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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 079238

2014 DEC 12 AM 10:54

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNT OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

I, RONALD J. MUNSTER AND DAVID L. MUNSTER, this 12<sup>th</sup> day of NOVEMBER, 2014, being first duly sworn upon oath, states as follows:

1. That we are the surviving children of LORETTA B. MUNSTER, Deceased.
2. That our mother, LORETTA B. MUNSTER, passed away on the 12<sup>th</sup> day of October 2014. A copy of Loretta B. Munster's death certificate is attached hereto.
3. That LORETTA B. MUNSTER, RONALD J. MUNSTER and DAVID L. MUNSTER acquired an interest in the following real estate ("Property") as joint tenants with rights of survivorship:

RESIDENTIAL APARTMENT UNIT 11, TOGETHER WITH AN UNDIVIDED 6.6 PERCENT INTEREST IN THE COMMON AREAS AND FACILITIES, INCLUDING LIMITED COMMON AREAS AND FACILITIES, AND GARAGE UNIT 11, TOGETHER WITH AN UNDIVIDED 3 PERCENT INTEREST IN THE COMMON AREA AND FACILITIES, INCLUDING LIMITED COMMON AREA AND FACILITIES, IN JUNE CONDOMINIUM HORIZONTAL PROPERTY REGIME, RECORDED SEPTEMBER 19, 1979 AS DOCUMENT NO. 550706, RE-RECORDED OCTOBER 18, 1979 AS DOCUMENT NO. 555436 AND IN PLAT BOOK 51, PAGE 28, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 1228 Camellia Drive, Unit 11, Munster, Indiana 46321

Key No.: 45-07-30-457-020.000-027  
45-07-30-457-021.000-027

4. That, by operation of joint tenancy, Ronald J. Munster and David L. Munster are the sole, fee simple owners of the Property.

**FILED**  
DEC 09 2014  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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5. That all funeral expenses in connection with the death of LORETTA B. MUNSTER have been paid in full; and
6. That the estate of LORETTA B. MUNSTER did not necessitate the filing of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

*Ronald J. Munster*  
 RONALD J. MUNSTER

*David L. Munster*  
 DAVID L. MUNSTER

STATE OF INDIANA )  
 ) SS:  
 COUNT OF \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 12th day of November, 2014.

My commission expires: \_\_\_\_\_  
 Notary Public

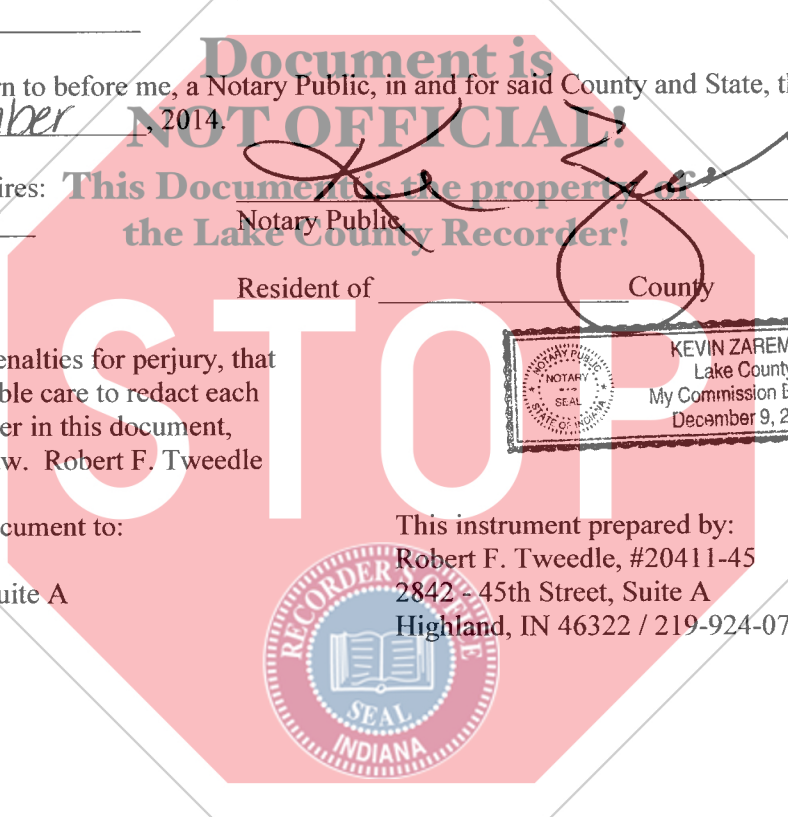
Resident of \_\_\_\_\_ County

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. Robert F. Tweedle



Return Recorded Document to:  
 Robert F. Tweedle  
 2842 - 45th Street, Suite A  
 Highland, IN 46322

This instrument prepared by:  
 Robert F. Tweedle, #20411-45  
 2842 - 45th Street, Suite A  
 Highland, IN 46322 / 219-924-0770



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

Local No **001116**

EDR No **000000409507**

State No **046718**

1. Decedent's Legal Name (First, Middle, Last) <b>LORETTA B MUNSTER</b>		1a. Maiden Name (If female) <b>DETTMAN</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>03:17 AM</b>	4. Date Of Death (Month/Day/Year) <b>10/12/2014</b>	
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>99</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>04/13/1915</b>	
9. Ever in U.S. Armed Forces? <input checked="" 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 type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>	
11. Facility Name (If Not Institution, Give Street and Number) <b>MORRISON WOODS</b>				12. City Or Town, State, And Zip Code <b>MUNCIE, IN 47304</b>		13. County Of Death <b>DELAWARE</b>	
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>MEAT CUTTER</b>		17. Kind Of Business/Industry <b>BUTCHER</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>DELAWARE</b>		18b. City Or Town <b>MUNCIE</b>		18c. Street And Number <b>725 WEST CHARLES STREET</b>	
18d. Apt. No.		18e. Zip Code <b>47305</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>CARL DETTMAN</b>		23. Mother's Name (First, Middle, Last) <b>LYDIA DETTMAN</b>		23a. Mother's Maiden Last Name <b>BUSE</b>			
24. Informant's Name <b>DAVID MUNSTER</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>725 WEST CHARLES STREET, MUNCIE, IN 47305</b>			
25. Place Of Disposition							
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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>RIDGELAWN CEMETERY</b>		25c. Location - City, Town, And State <b>GARY, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408</b>				27a. Funeral Home License Number <b>FH10200007</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee) <b>FD21100051</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)						Approximate Interval: Onset To Death	
A. <b>ALZHEIMERS DEMENTIA</b>						YEARS	
B. _____						Due to (Or As A Consequence Of):	
C. _____						Due to (Or As A Consequence Of):	
D. _____						Due to (Or As A Consequence Of):	
Part II: Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I							
NONE							
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 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: <b>LUKE G. NELLIGAN, 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>LUKE G. NELLIGAN, 6048 WEST 84TH ST., INDIANAPOLIS, IN 46278</b>				44. License Number <b>02001548A</b>		45. Date Certified <b>10/20/2014</b>	
46. Additional Funeral Service Provider				47. Akas:			
48. Signature of Local Health Officer: <b>DONNA A. WILKINS, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year) <b>OCT 20 2014</b>			

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.

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA

VOID IF FALSIIFIED OR ERASED