

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 Certificate attached,

Lot Seven (7), block two (2), Tawas 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.

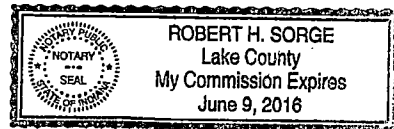


Kathleen Andres
Kathleen Andres

Subscribed and sworn to before me this 21st day of October, 2015

Robert H. Sorge
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*

This Document Prepared By: Robert H. Sorge, 6243 Hohman Avenue, Hammond, IN 46324-1106
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OCT 30 2015

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20702

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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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.

INDIANA STATE DEPARTMENT OF HEALTH

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

Local No. 299

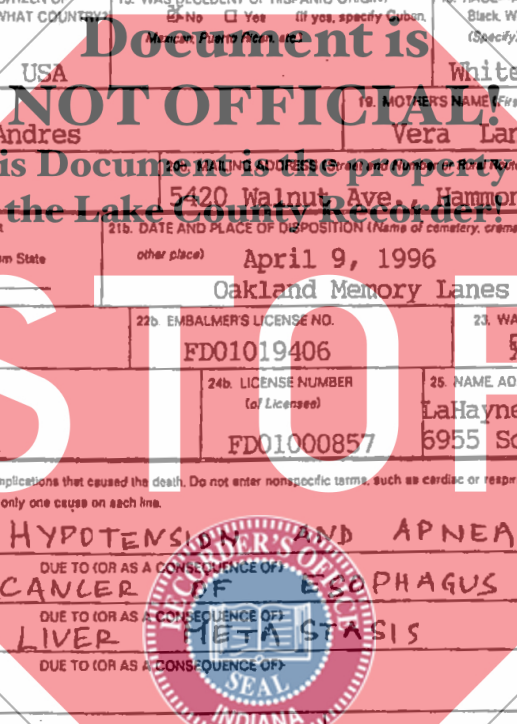
CERTIFICATE OF DEATH

State APR 8 1996 Date Issued [Signature] Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED-NAME (Jule J. Andres), 2. SEX (Male), 3a. TIME OF DEATH (10:20A M), 3b. DATE OF DEATH (April 5, 1996), 4. SOCIAL SECURITY NUMBER, 5a. AGE (62), 6. DATE OF BIRTH (July 6, 1933), 7. BIRTHPLACE (Hammond, IN), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1955), 9a. PLACE OF DEATH (Residence), 9b. FACILITY NAME (5420 Walnut Ave.), 9c. CITY, TOWN, OR LOCATION OF DEATH (Hammond), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Kathleen Keys), 12a. DECEASED'S USUAL OCCUPATION (Carman), 12b. KIND OF BUSINESS/INDUSTRY (I.H.B. Railroad), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Hammond), 13d. STREET AND NUMBER (5420 Walnut Ave.), 13e. ZIP CODE (46320), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEASED'S EDUCATION (9), 18. FATHER'S NAME (Clyde Andres), 19. MOTHER'S NAME (Vera Lange), 20a. INFORMANT'S NAME (Kathleen Andres), 20b. RELATIONSHIP (Wife), 20c. ADDRESS (5420 Walnut Ave., Hammond, IN 46320), 21a. METHOD OF DISPOSITION (Cremation), 21b. DATE AND PLACE OF DISPOSITION (April 9, 1996, Oakland Memory Lanes), 21c. LOCATION (Dolton, IL), 22a. EMBALMER'S NAME (Henry J. Blake), 22b. EMBALMER'S LICENSE NO. (FD01019406), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (Elden B. LaHayne), 24b. LICENSE NUMBER (FD01000857), 25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (LaHayne F.H.-Dalton Chapel FH19400005, 6955 Southeastern Ave., Hammond, IN46324), 26. PART I. IMMEDIATE CAUSE OF DEATH (HYPOTENSION AND APNEA, CANCER OF ESOPHAGUS, LIVER METASTASIS), 26b. INTERVAL BETWEEN ONSET AND DEATH (15 MINUTES, ONE YEAR, 6 MONTHS), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (NO), 28a. WAS AN AUTOPSY PERFORMED? (NO), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (NO), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (Munster MD), 29c. MEDICAL LICENSE NO. (01042940), 29d. DATE SIGNED (April 8, 1996), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (N. Gupta, M.D., 9250 Columbia Ave., Munster, IN 46321), 31. HEALTH OFFICER'S SIGNATURE (Signature), 32. DATE FILED (APR 08 1996), 33. MANNER OF DEATH (Natural), 33a. DATE OF INJURY, 33b. TIME OF INJURY, 33c. INJURY AT WORK?, 33d. DESCRIBE HOW INJURY OCCURRED, 34a. PLACE OF INJURY, 34b. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT?



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER