

2014 025729

2014 MAY -7 PM 12:34

MICHAEL B. BROWN
RECORDER

PREPARED BY:
JOSEPH G. STRIEWE, ATTORNEY-AT-LAW
QUALITY TITLE
750 E. SOUTHPORT RD.
INDIANAPOLIS, IN 46227

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF JOHNSON)

BEFORE ME, the undersigned authority, personally appeared ROBERT W. BUNDE ("Affiant") who being by me first duly sworn, on oath, depose and say:

1. Affiant owns, or are acquiring, an interest in certain property located in LAKE County, Indiana, more particularly described as follows:

LOT 236 IN COUNTRY MEADOWS ESTATES 3RD ADDITION, UNIT 16, AN ADDITION TO THE TOWN OF WINFIELD, BEING A RESUBDIVISION OF LOTS 180, 181 AND 182 AND LOTS 184 AND 185 IN COUNTRY MEADOWS ESTATES 3RD ADDITION, UNIT 12 IN PLAT BOOK 87 PAGE 29, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 89, PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

2. Affiant, THE UNDERSIGNED, HEREBY SWEARS AND AFFIRMS THAT HE AND THE NOW DECEASED EDNA M. BUNDE, WHO TOOK TITLE BY WARRANTY DEED DATED OCTOBER 16TH, 2002 AND RECORDED OCTOBER 22ND, 2002 AS INSTRUMENT #2002-095106, CONTINUOUSLY HELD TITLE AS TENANTS BY THE ENTIRETIES UNTIL THE DEATH OF SAID EDNA M. BUNDE ON JULY 29TH, 2008.


3. That there are no estate and inheritance taxes due and owing, if any.

Affiant further sayeth not.

X *Robert W. Bunde*
ROBERT W. BUNDE

Before me, a Notary Public in and for the State of Indiana and a resident of Johnson County, Indiana, personally appeared ROBERT W. BUNDE, who acknowledged execution of the foregoing instrument.

Witness my hand and Notarial Seal this _____ day of MAY, 2014.

SEAL:  SPENCER R. BRUMMETT
Notary Public, State of Indiana
County of Johnson
My Commission Expires December 15, 2014

Printed

My Commission Expires:
County of Residence: _____

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.

Spencer R. Brummett
SPENCER R. BRUMMETT

FILED

MAY 07 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

13
CASH
DN



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2681-08

State No.

1. Decedent's Legal Name (First, Middle, Last) EDNA MARTHA BUNDE				1a. Maiden Last Name (if Female) Zimmerman		2. Sex Female	3. Time Of Death 8:45 a.m.	4. Date Of Death (Month/Day/Year) July 29, 2008	
5. Social Security Number [REDACTED]	6a. Age - Yrs 76	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) Nov. 16, 1931		8. Birthplace (City And State Or Foreign Country) Chicago, Illinois	
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 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 checked="" 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) St. Anthony Inpatient Hospice									
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 Robert W. Bunde			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Receptionist		17. Kind Of Business/Industry Office		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Crown Point					
18c. Street And Number 7498 Mary Kay Court					18d. Apt. No.	18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12th		20. Decedent Of Hispanic Origin No			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) William Zimmerman				23. Mother's Name (First, Middle, Last) Rose Zimmerman			23a. Mother's Maiden Last Name Phiel		
24. Informant's Name Robert W. Bunde		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 7498 Mary Kay Ct. Crown Point, IN 46307					
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Mt. Greenwood Cemetery			25c. Location - City, Town, And State Chicago, Illinois				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kuiper Funeral Home 9039 Kleinman Rd. Highland, IN 46322 Smits, DeYoung-Vroegh 649 E. 162nd St. South Holland, IL					27a. Funeral Home License Number: 10300021		
27b. Signature Of Indiana Funeral Service Licensee: <i>Timothy R. Smits</i>				27c. License Number (Of Licensee): 20600101					
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. <u>metastatic breast carcinoma</u> Due To (Or As A Consequence Of): 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. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Approximate Interval: Onset To Death <u>years</u>									
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 Findings 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" 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 checked="" 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: <i>Mark F. Kozloff M.D.</i>					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: Mark F. Kozloff 901 MacArthur Blvd. Munster, IN 46321					44. License Number 036-47581		45. Date Certified 7-30-08		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): July 31, 2008				