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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 011263

2014 FEB 26 AM 9: 01

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

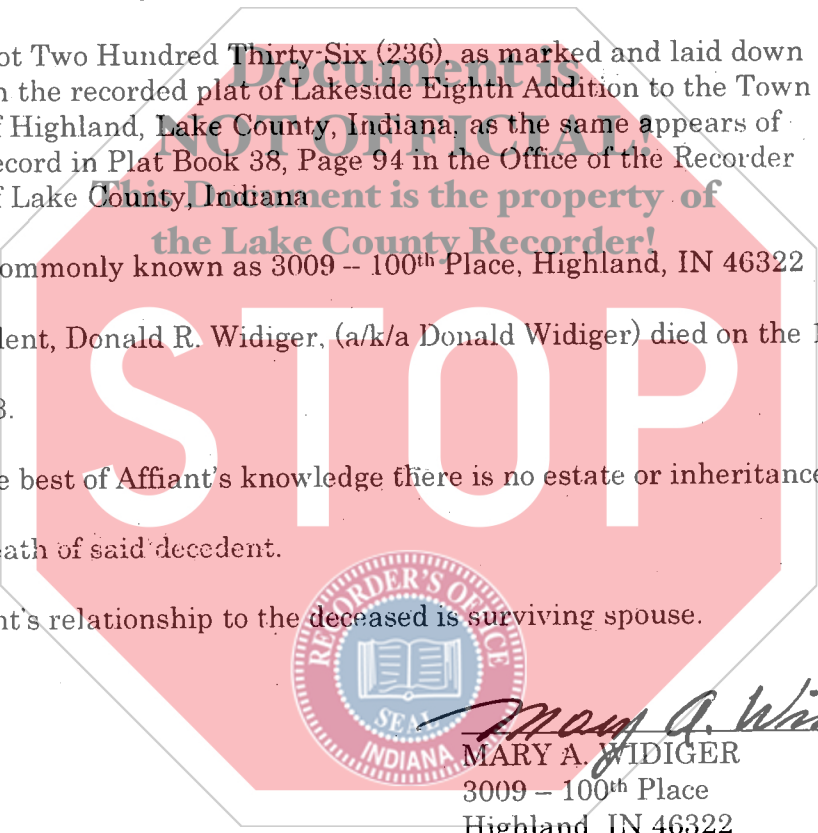
On this 5th day of February, 2014, MARY A. WIDIGER, "Affiant," being duly sworn upon her oath states that:

1. Affiant resides at the address given below affiant's signature.
2. The following real estate was formerly owned by Donald R. Widiger (a/k/a Donald Widiger) and Affiant, Mary A. Widiger, husband and wife, as joint tenants:

Lot Two Hundred Thirty-Six (236), as marked and laid down on the recorded plat of Lakeside Eighth Addition to the Town of Highland, Lake County, Indiana, as the same appears of record in Plat Book 38, Page 94 in the Office of the Recorder of Lake County, Indiana

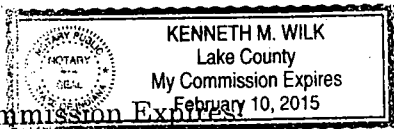
Commonly known as 3009 -- 100<sup>th</sup> Place, Highland, IN 46322

4. Decedent, Donald R. Widiger, (a/k/a Donald Widiger) died on the 12<sup>th</sup> day of November, 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.



*Mary A. Widiger*  
MARY A. WIDIGER  
3009 -- 100<sup>th</sup> Place  
Highland, IN 46322

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



My Commission Expires \_\_\_\_\_

*[Signature]*  
NOTARY PUBLIC  
Resident of Lake County

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  
275 Joliet Street, Suite 330, Dyer, IN 46311  
219-322-8222

**FILED**

FEB 21 2014

21063

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

AMOUNT \$ 13<sup>00</sup>  
 CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
 CHECK# 20807  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-CONF \_\_\_\_\_  
 DEPUTY SP





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 01626

Local No. 003796

EDR No. 00000353199

State No.

1. Decedent's Legal Name (First, Middle, Last) DONALD WIDIGER		1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 12:39 PM		4. Date Of Death (Month/Day/Year) 11/12/2013			
5. Social Security Number		6a. Age, Yrs. 83		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) 09/20/1930		8. Birthplace (City and State or Foreign Country) HAMMOND, IN							
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input 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) 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 <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 MARY A. WIDIGER		15a. (If Wife) Give Maiden Last Name KUDRAC		16. Decedent's Usual Occupation ELECTRICIAN		17. Kind Of Business/Industry STEEL MANUFACTURING					
18a. Residence - State INDIANA		18b. County LAKE		18c. City Or Town HIGHLAND		18d. Apt. No.		18e. Zip Code 46322			
18f. Street And Number 3009 100TH PLACE		18g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT-HISPANIC		21. Decedent's Race White							
22. Father's Name (First, Middle, Last) EMMANUEL WIDIGER		23. Mother's Name (First, Middle, Last) MEDA WIDIGER		23a. Mother's Maiden Last Name WIHMANN							
24. Informant's Name MARY A. WIDIGER		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 3009 100TH PLACE, HIGHLAND, IN 46322							
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 State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) OAKLAND MEMORY LANES CREMATORY		25c. Location - City, Town, And State DOLTON, IL							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322		27a. Funeral Home License Number FH10300021							
27b. Signature Of Indiana Funeral Service Licensee CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD01014511									
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. RE-COUNTY HEALTH DEPARTMENT											
Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC MERKEL CELL CARCINOMA UPPER EXTREMITY AND CHEST											
Due to (Or As A Consequence Of) B. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) C. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) D. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) E. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) F. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) G. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) H. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) I. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) J. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) K. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) L. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) M. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) N. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) O. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) P. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) Q. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) R. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) S. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) T. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) U. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) V. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) W. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) X. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) Y. <i>Susan J Best</i>											
Due to (Or As A Consequence Of) Z. <i>Susan J Best</i>											
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											
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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, Wooded Area)	
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 ROWLAND MBAOMA, BY ELECTRONIC SIGNATURE											
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 ROWLAND MBAOMA, 7905 CALUMET AVE, MUNSTER, IN 46321		44. License Number 01060241A		45. Date Certified 11/22/2013							
46. Additional Funeral Service Provider											
47. State											
48. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE											
49. For Registrar Only - Date Filed (Month/Day/Year) NOV-22-2013											

RAISED SEAL AFFIXED

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.