STATE OF INDIANA)

COUNTY OF LAKE

GLENN F. COGSWELL, DECEASED 013364

RE: Key No. 45-11-05-252-005.000-036 STALE OF INDIANA FILED FOR RECORD

2011 MAR - 9 PM 12: 31

HAN HEUUHULA

SURVIVORSHIP AFFIDAVIT

JOAN M. COGSWELL, being duly sworn, states:

- 1. I am the surviving spouse of GLENN F. COGSWELL, now deceased.
- 2. The decedent and I were the owners of the following described real estate located in Lake County, Indiana:

LOT 27, PLUM CREEK VILLAGE 7TH ADDITION, TO THE TOWN OF SCHERERVILLE INDIANA, AS SHOWN IN PLAT BOOK 62, PAGE 27, IN LAKE COUNTY INDIANA.

Commonly known as 339 Cypress Drive Schererville, IN 46375

3. The decedent and I were married at the time we acquired title to the above described real estate, and the marital relationship continued unbroken from the time we acquired title until the death of GLENN F. COGSWELL on 01-11-2011, at which time I acquired title to the real estate as surviving tenant by the entireties. Attached is a certified copy of the death certificate of GLENN F. COGSWELL and incorporated herein by reference as Exhibit "A".

This Document is the property of

4. This affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in me, JOAN M. COGSWELL, and to induce the Auditor of Lake County, Indiana to update the ownership of such real estate on the Auditor's records.

Date: 3-7.1/

STATE OF INDIANA

COUNTY OF LAKE

JOAN M. COGSWELL 339 Cypress Drive

Schererville, IN 46375

Before me the undersigned, a Notary Public in and for said county and State, personally appeared Joan M. Cogswell, and she being first duly sworn by me upon this oath, stated that the facts alleged in the foregoing Affidavit are true.

Reasonable care has been taken to redact each Social Security number in this document.

Return document to: Joan M. Cogswell 339 Cypress Drive Schererville, IN 46375

Signed and sealed this

day of

)SS:

