

4.

1002836



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

45-16-05-128-011-000-042

On this 8-13-12 before me personally appeared _____
(insert date)

Ruth Ann Pesavento

2012 057507

to me personally known, who being duly sworn on oath did say that

1 Affiant resides at the address given below affiant's signature

2 Affiant is daughter of owner
(state interest of affiant in the above premises as "owner", "son of owner", etc)

3 Said premises were formerly owned as joint tenants or as tenants by the
entireties by TRUST and _____

4 Said Edna Ruth Christman
(fill in name of co-tenant who died)
died on 4-5-2012

leaving _____ will,
(insert "a" or "no", if will left, attach a copy)

5 The legal description of the premises in question is

6 Is there Federal or State inheritance tax liability by reason of the death of said
decedent? Yes No

If yes, then estimated taxes due are \$ _____

AMOUNT \$ 18

CASH _____ CHARGED The taxes due are paid or unpaid

CHECK# _____

OVERAGE _____

COPY _____

NON-CONF

DEPUTY aw

②

25612

FILED

AUG 23 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 AUG 24 AM 10:12

RECORDER

CHICAGO TITLE INSURANCE COMPANY

7 Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? N/A

(If answer is "Yes" , identify the divorce proceedings
_____)

8 Affiant's relationship to the deceased was mother

Signature Ruth Ann Pesavento

Printed Name Ruth Ann Pesavento

Address 231 Bunker Drive

Schererville IN 46375

Subscribed and sworn to before me by the affiant

This 8/13/10
(insert date)

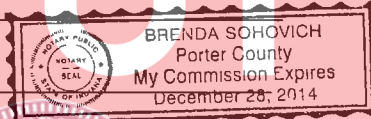
[Signature]
Notary Public

Printed Name _____

My County of Residence is _____

In the State of _____

My Commission Expires _____



This instrument prepared by Ruth Ann Pesavento

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.
Traci Hurst B. Sohovich



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

45-16-05-128-011.000-042

Local No 001084

EDR No 00000253795

State No 015851

1 Decedent's Legal Name (First, Middle, Last) EDNA RUTH CHRISTMAN			1a Maiden Name (If female) POPPE		2 Sex FEMALE	3 Time Of Death 09 20 AM	4 Date Of Death (Month/Day/Year) 04/05/2012	
5 Social Security Number 233-1789	6a Age - Yrs 85	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) 06/01/1926		8 Birthplace (City and State or Foreign Country) LOWELL, IN
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 type="checkbox"/> Inpatient <input checked="" 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 OF CROWN POINT								
12 City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13 County Of Death LAKE		14 Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15 Surviving Spouse's Name			15a (If Wife) Give Maiden Last Name		16 Decedent's Usual Occupation LETTER CARRIER		17 Kind Of Business/Industry US POST OFFICE	
16 Residence - State INDIANA			18a County LAKE		18b City Or Town CROWN POINT			
18c Street And Number 304 BIRCH STREET					18d Apt No	18e Zip Code 46307		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19 Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20 Decedent Of Hispanic Origin NOT HISPANIC		21 Decedent's Race White			
22 Father's Name (First, Middle, Last) HUGO POPPE			23 Mother's Name (First, Middle, Last) EDNA POPPE			23a Mother's Maiden Last Name ZOLDEN		
24 Informant's Name RUTH A PESAVENTO		24a Relationship To Decedent DAUGHTER		24b Mailing Address (Street And Number, City, State, Zip Code) 231 BUNKER DRIVE, SCHERERVILLE, IN 46375				
25 Place Of Disposition								
25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS			25c Location - City, Town, And State SCHERERVILLE, IN		
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307					27a Funeral Home License Number FH83001261	
27b Signature Of Indiana Funeral Service Licensee THOMAS G PRUZIN, BY ELECTRONIC SIGNATURE						27c License Number (Of Licensee) FD01009893		
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 Additional Lines If Necessary.								Approximate Interval Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A ACUTE MYOCARDIAL INFARCTION Due to (Or As A Consequence Of)								6 HOURS
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 Given In Part I						29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NONE						30 Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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"/> Pregnant 43 Days To 1 Year Before Death		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"/> Could Not Be Determined				
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (e.g., Home, Restaurant, Construction Site, Restaurant, Wooded Area)			37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <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 WILLIAM J PIERCE, BY ELECTRONIC SIGNATURE						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 WILLIAM J PIERCE, 210 E 90TH DRIVE, MERRILLVILLE, IN 46410						44 License Number 01025010A		45 Date Certified 04/10/2012
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) APR 11 2012		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								

Exhibit A

ALL OF LOT 215, EXCEPT THAT PART OF LOT 215, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWESTERLY CORNER OF LOT 215; THENCE SOUTH ON THE EAST LINE OF SAID LOT 215 A DISTANCE OF 49 36 FEET TO THE SOUTHWESTERLY CORNER OF LOT 229, THENCE NORTHWESTERLY A DISTANCE OF 36.76 FEET TO A POINT ON THE WESTERLY LINE OF SAID LOT 215, SAID POINT BEING 26 77 FEET SOUTHWESTERLY OF THE NORTHWESTERLY CORNER OF SAID LOT 215; THENCE NORTHEASTERLY A DISTANCE OF 26 77 FEET TO THE POINT OF BEGINNING IN LIBERTY PARK HIGHLANDS, IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 25 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

