

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 018069

2014 MAR 28 PM 2:27

MICHAEL B. BROWN
RECORDER

3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now David T. Bood, Sr., being duly sworn upon his oath, and states as follows:

That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot No. Two (2) in Block Two (2) as marked and laid down in the recorded plat of "Roachdale Farm" being a subdivision of all of that part of the Northeast Quarter of the Northwest Quarter of Section Twenty-five (25), Township Thirty-six (36) North, Range Eight (8) West of the Second Principal Meridian in the City of Hobart, Lake County, Indiana.

Key No.: 45-08-25-126-005.000-018

Commonly known as: 2609 W. 37th Avenue, Hobart, IN 46342

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AND
the Lake County Recorder!**

The West one-half of the South 93.87 feet of Lot Eight (8), Block Two (2), as marked and laid down on the recorded plat of Roachdale Farm.

Key No. 45-08-25-126-013.000-018

Commonly known as: 2600 BL W. 38th Avenue, Hobart, IN 46342

That the affiant and the decedent, Joan T. Bood, were married on the 27th day of April, 1957. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance and recorded in the Office of the Lake County Recorder.

FILED

MAR 28 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

011650

15.
OK-10285
DN

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Joan T. Bood on the 5th day of February, 2014 at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent was not subject to Federal Estate Tax or Indiana Inheritance Tax.

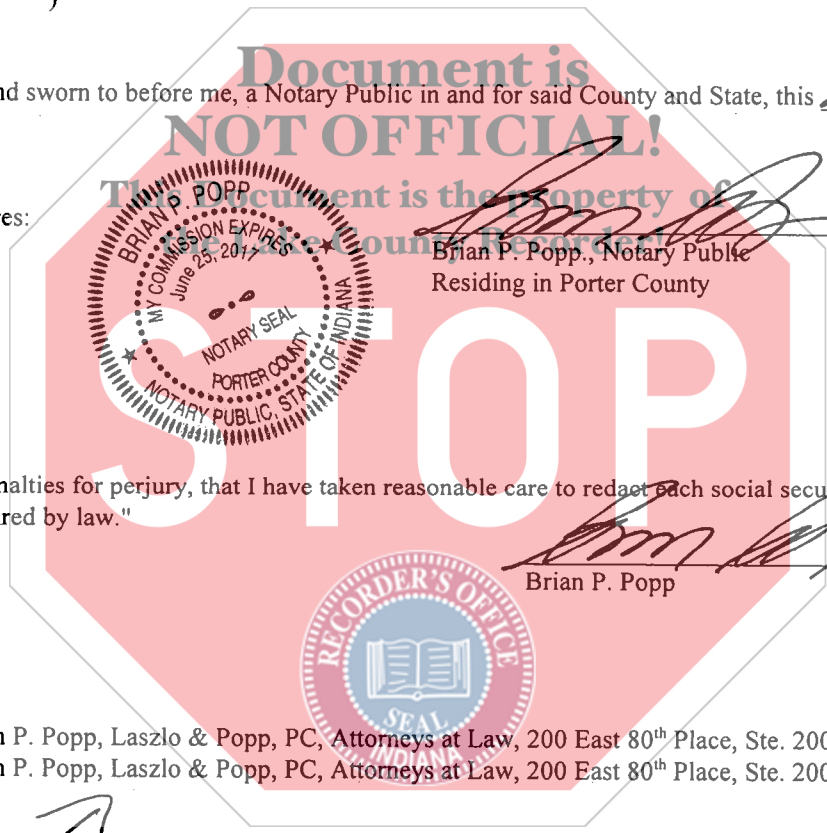
David T Bood Sr.
David T. Bood, Sr., Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 20th day of March, 2014.

My Commission Expires:
June 25, 2017

(SEAL)



Brian P. Popp
Brian P. Popp., Notary Public
Residing in Porter 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."

Brian P. Popp
Brian P. Popp

Prepared by: Brian P. Popp, Laszlo & Popp, PC, Attorneys at Law, 200 East 80th Place, Ste. 200, Merrillville, IN 46410.
Return to: Brian P. Popp, Laszlo & Popp, PC, Attorneys at Law, 200 East 80th Place, Ste. 200, Merrillville, IN 46410.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 09290

Local No 000432

EDR No 00000368570

State No 005617

1. Decedent's Legal Name (First, Middle, Last) JOAN T BOOD				1a. Maiden Name (If female) WRONKO		2. Sex FEMALE	3. Time Of Death 20:50	4. Date Of Death (Month/Day/Year) 02/05/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 77	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) 10/29/1936		8. Birthplace (City and State or Foreign Country) HOBART, 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 checked="" 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 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) VIBRA HOSPITAL OF NORTHWESTERN INDIANA									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					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 DAVID T BOOD SR			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18d. Apt. No.		18e. Zip Code 46342	18f. 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) JOSEPH WRONKO			23. Mother's Name (First, Middle, Last) CATHERINE BOOD			23a. Mother's Maiden Last Name PRZENICZNY			
24. Informant's Name DAVID T BOOD SR		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 2609 WEST 37TH AVENUE, HOBART, IN 46342					
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) CALVARY CEMETERY		25c. Location - City, Town, And State PORTAGE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342					27a. Funeral Home License Number: FH83003069		
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006463			
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. <u>ACUTE MYOCARDIAL INFARCTION</u> Due to (Or As A Consequence Of)									HOURS
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. <u>AORTIC STENOSIS</u> Due to (Or As A Consequence Of)									YEARS
C. <u>CORONARY ARTERY DISEASE</u> Due to (Or As A Consequence Of)									YEARS
D. <u>RENAL FAILURE</u>									WEEKS
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									APPROXIMATE INTERVAL: ONSET TO DEATH
ADULT ONSET DIABETES MELLITUS 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 43 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"/> 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 NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: JACK ZIEGLER, 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: JACK ZIEGLER, 1400 SOUTH LAKE PARK AVE. #400, HOBART, IN 46342						44. License Number 01031712A		45. Date Certified 02/07/2014	
46. Additional Funeral Service Provider:						47. *Atax:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 10 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

RAISED SEAL APPLIED