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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 059652

2016 AUG 31 PM 2:07

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake

SS:

45-12-64-108-011.000-031

Kathleen A. Holland, being first duly sworn upon oath, deposes and says:

1. That David E Holland died on 1/19, 2014 at Woodbridge, Virginia
(City/State)
2. That David E Holland and Kathleen A Holland were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot 6 Block 8 Meadowdale Subdivision, as shown in Plat Book 31, Page 52,
in Lake County, Indiana. Tax parcel
Commonly known as 5345 Johnson Street, Merrillville, Indiana, 46410
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.

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

Kathleen A. Holland
Affiant Signature

STATE OF IN
COUNTY OF LAKE

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared KATHLEEN A. HOLLAND 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 31st day of AUGUST, 2016

Resident of LAKE County, Indiana.

Signature [Signature]

My Commission Expires: 10/20/22

Printed SHAWNDA L. KING

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. Kathleen A Holland
(Name)

This instrument prepared by Kathleen A. Holland



FILED

SHAWNDA LEANNE KING
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Oct 20, 2022

AUG 31 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

005028

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COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

FOR DIVISION OF VITAL RECORDS	REGISTRATION AREA NUMBER 175	CERTIFICATE NUMBER 078	STATE FILE NUMBER
DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) David E. Holland		
	2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>		
	3. DATE OF DEATH (mo.) (day) (year) January 19, 2014	4. AGE 74 years	5. DATE OF BIRTH (mo.) (day) (year) Oct. 13, 1939
	6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Sentara Hospital		8. COUNTY OF DEATH (if independent city, leave blank) Prince William
	9. CITY OR TOWN OF DEATH Woodbridge		10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 2300 Opitz Blvd.
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia		12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Prince William
	13. CITY OR TOWN OF RESIDENCE Woodbridge		14. STREET ADDRESS OR RT. NO. OF RESIDENCE 4910 Longhorn Drive
	15. NAME OF DECEDENT'S FATHER Vern Holland		16. MAIDEN NAME OF DECEDENT'S MOTHER Emma Veum
PERSONAL DATA OF DECEDENT	17. RACE OF DECEDENT White	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes	19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4
	20. CITIZEN OF WHAT COUNTRY U.S.A.	21. US PLACE (state or country) Illinois	22. NEVER MARRIED? <input type="checkbox"/> DIVORCED? <input type="checkbox"/> MARRIED? <input checked="" type="checkbox"/> WIDOWED? <input type="checkbox"/>
	23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced, leave blank) Kathleen Holland	24. SOCIAL SECURITY NUMBER [REDACTED]	25. USUAL OR LAST OCCUPATION Maintenance Mechanic
	26. KIND OF BUSINESS OR INDUSTRY Indiana University	27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP Kathleen Holland (wife)	
CAUSE OF DEATH	List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) sepsis DUE TO (OR AS A CONSEQUENCE OF): (B) Acute renal failure DUE TO (OR AS A CONSEQUENCE OF): (C) Document is live PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		
TO PHYSICIAN:	Complete and sign medical certification (item 28) and return the copy to the funeral director as soon as possible after initial cause of cause.		
MEDICAL CERTIFICATION	28a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		
NOTE: if "Pending" must be indicated, so state in part 1 and notify registrar of final decision as soon as possible.	28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO DEATH	28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
	28e. TIME OF INJURY (mo.) (day) (year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	28f. INJURY OCCURRED white <input type="checkbox"/> at work <input type="checkbox"/> no, while at work <input type="checkbox"/>	28g. PLACE OF INJURY (home, farm, school, street, office bldg., etc.)
	28h. (city or town) (county) (state)		
	28i. To the best of my knowledge, death occurred at (city or town) (county) (state) on (mo.) (day) (year) (p.m.) on the date and place and from the cause(s) stated		
	ACTUAL SIGNATURE Wesam H. Moustafa	DATE SIGNED: 1/28/2014	
	NAME OF ATTENDING PHYSICIAN (Type or Print) Wesam H. Moustafa		ADDRESS OF ATTENDING PHYSICIAN 2300 Opitz Blvd, Woodbridge, VA
FUNERAL DIRECTOR	29. BURIAL <input type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>	30. PLACE OF BURIAL, REMOVAL, ETC. Cremation Society of Virginia Chantilly, Virginia	
	31. (Signature of funeral director) [Signature] (Name of funeral home) Cremation Society of Virginia		
	FUNERAL HOME LICENSE NO. [REDACTED]		NAME OR HOME ADDRESS 14014 Sullyfield Circle, Chantilly, Va.
REGISTRAR	32. (Signature of registrar) [Signature]		DATE RECORD FILED January 30, 2014
	RESERVED FOR REGISTRAR'S USE		

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter of print legibly with ball point pen having black unglazing ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.



This is to certify that this is a true and correct reproduction of the original filed with the Prince William Health District, Manassas, Virginia.

Date Issued January 30, 2014

[Signature]
Registrar or Deputy

(SEAL)
ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE.
DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE MANASSAS DEPARTMENT OF HEALTH CLEARLY AFFIXED.
SECTION 32.1-272, Code of Virginia as amended