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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2017 072205

2017 OCT 25 PM 3:44

MICHAEL B. BROWN
RECORDER

Linda Spencer, being first duly sworn upon oath, deposes and says:

1. That Alfred Darrell Whitaker died on 5th day of April, 2015 in Lake County, Indiana. A copy of his Death Certificate from the State of Indiana is attached hereto.
2. That Anna M. Whitaker held the Rights of Survivorship relating 9146 Spring Street, Highland, Indiana 46322, Property Number 45-07-28-151-020.000-026 and to the property legal described as:

The East 333 feet of the West 630 feet of the North 73.33 feet of the South 789.13 feet of the Southwest 1/4 of the Northwest 1/4 of Section 28, Township 36 North, Range 9 West of the 2nd Principal Meridian, in the Town of Highland, Lake County, Indiana.

Document is NOT OFFICIAL!
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3. All funeral expenses in connection with the death of said decedent have been paid in full.
4. That Anna M. Whitaker died on March 16, 2016.
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.

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)



Linda Spencer

FILED

OCT 25 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Before me, a Notary Public in and for said county and State, personally appeared Linda Spencer 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 25th day of October, 2017.

Resident of Lake County, State of Indiana.

Signature Heather Rodziewicz My Commission Expires: 7-23-23

Printed Heather Rodziewicz

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.

This instrument prepared by:
Matthew N. Fech
Law Office of Matthew N. Fech P.C.
219 North Broad Street
Griffith, Indiana 46319

Send Tax Bill To:
Estate of Anna M. Whitaker
9146 Spring Street
Highland, IN 46322



25-
1470

AM

042572



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 50085

Local No 001189

EDR No 000000442065

State No 016802

1. Decedent's Legal Name (First, Middle, Last) ALFRED D WHITAKER				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 05:30 AM		4. Date Of Death (Month/Day/Year) 04/05/2015			
5. Social Security Number 404-26-1297		6a. Age - Yrs 88		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		7. Date of Birth (Month/Day/Year) 09/12/1926			8. Birthplace (City and State or Foreign Country) UNKNOWN, KY				
11. Facility Name (If Not Institution, Give Street and Number) 9146 SPRING STREET						12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322			13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name MARGARET WHITAKER				15a. (If Wife) Give Maiden Last Name FOSTER		16. Decedent's Usual Occupation PAINTER DECORATOR			17. Kind Of Business/Industry SELF EMPLOYED				
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HIGHLAND			18c. Street And Number 9146 SPRING STREET		18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) JAMES WHITAKER			23. Mother's Name (First, Middle, Last) LINNE WHITAKER			23a. Mother's Maiden Last Name HOPE	
24. Informant's Name MARGARET WHITAKER				24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 9146 SPRING STREET, 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) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, 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. BLADDER CANCER													
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. _____													
C. _____													
D. _____													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I													
CIRRHOSIS OF THE LIVER, CHRONIC KIDNEY DISEASE													
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			Approximate Interval: Onset To Death 6 MONTHS				
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		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)							
41. Signature, Of Person Certifying Cause Of Death: STEVEN A. CORSE, 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: STEVEN A. CORSE, 3100 45TH AVENUE, HIGHLAND, IN 46322						44. License Number 02000686A		45. Date Certified 04/07/2015					
46. Additional Funeral Service Provider:						47. *As:							
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 08 2015							

