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STATE OF INDIANA
COUNTY OF LAKE

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) SS:
2016) 016898

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 MAR 21 AM 9:55

AFFIDAVIT OF SURVIVORSHIP MICHAEL B. BROWN
RECORDER

The undersigned, Jerry E. Alumbaugh, the son and Personal Representative of the Estate of Renva Alumbaugh, of Lake County, Indiana, being first duly sworn upon his oath, deposes and says:

1. That his mother, Renva Alumbaugh, died in Dyer, Lake County, Indiana, on the 14th day of August, 2014;
2. That his father, John R. Alumbaugh, died in Chicago, Cook County, Illinois, on the 3rd day of June, 1998;
3. That Renva Alumbaugh and John R. Alumbaugh were legally married as husband and wife at the time they acquired title as husband and wife to the following described real estate in Lake County, Indiana, to wit:

The West one-half of the following described tract: Part of the Northwest Quarter of the Northwest Quarter of Section 35, Township 36 North, Range 9 West of the Second Principal Meridian, commencing at a point on the East line of said tract which is 462.56 feet South of the Northeast corner thereof and running thence South 66.08 feet; thence West 665.86 feet; thence North 66.08 feet; thence East 665.91 feet to the point of beginning, in Lake County, Indiana.

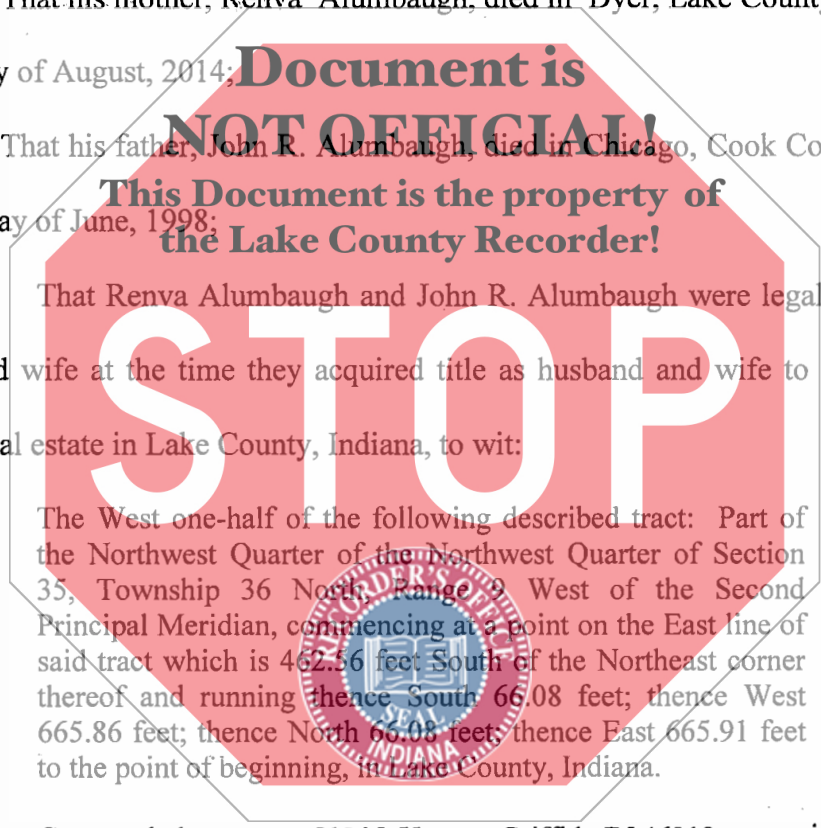
Commonly known as: 813 N. Harvey, Griffith, IN 46319

SUBJECT TO: Unpaid taxes, if any, easements, covenants, conditions and restrictions of record.

PARCEL NO: 45-07-35-103-013.000-006

011777

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 death of said John R. Alumbaugh;

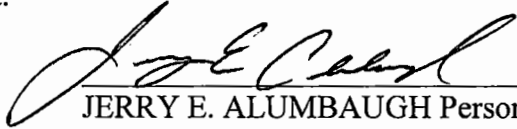


FILED
MAR 18 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

18.00
OK # 58435
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5. That all funeral expenses in connection with the deaths of Renva Alumbaugh and John R. Alumbaugh have been paid in full.

Further your Affiant sayeth not.


JERRY E. ALUMBAUGH Personal
Representative of the Estate of
Renva Alumbaugh

STATE OF INDIANA
COUNTY OF LAKE

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**
SUBSCRIBED AND SWORN to before me, a Notary Public, on this 9th day
of March, 2016.


