section 36, Township 36 North, Range 10 West of the 2nd Principal Meridian, which lies East of the highway running in a Northeasterly direction through said tract and known as Columbia Avenue, except the East 1418.00 feet thereof, in the Town of Munster, Lake County, Indiana.

Grantee Address/Commonly known as:
10429 Columbia Avenue, Munster, IN 46321
Tax Key No.: 45-06-36-454-006.000-027

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3. The decedent, Richard B. Hulse, and myself acquired title as joint tenants by the entireties to said real estate by deed of conveyance on the 3rd day of September, 1976, and recorded in the Office of the Lake County Recorder on September 15, 1976 as Document No. 370048.

4. The decedent and myself jointly held title to said real estate until the death of Richard B. Hulse on the 17th day of December, 2013, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Richard B. Hulse.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

$16
CK# 6906
1 ref

Kathleen M. Hulse, Affiant

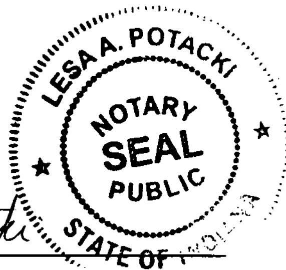
FILED
FEB 04 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

00398

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

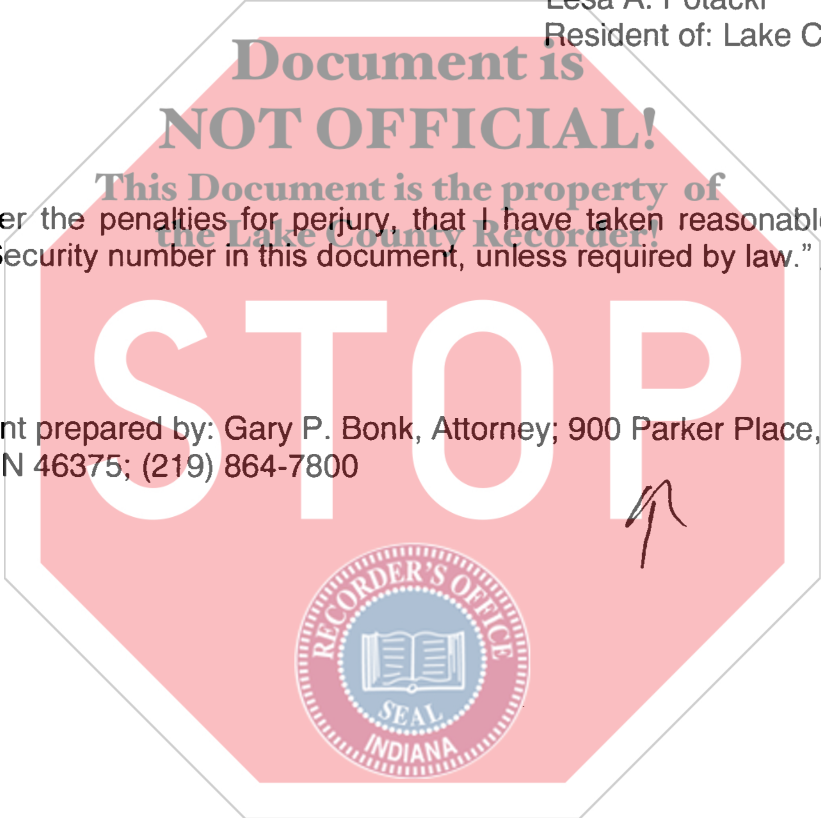
Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Kathleen M. Hulse, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 20th day of January, 2014.



My commission expires: 02/13/2018

Signature: Lesa A. Potacki
Lesa A. Potacki
Resident of: Lake County, Indiana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SEAL
INDIANA

