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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 008509

2014 FEB 13 AM 10:28

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

MICHAEL D. BROWN  
RECORDER

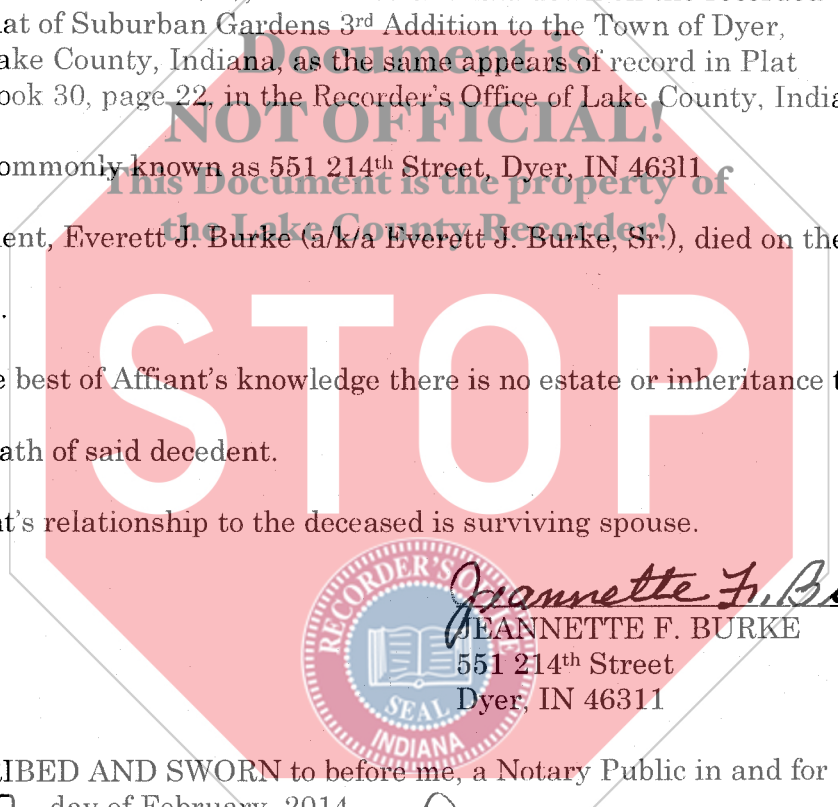
SURVIVORSHIP AFFIDAVIT

On this 7<sup>TH</sup> day of February, 2014, JEANNETTE F. BURKE, "Affiant," being duly sworn upon her oath states that:

1. Affiant resides at the address given below affiant's signature.
2. The following real estate was formerly owned by Everett J. Burke (a/k/a Everett J. Burke, Sr.) and Affiant, Jeannette K. Burke, husband and wife, as joint tenants:

Lot No. Fifteen (15), as marked and laid down on the recorded plat of Suburban Gardens 3<sup>rd</sup> Addition to the Town of Dyer, Lake County, Indiana, as the same appears of record in Plat Book 30, page 22, in the Recorder's Office of Lake County, Indiana  
Commonly known as 551 214<sup>th</sup> Street, Dyer, IN 46311

4. Decedent, Everett J. Burke (a/k/a Everett J. Burke, Sr.), died on the 23rd day of December, 2013.
5. To the best of Affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent.
6. Affiant's relationship to the deceased is surviving spouse.

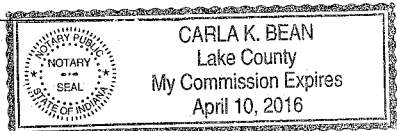


*Jeannette F. Burke*  
JEANNETTE F. BURKE  
551 214<sup>th</sup> Street  
Dyer, IN 46311

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 7 day of February, 2014.

*Carla K. Bean*  
NOTARY PUBLIC  
Resident of Lake County

My Commission Expires:



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]*

This document prepared by: KENNETH M. WILK - #1242-45  
RUBINO, RUMAN, CROSMER & POLEN  
275 Joliet Street, Suite 330, Dyer, IN 46311  
219-322-8222

20817  
JULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER  
FEB 12 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

AMOUNT \$ 1300  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 20742  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK ag

E



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

Local No **004148**

EDR No **00000360351**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>EVERETT J BURKE SR</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>08:00 PM</b>		4. Date Of Death (Month/Day/Year) <b>12/23/2013</b>		
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>83</b>		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) <b>05/19/1930</b>				8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>								
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) <b>551 214TH STREET</b>												
12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</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>JEANNETTE F BURKE</b>				15a. (If Wife) Give Maiden Last Name <b>KOEPL</b>				16. Decedent's Usual Occupation <b>PAINTER</b>		17. Kind Of Business/Industry <b>RAILROAD MANUFACTURING</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>DYER</b>			18d. Apt. No.		18e. Zip Code <b>46311</b>	
18c. Street And Number <b>551 214TH STREET</b>			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>EDWARD BURKE</b>				23. Mother's Name (First, Middle, Last) <b>MILDRED IDA BURKE</b>				23a. Mother's Maiden Last Name <b>RAU</b>				
24. Informant's Name <b>JEANNETTE K BURKE</b>				24a. Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>551 214TH STREET, DYER, IN 46311</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>CHAPEL LAWN MEMORIAL GARDENS</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375</b>						27a. Funeral Home License Number: <b>FH19900051</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>DAVID R PETERSON, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08601585</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 On A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>ADENOCARCINOMA OF THE COLON METASTATIC TO LIVER AND LUNGS</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____  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										Approximate Interval: Onset To Death <b>4 YEARS</b>		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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>LYLE R MUNN, 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>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>						44. License Number <b>01031582A</b>		45. Date Certified <b>12/25/2013</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>DEC 26 2013</b>						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												