STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 SEP -2 AM 9:56

MICHAEL B. BROWN
RECORDER

2015 059557

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

ROBBIE R. WHITE, being duly sworn upon her oath deposes and says:

1. That she is the Wife of DONALD R. WHITE.

2. That ROBBIE R. WHITE held the following property, husband and wife, as tenants by the entireties in her name and DONALD R. WHITE:
TRI-STATE MANOR ADD. UNIT 2 ALL L. 15 BL. 4 recorded in the Office of the Recorder of Lake County, Indiana.
Commonly known as: 7633 Montana Ave. Hammond, Indiana 46323
Tax Key # 45-07-15-180-015.000-023

4. That DONALD R. WHITE passed away on October 15, 1996. (copy of death certificate attached).

5. That upon the passing of DONALD R. WHITE, this interest in the above said real estate vested in ROBBIE R. WHITE.

Robbie R. White
ROBBIE R. WHITE

COUNTY OF LAKE
STATE OF INDIANA
Subscribed and sworn to me this 28th day of August 2015.

Notary Public
Name: Nick Perko III
My Commission Expires: 7-11-23
Resident of Lake County Lake County

NICK PERKO III
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Jul 11, 2023

This instrument was prepared by Nick A. Perko III, 3037 45th Ave. Highland, IN at the specific request of owner or representatives and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by owner's execution of this document.

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.

NICK A. PERKO III

FILED

SEP 02 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

#13.00 21417
M·E
#5031

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

Tracking No. 63525

Local No. 833

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Donald R. White

2 SEX: male

3a TIME OF DEATH: 10:36A M

3b DATE OF DEATH (Month, Day, Yr.): October 15, 1996

4 *SOCIAL SECURITY NUMBER: [redacted]

5a AGE—Last Birthday (Years): 62

5b UNDER 1 YEAR: Months / Days

5c UNDER 1 DAY: Hours / Minutes

6 DATE OF BIRTH (Mo. Day, Yr.): May 9, 1934

7 BIRTHPLACE (City and State or Foreign Country): Milburn West Virginia

8a WAS DECEDENT A U.S. VETERAN? no

8b YEAR LAST SERVED IN U.S. ARMED FORCES? n/a

9a PLACE OF DEATH (Check only one. See instructions.): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b FACILITY NAME (If not institution, give street and number): St. Margaret-Mercy Health Care Center

9c CITY, TOWN OR LOCATION OF DEATH: Hammond

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): married

11 SURVIVING SPOUSE (If wife, give maiden name): Robbie Herron

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mill Mechanic

12b KIND OF BUSINESS/INDUSTRY: steel manufacturing

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Hammond

13d STREET AND NUMBER: 7633 Montana Street

13e ZIP CODE: 46323

13f INSIDE CITY LIMITS: [ ] No [X] Yes

13g ON A FARM? [ ] No [X] Yes

14 CITIZEN OF WHAT COUNTRY? USA

15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

16 RACE—American Indian, Black, White, etc. (Specify): white

17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Randolph White

19 MOTHER'S NAME (First, Middle, Maiden Surname): Lillian Hicks

INFORMANT

20a INFORMANT'S NAME (Type/Print): Robbie White

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7633 MontanaStreet Hammond, Indiana 46323

20c Relationship: wife

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): October 17, 1996 Chapel Lawn Cemetery

21c LOCATION—City or Town, State: Schererville, Indiana

22a EMBALMER'S NAME: Raymond E. White

22b EMBALMER'S LICENSE NO.: FD08700086

23 WAS DEATH REPORTED TO CORONER? [ ] No [X] Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Raymond E White

24b LICENSE NUMBER (of Licensee): FD08700086

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Ruiper Funeral Home 9039 Kleinman Ro Highland Indiana 46322 FH83007500

CAUSE OF DEATH

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. Ventricular fibrillation — Approximate Interval Between Onset and Death: Immediate
DUE TO (OR AS A CONSEQUENCE OF):
b. Myocardial infarct
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypertensive Cardiovascular disease 5yr
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: Insulin dependent Diabetes mellitus

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no

28a WAS AN AUTOPSY PERFORMED? (Yes or no): no

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): n/a

CERTIFIER

29a CERTIFIER (Check only one):
[X] CERTIFYING PHYSICIAN. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
[ ] 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.
[ ] 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) and manner as stated.

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]

29c MEDICAL LICENSE NO.: 0101859

29d DATE SIGNED (Month, Day, Year): Oct 16 96

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26): DR JERALD E. SMITH MD 7905 CALUMET AVE, MUNSTER, INDIANA 46321

31 HEALTH OFFICER'S SIGNATURE: [signature]

32 DATE FILED (Month, Day, Year): OCT 18 1996

33 MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined

34a DATE OF INJURY (Month, Day, Year)

34b TIME OF INJURY

34c INJURY AT WORK? (Yes or no)

34d DESCRIBE HOW INJURY OCCURRED

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g DATE PRONOUNCED DEAD (Month, Day, Year)

34h MOTOR VEHICLE ACCIDENT? (If yes, specify driver, passenger, pedestrian, etc.)

THE RECORD OF DEATH IS A TRUE COPY OF THE RECORD ON FILE IN THE LAKE COUNTY HEALTH DEPARTMENT

SEP 01 2015

[signature]

LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1