STATE OF INDIANA)

COUNTY OF LAKE)

:2015 073402

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 OCT 30 AM 10: 31

MICHAEL B. BROWN RECORDER

JOINT TENANCY AFFIDAVIT

Kathleen Andres, hereby referred to as the Affiant, states under oath that the Affiant resides at 5420 Walnut Avenue in the City of Hammond, in the State of Indiana; that the Affiant was the wife of and a joint tenant with Jules James Andres, who died on April 5,1996. Said property is located in Lake County. Indiana and legally described as follows:

Copy of Death Ceanfidate attached CIAL!

Lot Seven (7) islock two (2) Tawes Park Addition to Hammond, Indiana, as shown in Plat Book 20 page 22 in Lake County, Indiana.

COMMONLY KNOWN AS: 5420 Walnut Avenue Hammond, Indiana.

Tax Key No.: 45-03-31-426-007.000-023

That the Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate has been paid in full.

Kathleen Andres

Subscribed and sworn to before me this $2l^{5+}$ day of October, 2015

Robert H. Sorge / NOTARY PUBLIC My Commission Expires: 06/09/16

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.

PREPARED BY:

ROBERT H. SORGE
Lake County
My Commission Expires
June 9, 2016

This Document Prepared By: Robert H. Sorge, 6243 Hohman Avenue, Hammond, IN 46324

OCT 3 0 2015

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JOHN E. PETALAS LAKE COUNTY AUDITOR * 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.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Sta PR S. 1916 - Sea Alan D. Monada. Hemmond Heelih Commission

	THE RECORDS IN THE	S SERT	ES ARE CONFIDENTIAL PE	R IC 16-1-19-3										
TYPE/PRINT	1. DECEASED—NAME (First, Middle, Last)					2. SEX 3e. TIME OF DEAT				36. DATE OF DEATH Money, Day, Y-J				
iN		Ju1		es			1e_		10:20A M	Ap	ril 5, 1	996		
PERMANENT	4. *SOCIAL SECURITY NUM	BEN .	5a. AGE—Last Birthday (Yeara)	5b. UNDER 1 YEAR Months Days	Sc. UNDE	Minutes	i			7. BIRTHPI	ACE (City and Stat	or Foreign Country)		
BLACK INK			62				July (Hammond, IN				
	8a. WAS DECEDENT A U.S. VETERAN?		D. YEAR LAST SERVED IN US. ARMED FORCES?	HOSPITAL: Inpetient					TH (Check only one. Nursing Home	· · · · · · · · · · · · · · · · · · ·				
ncorporut	Yes		1955		☐ ER/Outpetient ☐ I				C) One (2					
	9b. FACILITY NAME (If not instruction, give street and number) 9c. CITY, TOWN, OR LOCATION OF DEATH									9d. C	9d. COUNTY OF DEATH			
DECEDENT	5420 Walnut			Hammond			Lake							
	10. MARITAL STATUS (Specify) Married 13a. RESIDENCE—STATE		. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give hind of work done during most of working He. Do not use retired)			12b. KIND OF BUSINESS/MOUSTRY							
			Kathleen Key		CITY TOWN OR LOCATION		TISM STREET AND NUI			I.H.B. Railroad				
	Indiana		a. county Lake	Hammond	LOCATION		•		5420 Wali		vo.			
		-			OF HISPANIC ORIGIN?		18. RACE—American Indian,		17. DECEDENT'S EDUCATION					
	13g. ON A FARI		WHAT COUNTRY	E-No U	West Print from Clif yos, specify Cuber 15					(Specify only highest grade completed)				
			TICA	PUCUI			White			Elementary/Secondary (0-12) College (1-4 or 5 +)				
	46320 K No		150											
PARENTS	Clyde Andres Vera Lange													
INFORMANT ·	200. INFORMANTS NAME ()			CUITE MALIN	ADDRESS (3				ne Munibur, City by T	own, Stote, 2	(o Code) 20c. F	lelationship		
INFORMANT	Kathleen And	ires	tho I	5420	Walnut	Āve	На	mno	nd, IN 4	5320	Wi	fe		
	218. METHOD OF DISPOSITE	ON [Entombrient	216. DATE AND PLAC				ry, crea	nstory, or	c. LOCATIO	ON-City or Town.	State		
DISPOSITION	Burial Cremetic		Removel from State		April 9					_		_		
	Donetion Cher (5	spectry	Odr.Lana				Memory Lanes			Dolton, IL				
	22a. EMBALMER'S NAME:	1-0		226. EMBALMERS	019406				AS DEATH REPORT	ED TO COR	ONEH?			
	Henry J. Bla	-	TOR		ICENSE NUMB	ER	25. N		DDRESS, AND LICE	ISE NUMBE	R OF FUNERAL HO	ME		
		D										Chapel FH19400005		
	Elden B	Fu	Hayne	F	0010008	357						ond, IN4632		
CAUSE OF DEATH	28. PART I. Enter the dispress, shoot		er nonspecific tarms, such as cerdisc or respiratory				Approximate Interval Between Onset and Death IS MINUTES							
	IMMEDIATE CAUSE (Final disease or condition													
	resulting in death)		CANLER OF ECOPHAGUS						DNE YEAR					
	Conditions, if any, which gave rise to the immediate cause,		DUE TO LORAS A COTESCUENCE OF STASIS									HONTH_		
	stating the underlying cause last		DUE TO (C	OR AS A CONSCOUENCE	EOF)	333								
	PART II. Other significant conditions - Conditions contributing to death but not previously independent 27. WAS DECEDENT 28s. WAS AN													
				PREGNANT OR POSTPARTUM?			(Yes or no)		D7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHT (Yea or no) NO				
į						NO			NO					
ŀ	29a CERTIFIER	CERT	IFYING PHYSICIAN To the b	an al mu basuladus das	** **********	a time de	_	4044	نبود سيسبب جيات	_	NO			
	(Check only	_	TH OFFICER On the basis of								cause(s) as stated.			
}	One) CORONER On the basis of examination and/or investigation, in my opinion, daith occurred at the time, date, and place, and due to the cause(s) and manner as stated.													
	296. SIGNATURE AND TITLE OF CERTIFIER MUNICE MD								29c MEDICAL LICENSE NO		29d. DATE SIGNED (Month, Day, Year)			
ERTIFIER						21042940		April 8, 1996						
	30. NAME AND ADDRESS OF					TN	463	21						
1	N. Gupta, M.D., 9250 Columbia Ave., Munster, IN 46321											32. DATE FILED (Month Day, Year)		
EALTH FICER	31. HEALTH OFFICERS SIGNA	J. Dremida M							APR 08 1996					
{	33. MANNER OF DEATH		Ma. DATE OF INJURY (Month, Day, Year	1	1	34c. INJURY AT WOR		ORK? 34d. DESCRIBE HOW		INJURY OC	CURRED			
į	☐ Natural ☐ Pending										· ·			
ĺ	Accident Investige		34e. PLACE OF INJURY—At home, farm, street factory, o				a 34f. LOCATION (Street and Number			r or Rural R	oute Number, City or	Town, State)		
j	☐ Suicide ☐ Could in Determit		building etc. (Specify)											
}	☐ Homeside													
[:	34g. DATE PRONOUNCED DE	AD (Mor	ith, Day, Year) 34h, MOTOF	VEHICLE ACCIDENT?	(Yes or no) H	yes, spec	fy driver, p	ess u nga	r. pedestrion, etc.			1		
ĺ														

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