LISA J. LEGEL, NOTARY PUBLIC

My commission expires: 10/17/2017
Resident of Lake County

This instrument prepared by:


William T. Enslin
Attorney at Law
142 Rimbach
Hammond, IN 46320
(219) 931-1700

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. Orr
COUNTY CLERK

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. **16.10** REGISTERED NUMBER STATE FILE NUMBER **608952**

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. **JOHN R ALUMBAUGH** 2. **MALE** 3. **JUNE 3, 1998**

COUNTY OF DEATH AGE LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. **COOK** 5a. **69** 5b. **69** 5c. **69** 5d. **OCTOBER 2, 1928**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT BIRTH, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA OF EVER RM. # PATIENT (SPECIFY)
6a. **CHICAGO** 6b. **VA CHICAGO HEALTHCARE SYSTEM, LAKESIDE** **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MIDWIFE, IF WIFE) WAS DECEASED EVER IN US ARMED FORCES? (YES/NO)
7. **SALANON, IN This Document is the property of the Lake County Recorder!** 8. **REINVENT DRIVER** 9. **YES**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. **[REDACTED]** 11a. **CARPENTER** 11b. **CONSTRUCTION** 12. **12** **College (14 or 15)**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. **813 HARVEY STREET** 13b. **GRIFFITH** 13c. **YES** 13d. **LAKE**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY) OR DATE: IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.
13e. **INDIANA** 13f. **46319** 14a. **WHITE** 14b. **NO** 14c. **YES** SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. **ELZA ALUMBAUGH** 16. **ELLA COX**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. **PORTIA McINTYRE** 17b. **HOSPITAL RECORDS** 17c. **333 E. HURON STREET**

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause for each line.
Immediate Cause (Final disease or condition resulting in death) (a) **LUNG CANCER**
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) **[REDACTED]**
STATING THE UNDERLYING CAUSE LAST. (c) **[REDACTED]**

PART II. Other significant conditions contributing to death but not resulting in the immediate cause of death in PART I. AUTOPSY (YES/NO) 19a. **NO** WERE AUTOPSY FINDINGS IN ANY WAY A PRIORIO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. **NO**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY OR PAST THREE MONTHS? 20a. **[REDACTED]** 20b. **[REDACTED]** 20c. **YES** **NO**

I (I/DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. **5-2-98** 21b. **NO** 21c. **3:25 A M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE **CIARAN BROWNE, M.D.** 22b. **6/3/98**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. **VA CHICAGO HEALTHCARE SYSTEM, LAKESIDE DIVISION** 22d. **125-035-918**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
23a. **BURIAL** 23b. **CALUMET PARK** 23c. **MERRILLVILLE IN.** 23d. **JUNE 6, 1998**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE
25a. **PEIFFER FUNERAL SVC. 5745 CIRCLE DR. OAK LAWN, IL. 60453**

FUNERAL DIRECTOR'S SIGNATURE ILLINOIS LICENSE NUMBER
25b. **Louis E. Peiffer** 25c. **034-01-2262**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. **Albina Lou...** 26b. **JUN 3 1998**

VR200 (Rev. 7-89) Illinois Department of Public Health - Division of Vital Records (BASED ON 1965'S STANDARD CERTIFICATE)

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 26488

Local No 002554

EPR No 00000399823

State No

1. Decedent's Legal Name (First, Middle, Last) RENV A H ALUMBAUGH				1a. Maiden Name (If female) DRIVER		2. Sex FEMALE	3. Time Of Death 04:10 AM	4. Date Of Death (Month/Day/Year) 08/14/2014		
5. Social Security Number [REDACTED]	6a. Age - Yrs 84	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 04/03/1930		8. Birthplace (City and State or Foreign Country) UNAVAILABLE, KY		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) DYER NURSING AND REHABILITATION CENTER										
12. City Or Town, State, And Zip Code DYER, IN, 46311				13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation COOK		17. Kind Of Business/Industry SCHOOL SYSTEM		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH						
18c. Street And Number 813 NORTH HARVEY STREET						18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White						
22. Father's Name (First, Middle, Last) GEORGE W DRIVER				23. Mother's Name (First, Middle, Last) STEVIE DRIVER			23a. Mother's Maiden Last Name MARTIN			
24. Informant's Name JERRY ALUMBAUGH		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 3023 GRAND BOULEVARD, HIGHLAND, IN 46322						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License Number: FH10300021		
27b. Signature Of Indiana Funeral Service Licensee: LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD08800305								
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. FAILURE TO THRIVE SYNDROME				Due to (Or As A Consequence Of):		3 MONTHS
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last.				B. DEMENTIA				Due to (Or As A Consequence Of):		2 YEARS
				C. ANEMIA OF CHRONIC DISEASE				Due to (Or As A Consequence Of):		2 YEARS
				D. ATRIAL FIBRILLATION				Due to (Or As A Consequence Of):		1 YEAR
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.										
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown						32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number LAKE COUNTY HEALTH OFFICER				38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS				
41. Signature, Of Person Certifying Cause Of Death: FRED ADLER, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: FRED ADLER, 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 46321						44. License Number 01019251A		45. Date Certified 08/14/2014		
46. Additional Funeral Service Provider: SUE ALUMBAUGH						47. *Akas: SUE ALUMBAUGH				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) AUG 15 2014				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										