Notary Public

Resident of Lake County, Indiana

MAR 09 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

000759

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000311 1. Decedent's Legal Name (First, Middle, Last)			EDR No 00000176156 1a. Malden Name (If female)			State No 003831					
						2. Sex	3. Time Of				
GLENN F COGSWELL 5. Social Security Number 6a. Age - Yrs	s 6b. Under 1 Year	6c. Under 1 Month	6d Under 1 Day	6e. Under 1 Hour	7 Date (MALE of Birth (Month/Day/Yea		O PM	and State	01/11/2011 or Foreign Country)	
,			,				<u> </u>			or tologer oddiny,	
323-26-8319 78 9. Ever in U.S. Armed Forces? 10. If	Months Death Occurred In A Hos	Days pital:	Hours	Minutes 10a. If Death Occur		02/18/1932 where Other Than A Ho		DLTON, II	<u> </u>		
	patient 🔼 Emergency D	epartment Outpatient	Dead on Arrival	Hospice Facility Other (Specify)	De	cedent's Home	Nursing Ho	ome/Long-tem	n Care Faci	lity	
11. Facility Name (If Not Institution, Give SOMMUNITY HOSPITAL	Street and Number)										
12. City Or Town, State, And Zip Code 13. County Of Death							14. Marital Status At Time Of Death ☑ Married ☐ Married, But Separated ☐ Divorced				
MUNSTER, IN, 46321 LAKE						☐ Widowed ☐ Never Married ☐ Unknown					
15. Surviving Spouse's Name	. (If Wife)Give Malder	den Last Name 16. Decedent's Usual Occupation 17. Kind OI Business/Industry					Of Business/Industry				
JOAN COGSWELL	1 400		USSER	18b. City Or Tow		PURCHASING	MANA	GER	STEEL		
18. Residence - State		County									
INDIANA 18c. Street And Number	LAK	E		SCHERERY	ILLE	18d. Apt	. N o.	18e. Zip	Code	18f. Inside City Limits?	
339 CYPRESS DRIVE								46	076	☑ Yes ☐ No	
19. Decedent's Education). Decedent Of Hispar	nic Origin	21. D	ecedent's	Race		46	375		
HIGH SCHOOL GRADUATE		OT HISPANIC		White	•						
22. Father's Name (First, Middle, Last)	114			23. Mother's Name (e, Last)		23a. N	Mother's Ma	iden Last Name	
GROVER COGSWELL				HAZEL COGS				FIKE			
24. Informant's Name	Informant's Name 24a. Relationshi										
JOAN COGSWELL	N COGSWELL WIFE 339 CYPRESS DRIV						VILLE,	<u>IN 46375</u>			
25a. Method Of Disposition		ace Of Disposition (Na			25c. Lo	cation - City, Town, An	d State				
Removal From State											
Other (Specify): - 26. Was Coroner Contacted?	27. Name And Complete	AND MEMOR		ment	DOL	TON, IL		_	27a. Fu	neral Home License Number:	
⊠ Yes □ No	ANTHONY & DZ		UNERAL HON	IE, INCMUN	STER,	9445 CALUME	TAVE			20040	
27b. Signature Of Indiana Funeral Service		110	1101	FFIC	IA	27c. Licenso	e Number (Of Licensee):		002916	
LARRY D. ANTHONY , BY I	ELECTRONIC \$		use Of Deeth (See	Instructions And	Examples	FD0100	1447			Approximate	
28. Part I. Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory A Line. Add Additinal Lines If Necess	Arrest, Or Ventricular Fi	Or Complications - Ti ibrillation Without Sh	hat Directly Caused lowing The Etiology	The Death. Do Not I Do Not Abbreviate.	Enter Ten Enter On	ninal Events ly One Cause On				Interval: Onset To Death	
Immediate Cause (Final Disease Or (Condition Resulting In D	Death) A.	CARDIOPULMUNA	RY ARREST	Due in 60r á	a A Consequence Of):				IMMEDIATE	
Sequentially List Conditions, If Any, I	anding To The Course	Lietad On B.	HYPERTENSIVE C	ARDIOVASCULAR	DISEASE						
Line A. Enter The Underlying Cause The Events Resulting In Death) Last		t Initiated	I NOOTH IVOOIDIO		Due to (Or A	e A Consequence Of):					
The Events resulting in Doubly Last		С	HYPOTHYROIDISI	И	Due to (Or A	A Consequence Of):		_		_	
Part II. Enter Other Significant Conditions C	Contribution to Death But	D. Not Reculting in The I	Indarbina Causa Giu	In In Part I	20 Was	An Autopsy Performed	12				
	ANUICALITIC TO DESIT BUT	NOT Presulting in The C	oriositying Cause Giv	HI HI Fatt		e Autopsy Finding Avail		Yes omplete The C	Ruse Of De		
CARDIAC ARRYTHMIA 31. Did Tobacco Use Contribute To Death				5			anner Of D				
Yes Probably No Unkno	Not Preg	nent Within Past Year 	1 year Before Death	Unknown if Prognant W	thin The Pest	Year Sul	icide 🔲 C	ould Not Be D	etermined	Pending Investigation	
34. Date Of Injury (Month/Day/Year)	35. Time	Of Injury	() () () ()	CONTRACTOR A	RUM 10	me, Construction Site, A TRUE AND COMP		, Wooded Are	(a)	7. Injury At Work?	
38. Location Of Injury - State	38a. City C	Dr Town		n dorigi Malupidi. VEEH A UP 3 HE (J. B.D.EH)	ALE OF L	DEATH ON EUR DANTA	THE	38c. Apt. N	No. 3	8d. Zip Code	
				S S S S S S S S S S S S S S S S S S S	UCPARIN	MENT				·	
39. Describe How Injury Occurred				SEAL FE	3 0 1	3041 40. H1	Transporter	lion Injury, Spi Passenger DF	ecify:	Other (Specify)	
41. Signature, Of Person Certifying Cause	e Of Death		E. A.	THANK	1) 1	ZUII -					
CHIĚDU JOSEPH NČHĚKY	VUBE , BY ELEC		NATURE			42. Certifier (Che	ysician	☐ Corone		Heath Officer	
43. Name, Address And Zip Code Of Pers					/		4. License		'	5. Date Certified	
CHIEDU JOSEPH NCHEKV 46. Additional Funeral Service Provider:	<u>VUBE , 5495 BF</u>	ROADWAY, MI	ERRILLVILLE	, IN 46410	***************************************		103128 47. Akas:			02/01/2011	
48. Signature of Local Health Officer:						49. For Registrar O	nly - Date	Filed (Month	/Day/Year):		
SUSAN W. BEST, VIA ELEC	CTRONIC SIGN					FEB 01 2011					
-		AMENDME	NT TO CERTIFICA	TE OF DEATH (ENT	HY OR C	PRIGINAL)					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.