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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 JUN 21 AM 11:09

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Marie E. De Rolf, Deceased
Parcel No.: 45-06-13-377-033.000-027

SURVIVORSHIP AFFIDAVIT

Comes now David Robert De Rolf, being duly sworn upon his oath, and states as follows:

1. That he is an adult child of Marie E. De Rolf, deceased, and makes this Affidavit based upon personal knowledge.

2. Marie E. De Rolf, David Robert De Rolf, Peggy Sue De Rolf, Peter Owen De Rolf and Daniel Warren De Rolf are the owners of the following described real estate located in Lake County, Indiana:

The East 20.6 feet of Lot Thirty-two (32) and Lot Thirty-three (33), in Block Two (2), in Hollywood Manor Addition to the Town of Munster, as marked and laid down on the recorded plat thereof in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 325 Beacon Place, Munster, IN 46321

3. The real estate was transferred by Quit-Claim Deed on January 7, 1975 to Marie E. De Rolf, for and during her natural life, and at her death, the remainder to David Robert De Rolf, Peggy Sue De Rolf, Peter Owen De Rolf and Daniel Warren De Rolf, as joint tenants with rights of survivorship.

4. The life tenant, Marie E. De Rolf, passed away on May 15, 2012, at which time her interest in said real estate terminated by operation of law. (A true and accurate copy of the death certificate of Marie E. De Rolf is attached hereto and incorporated herein by reference as Exhibit "A".)

FILED 15.00
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JUN 21 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in David Robert De Rolf, Peggy Sue De Rolf, Peter Owen De Rolf and Daniel Warren De Rolf, as joint tenants with rights of survivorship, and to induce the Auditor of Lake County, Indiana to remove the name of Marie E. De Rolf from title and reflect the correct ownership of such real estate on said Auditor's records.

David Robert De Rolf

DAVID ROBERT DE ROLF

STATE OF INDIANA)
) *SS:*
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared DAVID ROBERT DE ROLF, and he being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true and acknowledges the execution of the foregoing Affidavit as his free and voluntary act.

Signed and sealed this 19th day of June, 2012.

Laura L. Rybicki
Resident Of
Lake County
My Commission Expires:
8/27/2016

Laura L. Rybicki

Notary Public

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.

Laura L. Rybicki

This instrument was prepared by and after recording should be returned to:
Laura L. Rybicki (Atty. No. 21389-45) of Dugan, Repay & Rybicki, P.C.
7880 Wicker Avenue, Suite 101, St. John, Indiana 46373

Mail Tax Statements To:
David R. De Rolf
9852 W. Oak Ridge Drive
St. John, IN 46373

Joint Owners' Addresses:
Peggy Sue De Rolf
8101 Frederick
Munster, IN 46321

Peter O. De Rolf
524 Cantebury Ct.
Griffith, IN 46319

Daniel W. De Rolf
7925 Jefferson
Munster, IN 46321

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001553 **EDR No** 000000260488 **State No**

1. Decedent's Legal Name (First, Middle, Last): MARIE E DEROLF
1a. Maiden Name (If female): VOISEY
2. Sex: FEMALE
3. Time Of Death: 12:20 PM
4. Date Of Death (Month/Day/Year): 05/15/2012
5. Social Security Number: 310-22-7584
6a. Age - Yrs: 90
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): 07/27/1921
8. Birthplace (City and State or Foreign Country): HAMMOND, IN
9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown
10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street and Number): 325 BEACON PLACE
12. City Or Town, State, And Zip Code: MUNSTER, IN, 46321
13. County Of Death: LAKE
14. Marital Status At Time Of Death: ☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name:
15a. (If Wife)Give Maiden Last Name:
16. Decedent's Usual Occupation: HOMEMAKER
17. Kind Of Business/Industry: HOME
18. Residence - State: INDIANA
18a. County: LAKE
18b. City Or Town: MUNSTER
18c. Street And Number: 325 BEACON PLACE
18d. Apt. No.:
18e. Zip Code: 46321
18f. Inside City Limits? ☒ Yes ☐ No
19. Decedent's Education: ASSOCIATE DEGREE (AA, AS)
20. Decedent Of Hispanic Origin: NOT HISPANIC
21. Decedent's Race: White
22. Father's Name (First, Middle, Last): SIMON VOISEY
23. Mother's Name (First, Middle, Last): DOROTHY VOISEY
23a. Mother's Maiden Last Name: RADFORD
24. Informant's Name: DAVID DEROLF
24a. Relationship To Decedent: SON
24b. Mailing Address (Street And Number, City, State, Zip Code): 9852 WEST OAKRIDGE DRIVE, SAINT JOHN, IN 46373

25. Place Of Disposition
25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): ELMWOOD CEMETERY
25c. Location - City, Town, And State: HAMMOND, IN
26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321
27a. Funeral Home License Number: FH83004968
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS , BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08601763

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

Approximate Interval: Onset To Death

		Cause	Interval
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	VASCULAR COLLAPSE DUE TO ARTERIOSCLEROTIC AND VASCULAR HEART DISEASE	60 YEARS
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.	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. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I: HYPERTENSION, HYPERLIPIDEMIA, DEMENTIA
29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ No
38. 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE RECORD OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAY 21 2012

41. Signature, Of Person Certifying Cause Of Death: DAVID JOHN FLORES , BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DAVID JOHN FLORES , 1573 NORTH CLINE AVENUE, GRIFFITH, IN 46319
44. License Number: 01060028A
45. Date Certified: 05/21/2012
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. **For Registrar Only** - Date Filed (Month/Day/Year): MAY 21 2012

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.

Exhibit "A"