

3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 048112

2014 AUG 11 AM 11:55

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, Lynn E. Waltz, 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. Edward C. Waltz (aka Edward Carl Waltz) was the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOTS NUMBERED THIRTY-FIVE (35) AND THIRTY-SIX (36), IN BLOCK NO TWELVE (12), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF GOLFMOOR, IN THE TOWN OF HIGHLAND, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 21, PAGE 56, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

Commonly known as: 8615 Cottage Grove Ave, Highland, Indiana 46322

Key No.: 45-07-22-307-010.000-026

3. The decedent, Edward C. Waltz, and Jean A. Waltz acquired title as joint tenants by the entireties to said real estate by deed of conveyance on the 9<sup>th</sup> day of June, 1954, and recorded in the Office of the Lake County Recorder on the 6<sup>th</sup> day of July, 1954 as Document No. 765292.

4. Edward C. Waltz and Jean A. Waltz held title to said real estate until the death of Edward C. Waltz on the 20<sup>th</sup> day of July, 1991, at which time Jean A. Waltz acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Edward C. Waltz (aka Edward Carl Waltz).

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.

*Lynn E. Waltz*  
Lynn E. Waltz, Affiant

25543

**FILED**  
AUG 11 2014  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

150  
7143  
RW

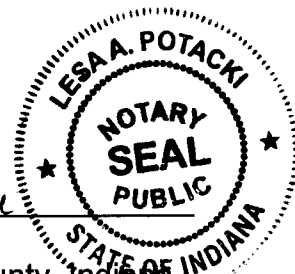
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

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

Signed and sealed this 30<sup>th</sup> day of May, 2014.

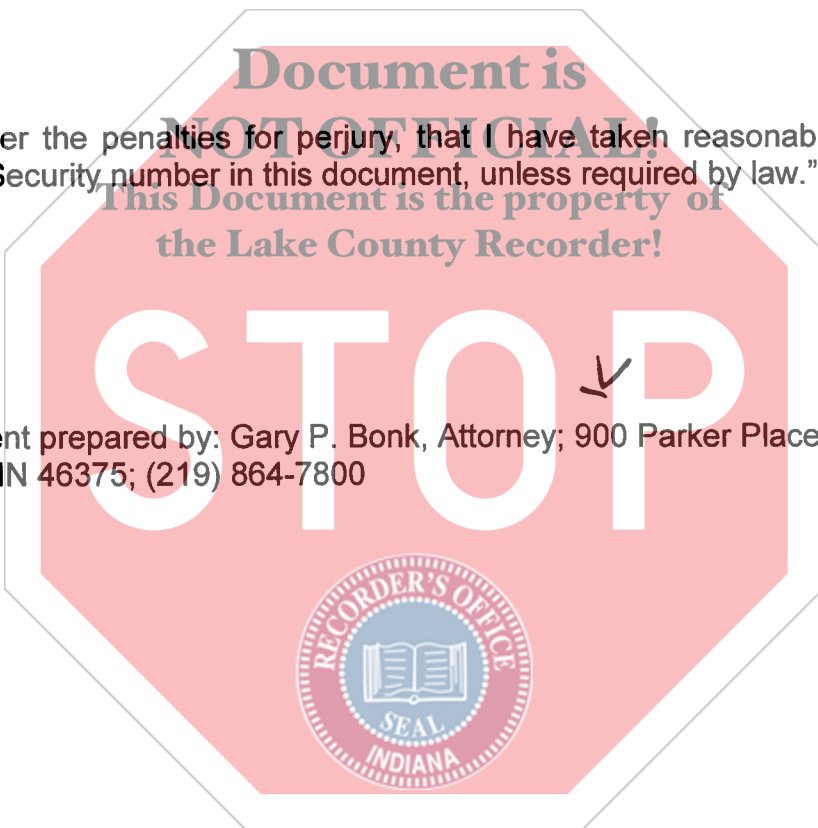
My commission expires: 02/03/2018

Signature: *Lesa A. Potacki*  
LesA. Potacki  
Resident of: Lake County, 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

**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!



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

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1491-92

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>Edward C. Waltz</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>7:56 A</b>	3b DATE OF DEATH (Month, Day, Yr.) <b>July 20, 1991</b>	
4 SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) <b>76</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) <b>Apr. 20, 1915</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a WAS DECEASENT A U.S. VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) <b>The Community Hospital</b>	9c CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>	9d COUNTY OF DEATH <b>Lake</b>	10. MARITAL STATUS (Specify) <b>Married</b>		
11. SURVIVING SPOUSE (If wife, give maiden name) <b>Jean Mc Gregor</b>	12a DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Roller</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Steel Co.</b>	13a RESIDENCE—STATE <b>Indiana</b>		
13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Highland</b>	13d. STREET AND NUMBER <b>8615 Cottage Grove Ave.</b>	13e ZIP CODE <b>46322</b>		
13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEASENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	17 DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+)	
18 FATHER'S NAME (First, Middle, Last) <b>Valentine Waltz</b>	19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Louise Schimpf</b>				
20a INFORMANT'S NAME (Type/Print) <b>Jean Waltz</b>	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8615 Cottage Grove Ave. Highland, IN</b>	20c. Relationship <b>Wife</b>			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>July 23, 1991 Chapel Lawn Cemetery</b>	21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>			
22a EMBALMER'S NAME: <b>Edgar Gleim</b>	22b. EMBALMER'S LICENSE NO. <b>FDO 1016173</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b. LICENSE NUMBER (of Licensee) <b>FDO 1014511</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500</b>			
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Cardiogenic shock</b>		Approximate Interval Between Onset and Death <b>24 hrs.</b>	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. <b>Acute myocardial infarction</b>		<b>24 hrs.</b>	
		c. <b>Severe coronary disease</b>		<b>months</b>	
		d.			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>Diabetes Mellitus, acute renal failure</b>					
27. WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		NO THIS CERTIFICATE ABOVE IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>0200068623</b>	29d. DATE SIGNED (Month, Day, Year) <b>July 22, 1991</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Steven A. Corse, D.O. 3100 45th St. Highland, Indiana 46322</b>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> DATE FILED (Month, Day, Year) <b>July 23, 1991</b>					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. LOCATION (Street and Number or Rural Route Number, City or Town, State)
		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY