2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 068776

2015 OCT -7 AM 9:25

MICHAEL B. BROWN
RECORDER

Mail to
PRISM TITLE
1011 E. Touhy Ave. #350
Des Plaines, IL 60018

SURVIVORSHIP AFFIDAVIT

15060748 1 of 3

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Mary Catherine Moore, being first duly sworn upon oath, deposes and says:

1. That Jeremiah Moore died on September 17, 1997, at Munster, Indiana.
(City/State)

2. That Jeremiah Moore and Mary Catherine Moore were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Address: 209 HOLLY LANE, SCHERERVILLE, IN 46375
Property #: 45-11-05-234-036.000-036
Legal Description:
THE SOUTHEASTERLY 53.7 FEET, BY PARALLEL LINES, OF LOT 8 IN PLUM CREEK VILLAGE 8TH ADDITION TO THE TOWN OF SCHEREVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 64, PAGE 11, IN LAKE COUNTY, INDIANA.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Mary Catherine Moore
Affiant Signature
Mary Catherine Moore

STATE OF INDIANA)
) SS: **ACKNOWLEDGEMENT**
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Mary Catherine Moore who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 24 day of Aug, 20 15.

Resident of Lake County, Indiana.

Signature

My Commission Expires: _____

Printed

RENITA L. REYNA
Lake County
NOTARY PUBLIC
NOTARY SEAL
My Commission Expires 01-06-2021
STATE OF 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. Renita Reyna

This instrument prepared by: Mary Catherine Moore
140 E. 107th Ave #214
Crown Point, IN 46307

FILED
OCT 06 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

22154
AMOUNT $ 13
CASH _____ CHARGE
CHECK # 01364
OVERAGE 01459
COPY _____
NON-COM _____
CLERK RM

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* **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.

Local No. 1909-97

201616

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): JEREMIAH G. MOORE
2. SEX: MALE
3a. TIME OF DEATH: 2:01 AM
3b. DATE OF DEATH (Month, Day, Yr.): SEPTEMBER 17, 1997
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 71
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): SEPTEMBER 8, 1926
7. BIRTHPLACE (City and State or Foreign Country): GARY, INDIANA
8a. WAS DECEDENT A U.S. VETERAN?: YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 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): MARY CATHERINE STUMPF
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): GENERAL FOREMAN
12b. KIND OF BUSINESS/INDUSTRY: STEEL
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: SCHERERVILLE
13d. STREET AND NUMBER: 209 HOLLY LANE
13e. ZIP CODE: 46375
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ 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): JOSEPH MOORE
19. MOTHER'S NAME (First, Middle, Maiden Surname): MARTHA BALISH

INFORMANT

20a. INFORMANT'S NAME (Type/Print): MARY CATHERINE MOORE
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 209 HOLLY LANE, SCHERERVILLE, IN 46327
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Entombment ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SEPTEMBER 20, 1997 CALUMET PARK MAUSOLEUM
21c. LOCATION—City or Town, State: MERRILLVILLE, INDIANA
22a. EMBALMER'S NAME: CHARLES W. WELLS
22b. EMBALMER'S LICENSE NO.: 01042372
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Larry D. Anthony
24b. LICENSE NUMBER (of Licensee): 01001447
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: ANTHONY & DZIADOWICZ FH 83002916 9445 CALUMET AVE., MUNSTER, IN 46321

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. [illegible]
DUE TO (OR AS A CONSEQUENCE OF)
b. [illegible] infarct.
DUE TO (OR AS A CONSEQUENCE OF)
c. Atherosclerotic Coronary Artery Disease
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.
· Chronic [illegible]
· Aneurysm of thoracic Aorta.

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): NO

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
SEP 18 1997
Alexander S. Williams
LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a. CERTIFIER (Check only one):
☒ 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: Jorge Martinez MD
29c. MEDICAL LICENSE NO.: 33008
29d. DATE SIGNED (Month, Day, Year): SEPTEMBER 17, 1997
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): JORGE J. MARTINEZ M.D. 9132 COLUMBIA AVENUE, MUNSTER, INDIANA 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams M.D.
32. DATE FILED (Month, Day, Year): September 18, 1997

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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