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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 067986

2015 OCT -2 AM 11:56

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

COMES NOW, DEBRA J. HANSEN, being duly sworn upon her oath and states as follows:

1. That Debra J. Hansen, referred to hereafter as the "Affiant", is the surviving daughter of Joyce D. Bidwell.
2. That her father James D. Bidwell and her mother Joyce D. Bidwell resided at 9149 Woodward Avenue, Highland, Indiana 46322 and said Indiana real property is legally described as follows:

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Lot Eighty (80) THE MEADOWS FIRST ADDITION, UNIT 7, to the Town of Highland, Lake County, Indiana.
Parcel No. 45-07-29-259-001-000-026

3. That said James D. Bidwell and Joyce D. Bidwell lived together as husband and wife until the time of the death of Joyce D. Bidwell on August 12, 2001.
4. That the Affiant states that the decedent, Joyce D. Bidwell, passed away on August 12, 2001, as confirmed by a death certificate, issued by the State of Indiana, a copy of which is attached hereto as part of this Affidavit.
5. That the marital relationship that existed between James D. Bidwell and Joyce D. Bidwell continued unbroken from the time they so acquired title to said real estate until the death



04582

MERIDIAN TITLE CORPORATION
HAS MADE AN ACCOMODATION
RECORDING OF THIS DOCUMENT

14-21099

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M-T

FILED

SEP 30 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25374726v1 0939907

of Joyce D. Bidwell on August 12, 2001, at which time her surviving spouse, James D. Bidwell, acquired title to the above described real estate as surviving tenants by entireties.

FURTHER AFFIANT SAYETH NOT.
Dated this 24th day of September 2015.

Debra J. Hansen
DEBRA J. HANSEN

STATE OF INDIANA,)
)
) SS:
COUNTY OF LAKE)

Before me, the undersigned Notary Public in and for said County and State do hereby certify that **Debra J. Hansen** personally appeared and executed the above document as her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 24th day of September, 2015.

My Commission Expires:

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Melissa R. Morgan
Notary Public
Resident of Lake County, Indiana

MELISSA R. MORGAN
Lake County
My Commission Expires
December 3, 2018



This instrument prepared by and should be mailed to: **Stuart J. Friedman, Attorney at Law, Hinshaw & Culbertson LLP, 322 Indianapolis Blvd., Suite 201, Schererville, Indiana 46375, (219) 864-5051.**

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 17796-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Joyce D. Bidwell				2 SEX Female		3a. TIME OF DEATH 6:40 A M		3b. DATE OF DEATH (Month, Day, Yr) August 12, 2001							
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) Jul. 23, 1939		7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana					
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 <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) The Community Hospital						9c. CITY, TOWN, OR LOCATION OF DEATH Munster			9d. COUNTY OF DEATH Lake						
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) James D. Bidwell			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker			12b. KIND OF BUSINESS/INDUSTRY Own Home							
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland			13d. STREET AND NUMBER 9149 Woodward Ave.								
13a. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT 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) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)					
18. FATHER'S NAME (First, Middle, Last) William Green						19. MOTHER'S NAME (First, Middle, Maiden Surname) Gertrude (unavailable)									
20a. INFORMANT'S NAME (Type/Print) James D. Bidwell				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9149 Woodward Ave., Highland, In. 46322				20c. Relationship Husband							
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) August 15, 2001 Memory Lane Cemetery					21c. LOCATION—City or Town, State Schererville, Indiana							
22a. EMBALMER'S NAME Edgar C. Gleim			22b. EMBALMER'S LICENSE NO. EDO 1016173			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>C.A. Kuiper</i>			24b. LICENSE NUMBER (of Licensee) FDL 1014271			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd Highland, Indiana 46322 FH 19900008									
26 PART I Enter the disease, injuries, or conditions that caused the death. Do not include pre-existing conditions or respiratory arrest, shock, or heart failure. List only one cause on each line. Acute Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____										Approximate Interval Between Onset and Death AUG 15 2001					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.										27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) (Yes)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) (No)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) (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) and manner as stated.															
29b. SIGNATURE AND TITLE OF CERTIFIER <i>C. McIntire</i>						29c. MEDICAL LICENSE NO. 102001515			29d. DATE SIGNED (Month, Day, Year) 8/14/01						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) 1573 N Cline Griffith IN 46319 Dr. C McIntire DO															
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butcher, D.O.</i>										32. DATE FILED (Month, Day, Year) August 15, 2001					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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						
34a. 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? (Yes or no) If yes specify driver, passenger, pedestrian, etc.											

