

2010 057425

2010 OCT -4 AM 10:33

MICHELLE T. ENMAN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

RICHARD A. BIESEN, being first duly sworn upon his oath, states:

1. That he resides at 10611 Pike Street, Crown Point, Lake County, Indiana.
2. That he is the surviving widower of **JEAN M. BIESEN**, who died a resident of Crown Point, Lake County, Indiana on July 28, 2008.
3. That he is the surviving trustee of the **THE BIESEN REVOCABLE TRUST, dated OCTOBER 23, 1995**, the exclusive owner of the following parcel of real property, which is located at 10611 Pike Street, in Crown Point, Lake County, Indiana, and legally described as:

Lot 1, except the South 35 feet thereof, in Country Meadows Planned Unit Development Residential, an Addition to the Town of Winfield, as per plat thereof, recorded in Plat Book 90, Page 58, in the Office of the Recorder of Lake County, Indiana

Parcel No. 45-17-05-432-001.000-047

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid **JEAN M. BIESEN**.

Richard A. Biesen
RICHARD A. BIESEN

SUBSCRIBED and SWORN to before me, a Notary Public, this 27th day of September, 2010.

Kenneth M. Wilk
KENNETH M. WILK, Notary

My Commission Expires: February 10, 2015
County of Residence : Lake

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.

Kenneth M. Wilk
KENNETH M. WILK

THIS INSTRUMENT PREPARED BY:

KENNETH M. WILK, Attorney at Law 219/924-2640
3235 - 45th Street, Highland, Indiana 46322

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FILED

OCT 01 2010

054984A

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 13.00
 CASH _____ CHARGE _____
 CHECK # 5518
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK CP

E

500

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 2651-08

State No.

1. Decedent's Legal Name (First, Middle, Last) JEAN MARIE BIESEN				1a. Maiden Last Name (If Female) MILLER		2. Sex Female	3. Time Of Death 5:35 am	4. Date Of Death (Month/Day/Year) July 28, 2008		
5. Social Security Number 306-38-7724		6a. Age - Yrs 69	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) July 1, 1939		8. Birthplace (City And State Or Foreign Country) Hammond, Indiana	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) St. Anthony Medical Center										
12. City Or Town, State, And Zip Code Crown Point					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 Richard Biesen			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Home			
18. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point				18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 10611 Pike Street			19. Decedent's Education High School Graduate	20. Decedent Of Hispanic Origin No		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Walter Miller				23. Mother's Name (First, Middle, Last) Lucille Miller			23a. Mother's Maiden Last Name Ennis			
24. Informant's Name Richard Biesen			24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 10611 Pike St., Crown Point, IN 46307					
25. Place Of Disposition										
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) Kelly-Carroll Cremation Service			25c. Location - City, Town, And State Gary, Indiana 46408					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, Winfield Chapel., 10909 Randolph St., Winfield, Indiana 46307					27a. Funeral Home License Number: FH10500022			
27b. Signature Of Indiana Funeral Service Licensee: <i>Joshua R. Krause</i>						27c. License Number (Of Licensee): FD29700036				
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. Pneumonia	Approximate Interval: Onset To Death 4 days	
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. End stage Renal disease	5 yrs	
								C. HTN	10 yrs	
								D. Coronary Artery disease	5 yrs	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 checked="" 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			38. Zip Code			
36. 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: AND COMPLETE COPY OF THIS CERTIFICATE BE FORWARDED TO THE STATE HEALTH DEPARTMENT. <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: <i>Venkat Vavilala</i>						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: Venkat Vavilala M.D., 90 W. 86th Avenue, Merrillville, IN 46410						44. License Number 01057614		45. Date Certified 7/29/08		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): July 28, 2008				