STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 000969

2017 JAN -5 PM 2:57

MICHAEL B. BROWN
RECORDER

3

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, Robert P. Setnicker, this 4 day of January, 2017, being first duly sworn upon oath, states as follows:

1. That I am the surviving spouse of Marie R. Setnicker, Deceased.

2. That my wife, Marie R. Setnicker, passed away on the 4th day of November 2005. A true and accurate copy of the decedent's death certificate is attached hereto.

3. That Marie R. Setnicker and I were duly and legally married at the time we acquired an interest in the following real estate as husband and wife:

   LOT 30, EXCEPT THE NORTH 15 FEET THEREOF, IN BLOCK 2 IN THE BALDWIN ADDITION TO GARY, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 10 PAGE 35, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND THE NORTH 45 FEET OF VACATED VINE STREET ADJOINING SAID LOT 30 ON THE SOUTH.

   Commonly known as: 6549 Illinois Avenue, Hammond, IN 46323

   Key No.: 45-07-10-103-016.000-023

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4. That the marital relationship which existed between Marie R. Setnicker and myself at the time of acquiring an interest in said real estate remained in effect and unbroken until the date of Marie R. Setnicker's death.

5. That all funeral expenses in connection with the death of Marie R. Setnicker have been paid in full; and

6. That any and all Indiana Inheritance Tax which may have been due and owing resulting from the death of Marie R. Setnicker has been paid in full.

FILED

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JAN 05 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

15.
005335

7. That the estate of Marie R. Setnicker did not necessitate the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

ROBERT P. SETNICKER,
Surviving Spouse of Marie R. Setnicker

STATE OF INDIANA)
) SS
COUNT OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 4 day of January, 2017.

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the Lake County Recorder!

My commission expires: 8-19-2019

Notary Public

Resident of Lake County

Julie Shrader
Printed Name of Notary Public

JULIE SHRADER
NOTARY PUBLIC
SEAL
STATE OF INDIANA
COUNTY OF LAKE
MY COMMISSION EXPIRES AUGUST 19, 2019

STOP

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.
Robert F. Tweedle

RECORDER'S OFFICE
SEAL
INDIANA

Return Recorded Document To:
Robert F. Tweedle
2850 – 45th Street, Suite A
Highland, IN 46322

Prepared By:
Robert F. Tweedle, Atty No. 20411-45
Law Offices of Robert F. Tweedle
2850 45th Street, Suite A
Highland, IN 46322
(219) 924-0770

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

Nov 10, 2005 — [signature] MD
Date Issued — Hammond Health Commissioner

** 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. 722

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Marie R. Setnicker
2. SEX: Female
3a. TIME OF DEATH: 6:04 p.m. M
3b. DATE OF DEATH (Month, Day, Yr.): November 4, 2005
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 52
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): October 29, 1953
7. BIRTHPLACE (City and State or Foreign Country): Quebec, Canada
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: NONE
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 6549 Illinois Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Robert Setnicker
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Teacher
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d. STREET AND NUMBER: 6549 Illinois Avenue
13e. ZIP CODE: 46323
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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 +): 4

PARENTS

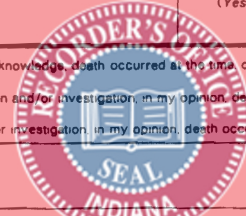
18. FATHER'S NAME (First, Middle, Last): Peter Bianco
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Gajba

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Robert Setnicker
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6549 Illinois Avenue Hammond, Indiana 46323
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 8, 2005 Calvary Crematorium
21c. LOCATION—City or Town, State: Portage, Indiana 46368
22a. EMBALMER'S NAME: Thomas D. Klopfenstein
22b. EMBALMER'S LICENSE NO.: FD29500017
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): #FD29500017
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Ridgelawn Funeral Home FH10200007 4201 West Ridge Road Gary, IN 46408



CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Morbid Obesity / Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF):
b. Type II Diabetes mellitus
DUE TO (OR AS A CONSEQUENCE OF):
c. Chronic Renal failure
DUE TO (OR AS A CONSEQUENCE OF):
d. Obstructive Airway Disease

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Approximate Interval Between Onset and Death

PART II. Other significant conditions – Conditions contributing to death but not previously stated in Part I
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
☐ 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.
☐ 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 01060813A
29d. DATE SIGNED (Month, Day, Year): November 9, 2005
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Jordon 7905 CALUMET AVE., MUNSTER, INDIANA 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] MD
32. DATE FILED (Month, Day, Year): November 10, 2005

33. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06 004 State Form 10110 (R4/2-90) ...