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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 100279

2007 DEC 26 AM 9:27

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Hazel E. Jacobsen, being first duly sworn upon her oath, deposes and says as follows:

1. This Affidavit is made with reference to Real Estate commonly known as 13424 Calumet Avenue, Cedar Lake, Indiana, 46303, which Real Estate is legally described as follows, to wit:

COMMENCING TWENTY (20) RODS NORTH OF THE SOUTHEAST CORNER OF THE NORTHEAST QUARTER (NE$^1/_4$) OF THE NORTHEAST QUARTER (NE$^1/_4$) OF SECTION TWENTY-FIVE (25), TOWNSHIP THIRTY-FOUR (34) NORTH, RANGE TEN (10) WEST OF THE SECOND PRINCIPAL MERIDIAN, LAKE COUNTY, INDIANA, AND FROM THENCE RUN NORTH TWELVE (12) RODS; THENCE WEST TWENTY (20) RODS; THENCE SOUTH TWELVE (12) RODS; THENCE EAST TWENTY (20) RODS TO THE PLACE OF BEGINNING, CONTAINING ONE AND ONE-HALF (1$^1/_2$) ACRES, MORE OR LESS.
(Key No.: 05-06-0065-0006)

2. That your Affiant, Hazel E. Jacobsen, was the wife of the Deceased and is familiar with the affairs of the said Anton B. Jacobsen and the death of said Decedent.

3. That the aforementioned Anton B. Jacobsen died on October 27, 2007, a resident of Cedar Lake, Lake County, Indiana, and his residence at the time of his death was 13424 Calumet Avenue, Cedar Lake, Indiana, 46303.

4. That the Decedent died without leaving a will but the Decedent's Estate, including the above described parcel of real estate, was not subject to Probate Administration.

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

025507 CK# 6591 CA

5. That the Decedent's Estate, including the above described parcel of real estate, was not subject to Indiana Inheritance Tax and was not subject to Federal Estate Tax.

6. That the said Anton B. Jacobsen and Hazel E. Jacobsen were husband and wife at the time they acquired title to the above described parcel of real estate and remained so until the death of the aforementioned Anton B. Jacobsen.

7. That attached hereto and incorporated herein by reference is a photocopy of the Death Certificate of Anton B. Jacobsen.

Further your Affiant says not.

Hazel E. Jacobsen
HAZEL E. JACOBSEN

Subscribed and sworn to before me, a Notary Public, this 7th day of December, 2007.

Notary Public: David J. Sims

My Commission Expires:

10-11-09

County of Residence:

Lake

I affirm under the penalties for perjury, under the requirement of IC 36-2-11-15, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law to remain therein.

Preparer: David J. Sims

This instrument prepared by: David J. Sims, Attorney at Law, In. Atty. No.: 1576-45, 11108 W. 133rd Avenue, P.O. Box 88, Cedar Lake, Indiana, 46303-0088

C:LawFiles/Jacobsen,Hazel/AffidavitofSurvivorship

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ATTENTION ESTATE: The Social Security # is ing requested by this state agency in order to rsue its statutory responsibility. Disclosure is duntary and there will be no penalty for refusal.

ocal No. 2578-07

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

/PE/PRINT IN ERMANENT LACK INK

ECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Anton B. Jacobsen	Male	1:20A M	October 27, 2007

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)
089-16-5018	89			Aug. 2, 1918	Bergen, Norway

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
Yes	1943	HOSPITAL: ☐ 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
13424 Calumet Ave	Cedar Lake	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	Hazel Huffman	Chief Operator	Amoco Refinery

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
IN	Lake	Cedar Lake	13424 Calumet Ave

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46303	☒ No ☐ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+): --

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Bendik Jacobsen	Elida Olsen

RENTS

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Hazel Jacobsen	13424 Calumet Ave., Cedar Lake, IN 46303	Wife

FORMANT

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	October 31, 2007 German Methodist Cemetery	Cedar Lake, IN

SPOSITION

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Tara Wright	FD20400058	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Scott A. Burdan	FD20700051	Burdan Funeral Home FH83002461 12901 Wicker Ave Cedar Lake, I

AUSE OF ATH

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. Glioblastoma Multiforme	months
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

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)
Hypertension	No	No	

RTIFIER

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)
M.D.	01061194	10/29/2007

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) 123 N. Court St, Crown Point, IN 46307 Kevin M. Hartzell

ALTH FICER

31. HEALTH OFFICER'S SIGNATURE

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE IN THE	32. DATE FILED (Month, Day, Year)
	OCT 30 2007

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				

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.