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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 075080

2011 DEC 28 AM 10:18

MICHELLE S. FAIMAN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

April Fischer, of adult age, being first duly sworn, upon deposes and says:

That April Fischer, is the Wife of Keith L. Fischer, deceased, who died on 11/17/2009 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" filed for convenience by a Deed from Richard L. Pressley and Linda S. Pressley recorded 6/8/1992 as Document No. 1992-37161 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of April Fischer, surviving spouse of the decedent.

And further affiant sayeth not this 23rd day of December, 2011.

*April Fischer*  
\_\_\_\_\_  
April Fischer

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned a Notary Public in and for the County and State aforesaid, this 23rd day of December, 2011.

WITNESS my hand and Notarial Seal.

My Commission Expires: \_\_\_\_\_

**FILED**  
DEC 27 2011  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

*[Signature]*  
\_\_\_\_\_  
Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence

LISHA VERA  
Porter County  
My Commission Expires  
August 7, 2018

This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:  
11225 Durbin Place, Crown Point, IN 46307

File No.: 11-43693

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. \_\_\_\_\_ (Type or Print Name)

*Lisha Vera*

*\$ 14*  
*MT*  
*ca*

030215

HOLD FOR MERIDIAN TITLE CORP

*1 Ref*

**LEGAL DESCRIPTION**

Lot Numbered Thirty-Four (34) in Oakwood Hills as per plat thereof recorded in Plat Book 34, page 1 in the Office of the Recorder of Lake County, Indiana.



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 9919-09

506340

1. Decedent's Legal Name (First, Middle, Last) <b>Keith L. Fischer</b>		1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>	3. Time Of Death <b>5:50 p.m.</b>	4. Date Of Death (Month/Day/Year) <b>November 17, 2009</b>	
5. Social Security Number <b>308-68-4909</b>	6a. Age - Yrs <b>51</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) <b>December 10, 1957</b>	
8. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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)			
11. Facility Name (If Not Institution, Give Street And Number) <b>11225 Durbin Place</b>							
12. City Or Town, State, And Zip Code <b>Crown Point, IN 46307</b>				13. County Of Death <b>Lake</b>		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	
18. Surviving Spouse's Name <b>April Fischer</b>		15a. (If Widowed) Spouse's Last Name <b>Thomas</b>		16. Decedent's Usual Occupation <b>Machinist</b>		17. Kind Of Business/Industry <b>Oil</b>	
18a. Residence - State <b>Indiana</b>		18b. County <b>Lake</b>		18c. City Or Town <b>Crown Point</b>			
18d. Street And Number <b>11225 Durbin Place</b>				18e. Apt. No.	18f. Zip Code <b>46307</b>		18g. Inmate City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Decedent's Education <b>SOME COLLEGE - NO DEGREE</b>		20. Decedent Of Hispanic Origin <b>NO</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>Lawrence Fischer</b>		23. Mother's Name (First, Middle, Last) <b>Marion Fischer</b>		24. Mother's Maiden Last Name <b>Ledna</b>			
24a. Informant's Name <b>April Fischer</b>		24b. Relationship To Decedent <b>Wife</b>		24c. Informant's Address (Street And Number, City, State, Zip 15003) <b>11225 Durbin Place, Crown Point, IN 46307</b>			
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) <b>Northwest Indiana Cremation Services</b>		25c. Location - City, Town, And State <b>Crown Point, Indiana</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27a. Name And Complete Address Of Funeral Facility <b>Fagen Miller Funeral Home 1920 Hart Street, Dyer, IN 46311</b>		27b. Funeral Home License Number <b>FH83001504</b>			
27c. Signature Of Licensed Funeral Service Licensee <i>[Signature]</i>				27d. License Number (Of Licensee) <b>FD01006015</b>			
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 ONCE THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE DEATH ON FILE WITH THE DEPARTMENT OF HEALTH. Approximate Date Of Death: <b>NOV 19 2009</b>							
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Hemophagocytosis</b>							
B. <b>Septicemia</b>							
C. <b>Septic shock</b>							
D. <b>Septic emboli</b>							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (As In Part I) A. <b>None</b>							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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"/> Pregnant & Pregnant Within The Past Year		33. Number Of Deaths: <input 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			
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 checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	
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: <i>[Signature]</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: <b>R. Mulligan 919 Main St. Dyer IN 46311</b>				44. License Number <b>0105237JA</b>		43. Date Certified <b>11/18/09</b>	
44. Additional Funeral Service Provider:				47. "Attest": <b>November 19, 2009</b>			
48. Signature of Local Health Officer: <i>[Signature]</i>				49. For Registrar Only - Date Filed (Month/Day/Year)			

