STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

99085842

99 OCT 19 AM 9:35

MORRIS W. CARTER
RECORDER

Comes now Mary Alice Ogren, being duly sworn upon her oath, and states as follows:

That the Affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The Unit designated as Unit 237, Briar Creek Townhome Condominium, a Horizontal Property Regime, as shown in Declaration of Condominium recorded August 11, 1983, as Document No. 720538 and exhibits thereto recorded as Document No. 720539, said exhibits re-recorded September 7, 1983 as Document No. 724230, and as amended by Amendment to Declaration of Condominium recorded September 6, 1984 as Document Nos. 771380 and 771381, and as further amended by Amendment To By-Laws, recorded December 11, 1985, as Document No. 832389, and as further amended by Second Amendment to Declaration of Condominium recorded June 11, 1987 as Document Nos. 922362 and 922363, and as further amended by Third Amendment to Declaration of Condominium recorded August 20, 1987 as Document Nos. 934075 and 934076, and as further amended by Fourth Amendment to Declaration of Condominium recorded November 18, 1987 as Document Nos. 950513 and 950514, and as further amended by Fifth Amendment to Declaration of Condominium recorded July 21, 1989 as Document Nos. 047789 and 047790, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in the Common Areas. More commonly known as: 237 St. Andrews Dr., Schererville, IN 46373.

That the Affiant and the decedent, David W. Ogren, were married on the 11th day of April, 1998.

That the decedent, on April 14, 1998, transferred his interest in said real estate to himself and the Affiant as tenants by the entirety by Qui-Claim Deed which was recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the Affiant and the decedent continued unbroken from the time of said transfer of the real estate to the decedent and the Affiant as tenants by the entirety until the death of the decedent on the 15th day of July, 1999, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

That it is believed that the gross value of the estate of the decedent, David W. Ogren, as determined for purposes of Federal Estate taxes, will be in an amount which will not subject the estate to Federal Estate taxes.

That the decedent's estate, if subject to any Indiana inheritance taxes, will be paid to the Treasurer of Lake County by the Personal Representative of the decedent's estate, Thomas J. Ogren.

FILED

FURTHER THIS AFFIANT SAITH NOT, this 20 day of August, 1999.

OCT 15 1999

Mary Alice Ogren
MARY ALICE OGREN

PETER BENJAMIN
LAKE COUNTY AUDITOR

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, this 20th day of August, 1999.

Allen B Zaremba
NOTARY PUBLIC

My Commission Expires: 10/24/99 Resident: Porter County.

This Instrument Prepared By: Allen B. Zaremba, SPANGLER, JENNINGS & DOUGHERTY, P.C., 8396 Mississippi Street, Merrillville, IN 46410/PH: (219) 769-2323.

001015

11.00
16800

* 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. 568

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

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

Sta July 16, 1999 (Date Issued) Franklin D. Grenuda M.D. Hammond Health Commissione

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
David	W.	Ogren	Male	12:28 PM	July 15, 1999

4 *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day. Yr)	7 BIRTHPLACE (City and State or Foreign Country)
568-14-8007	69			May 10, 1930	Chicago, IL

8a WAS DECEDENT A U S VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
Yes	N/A	HOSPITAL XX Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Select Specialty Hospital	Hammond	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Mary Cannon	Agent	Insurance

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
IN	Lake	Schererville	237 St. Andrews Dr.

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN?	16 RACE—American Indian Black White etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0 12)	College (1-4 or 5 +)
46375	☐ No XX Yes	XX No ☐ Yes	U.S.A.	XX No ☐ Yes (If yes specify Cuban Mexican Puerto Rican etc)	White	12	4

PARENTS

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First Middle Maiden Surname)
John E. Ogren	Lois W. Hobbs

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State Zip Code)	20c Relationship
Mary Ogren	237 St. Andrews Dr., Schererville, IN 46375	Wife

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	21c LOCATION—City or Town State
☐ Entombment XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	July 19, 1999 Chapel Lawn Memorial Gardens	Schererville, IN

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
John T. Noble	9000031	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
John T. Noble	9000031	Burns-Kish FH #3002819 5840 Hohman Ave. Hammond, IN 46320

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

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a Cardiorespiratory arrest	
	DUE TO (OR AS A CONSEQUENCE OF)	
	b advanced obstructive lung disease	
Conditions if any which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF)	
	c	
	DUE TO (OR AS A CONSEQUENCE OF)	
	d	

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	N/A	NO	N/A

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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
D. Dumont M.D.	IN 0103451	July 16, 1999

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

D. Dumont M.D. 7111 45th St Munster, IN 46321

31 HEALTH OFFICER'S SIGNATURE FILED Franklin D. Grenuda M.D.

32 DATE FILED (Month Day Year) July 16, 1999

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide	OCT 15 1999			

34e PLACE OF INJURY (Home, farm, street, factory, office building, etc Specify)	34f LOCATION (Street and Number or Rural Route Number, City or Town, State)
PETER BENJAMIN LAKE COUNTY AUDITOR	00101

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 (R4/3-93) Deathcer/PD 1