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

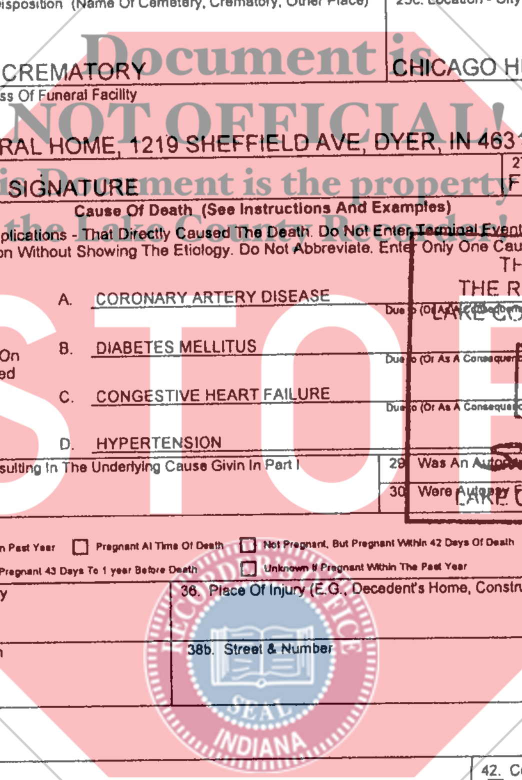
Tracking No. 04364

Local No 004146 EDR No 000000359469 State No 058640

Field	Value
1. Decedent's Legal Name (First, Middle, Last)	RICHARD B HULSE
1a. Maiden Name (If female)	
2. Sex	MALE
3. Time Of Death	11:25 AM
4. Date Of Death (Month/Day/Year)	12/17/2013
5. Social Security Number	[redacted]
6a. Age - Yrs	84
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)	10/23/1929
8. Birthplace (City and State or Foreign Country)	EAST CHICAGO, IN
9. Ever In U.S. Armed Forces?	☒ Yes ☐ No ☐ Unknown
10. If Death Occurred In A Hospital:	☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival
10a. If Death Occurred Somewhere Other Than A Hospital	☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street and Number)	COMMUNITY HOSPITAL
12. City Or Town, State, And Zip Code	MUNSTER, IN, 46321
13. County Of Death	LAKE
14. Marital Status At Time Of Death	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name	KATHLEEN HULSE
15a. (If Wife)Give Maiden Last Name	LEMBCKE
16. Decedent's Usual Occupation	METALLURGIST
17. Kind Of Business/Industry	STEEL MILL
18. Residence - State	INDIANA
18a. County	LAKE
18b. City Or Town	MUNSTER
18c. Street And Number	10429 COLUMBIA AVENUE
18d. Apt. No.	
18e. Zip Code	46321
18f. Inside City Limits?	☒ Yes ☐ No
19. Decedent's Education	UNKNOWN
20. Decedent Of Hispanic Origin	NOT HISPANIC
21. Decedent's Race	White
22. Father's Name (First, Middle, Last)	RICHARD B HULSE IV
23. Mother's Name (First, Middle, Last)	IRENE HULSE
23a. Mother's Maiden Last Name	PAWLOSKI
24. Informant's Name	KATHLEEN HULSE
24a. Relationship To Decedent	WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code)	10429 COLUMBIA AVENUE, MUNSTER, IN 46321

25. Place Of Disposition

Field	Value
25a. Method Of Disposition	☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	HEIGHTS CREMATORY
25c. Location - City, Town, And State	CHICAGO HEIGHTS, IL
26. Was Coroner Contacted?	☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility	CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311
27a. Funeral Home License Number	FH10900001
27b. Signature Of Indiana Funeral Service Licensee	CHRISTOPHER CHELBANA , BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee)	FD20700033



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Cause Of Death (See Instructions And Examples)

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.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death)
A. CORONARY ARTERY DISEASE

Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last
B. DIABETES MELLITUS — Due To (Or As A Consequence Of):
C. CONGESTIVE HEART FAILURE — Due To (Or As A Consequence Of):
D. HYPERTENSION

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I
CARDIO-PULMONARY ARREST

29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 26 2013
LAKE COUNTY HEALTH OFFICER

Field	Value
31. Did Tobacco Use Contribute To Death?	☐ Yes ☐ Probably ☒ No ☐ Unknown
32. If Female:	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death:	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?	☐ Yes ☐ 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:	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
41. Signature, Of Person Certifying Cause Of Death:	SHEEYIP JOSIAH CHAN , BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)	☒ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	SHEEYIP JOSIAH CHAN , 911 A FRAN LIN PARKWAY, MUNSTER, IN 46321
44. License Number	02001071A
45. Date Certified	12/20/2013
46. Additional Funeral Service Provider:	
47. *Alias:	
48. Signature of Local Health Officer:	SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year):	DEC 26 2013

NOT VALID UNLESS RAISED SEAL AFFIXED

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and [illegible]