

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

SS. **2017 010455**

2017 FEB 17 AM 11:12

MICHAEL B. BROWN  
RECORDER

1700052

**SURVIVORSHIP AFFIDAVIT**

I, Laurel A. Roach, having been first duly sworn upon my oath, state that I am the daughter and well acquainted with Russell Wilson, the deceased, who passed away on 5-31-1998, (a copy of death certificate attached hereto) and at the time of his death, he was married to Phyllis Wilson who never remarried and who was a joint owner of real estate as joint tenants with rights of survivorship in Lake County, Indiana, known as:

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**  
Lot seventeen (17), in Homestead Gardens Master Addition Block twenty (20), to the Town of Highland, as per plat thereof, recorded in plat book 35 page 15, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 8141 Grace Pl., Highland, Indiana, 46322.

Key Number: 45-07-22-129-007.000-026/16-27-0334-0017

State of Indiana )  
County of Lake )

**STOP**  
**FILED**  
FEB 15 2017  
LAKE COUNTY AUDITOR  
SEAL OF LAKE COUNTY INDIANA  
*Laurel A. Roach*  
Laurel A. Roach

Subscribed and sworn to before me, a Notary Public, this 30 day of Jan, 2017.

*John E. Petalino*  
Notary Public

My Commission Expires: 6-7-23  
County of Residence: Porter

**010991**

This instrument prepared by: Kenneth L. Anderson  
Attorney at Law  
9105 Indianapolis Blvd.  
Highland, IN 46322

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. Andrea A Plasencia

1820501764  
Notary

CHICAGO TITLE INSURANCE COMPANY

\* 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 No. ....

Local No. 1036-48

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

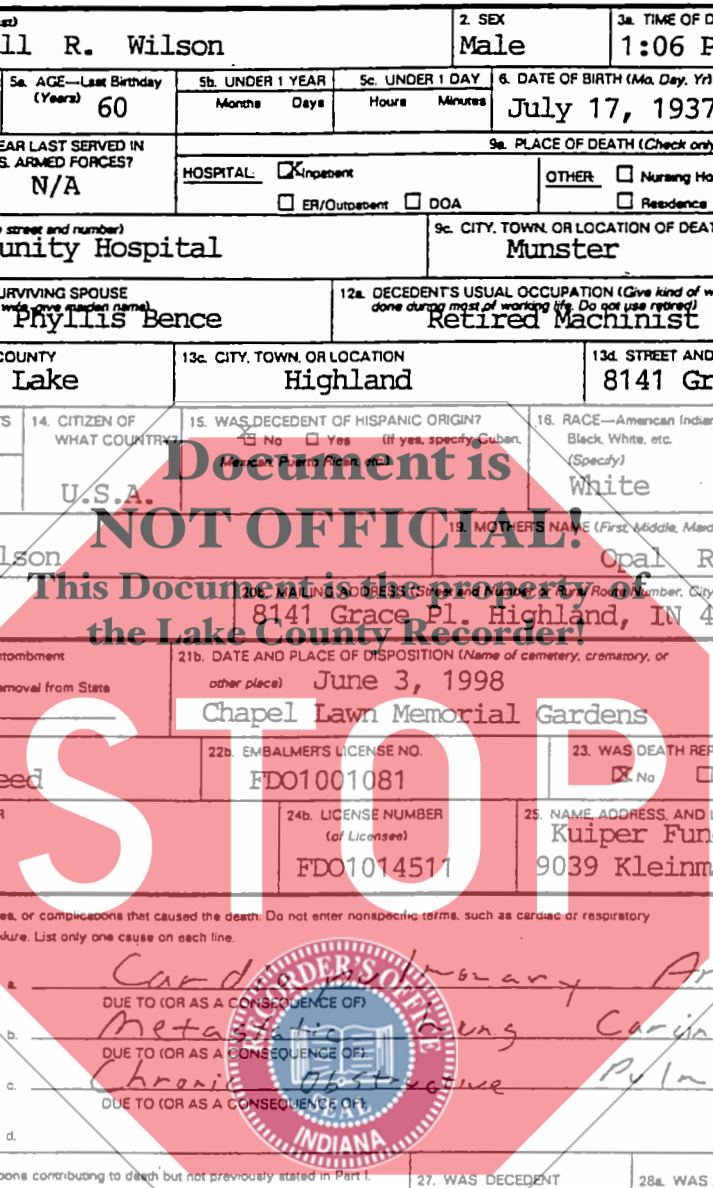
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Russell R. Wilson		2. SEX Male	3a. TIME OF DEATH 1:06 P.M.	3b. DATE OF DEATH (Month, Day, Yr) May 31, 1998
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) July 17, 1937
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) The Community Hospital	9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake	10. MARITAL STATUS Married	
11. SURVIVING SPOUSE (If not, give maiden name) Phyllis Bence	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retired Machinist	12b. KIND OF BUSINESS/INDUSTRY Steel Co.	13a. RESIDENCE—STATE Indiana	
13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Highland	13d. STREET AND NUMBER 8141 Grace Pl.	13e. ZIP CODE 46322	
13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input 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		18. FATHER'S NAME (First, Middle, Last) George Wilson		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Opal Rogers		20. INFORMANT'S NAME (Type/Print) Phyllis Wilson		
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) June 3, 1998 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Scherverville, Indiana
22a. EMBALMER'S NAME Ronald A. Reed		22b. EMBALMER'S LICENSE NO. FDO1001081	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR C.A. Kuiper		24b. LICENSE NUMBER (of Licensee) FDO1014511	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home FH83007500 9039 Kleinman Rd. Highland, IN 46322	
26. PART I. Enter the disease, 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. Cardiac arrest secondary to Arrest seconds b. Metastatic Lung Carcinoma Months c. Chronic Obstructive Pulmonary disease years d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.				
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) N/A		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
29a. CERTIFIER (Check only one) <input checked="" 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 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.				
29b. SIGNATURE AND TITLE OF CERTIFIER Dr. John A. Hoehn			29c. MEDICAL LICENSE NO. 02000872	29d. DATE SIGNED (Month, Day, Year) NOT VALID 6/1/98 LESS
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type/Print) DR. JOHN A. HOEHN, D.O., 505 W. LINCOLN HIGHWAY, SCHERVILLE, IN 46375				
31. HEALTH OFFICER'S SIGNATURE Alexander S. Williams MD			32. DATE FILED (Month, Day, Year) June 1, 1998	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide				
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no) JAN 31 2017	34d. DESCRIBE HOW INJURY OCCURRED
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) LAKE COUNTY HEALTH OFFICER			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.		



RAISED SEAL AFFIXED