

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 055336

2016 AUG 15 AM 10:21

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

3

AFFIDAVIT

BILLY L. VAN WINKLE and RANDOLPH VAN WINKLE, being first duly sworn upon their oath, depose and say:

1. That **MAURINE VAN WINKLE** died on November 15, 2007, a resident of Lake County, State of Indiana. A certified copy of her death certificate is attached hereto as "Exhibit A."
2. That at the time of her death, MAURINE VAN WINKLE was the Trustee of the MAURINE VAN WINKLE Trust No. 606 dated June 6, 2007.
3. That the MAURINE VAN WINKLE Trust No. 606 dated June 6, 2007, is the owner of the real estate legally described as follows:

Lot 69, Patterson's First Addition to the Town of Griffith, Lake County, Indiana, per plat thereof as recorded in the Recorder's Office of Lake County, Indiana.

Commonly known as: 745 Oakwood, Griffith, IN 46919 <<GRANTEES' ADDRESS
Key No.: 45-06-01-304-001.000-0235

4. That the undersigned are the named Successor Co-Trustees of said MAURINE VAN WINKLE Trust No. 606 dated June 6, 2007.
5. That **BILLY L. VAN WINKLE and RANDOLPH VAN WINKLE** became the Co-Trustees of said Trust and accepted their appointment as Co-Trustees at the time of the death of MAURINE VAN WINKLE.

Billy L. Van Winkle
BILLY L. VAN WINKLE
Randolph Van Winkle
RANDOLPH VAN WINKLE

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, BILLY L. VAN WINKLE on this 19 day of July, 2016.

My commission expires: 11-9-2019
Resident of LAKE County, Indiana

GLADYS ESCOBEDO
Notary Public - Seal
State of Indiana
My Commission Expires Nov 9, 2019

FILED
AUG 15 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR
15.
cl-31701

25210

STATE OF OKLA, COUNTY OF Tulsa, SS:

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, RANDOLPH VAN WINKLE on this 5th day of August

My commission expires: 8-29-16
Resident of Tulsa County, OKLA
Public



Suzi Mix #11669
Suzi Mix, Notary

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. Thomas L. Kirsch.

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 131 RIDGE ROAD, MUNSTER, IN 46321



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 EXHIBIT A

Local No. 2767-07

ESUBMIT 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) Maurine VanWinkle				2. SEX Female		3a. TIME OF DEATH 6:58 P M		3b. DATE OF DEATH (Month, Day, Year) November 15, 2007					
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 72		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo, Day, Yr) Nov. 17, 1934		7. BIRTHPLACE (City and State or Foreign Country) Paul's Valley, OK			
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence									
9b. FACILITY NAME (If not institution, give street and number) 745 N. Oakwood						9c. CITY, TOWN, OR LOCATION OF DEATH Griffith			9d. COUNTY OF DEATH Lake				
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) None		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker				12b. KIND OF BUSINESS/INDUSTRY Own Home					
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Griffith			13d. STREET AND NUMBER 745 N. Oakwood						
13e. ZIP CODE 46319		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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+) College	
16. FATHER'S NAME (First, Middle, Last) Vernon Mauldin						19. MOTHER'S NAME (First, Middle, Maiden Surname) Lillian Stewart							
20a. INFORMANT'S NAME (Type/Print) Billy Lee VanWinkle Jr.				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 7946 S. 85 E. Tulsa, OK 74133				20c. Relationship Son					
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) November 19, 2007 Kelly-Carroll Cremation Service				21c. LOCATION - City or Town, State Gary, IN					
22a. EMBALMER'S NAME: Not Embalmed				22b. EMBALMER'S LICENSE NO. N/A				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of Licenses) 66951				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Home 242 N. Griffith Blvd. Griffith, IN 46319 FH83002754					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter non-specific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Overdose of multiple medications DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____													
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No													
28a. WAS AN AUTOPSY PERFORMED? Yes						28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes			Approximate Interval Between Onset and Death Unknown				
29. CERTIFIER (Check only one) <input 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 checked="" 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. Chief Deputy													
29a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. N/A			29d. DATE SIGNED (Month, Day, Year) NOT VALID UNLESS 2008				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307													
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>													
32. DATE FILED (Month, Day, Year) January 7, 2008													
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could Not Be Determined		34a. DATE OF INJURY (Month, Day, Year) Unknown		34b. TIME OF INJURY Unknown		34c. INJURY AT WORK? (Yes or No) No		34d. DESCRIBE HOW INJURY OCCURRED Overdose					
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 745 N. Oakwood Griffith, Indiana							
34g. DATE PRONOUNCED DEAD (Month, Day, Year) November 15, 2007				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. No.				RAISED SEAL AFFIXED					