

STATE OF INDIANA)
COUNTY OF LAKE)

2012 044900

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 JUL 10 AM 10:32

MICHELLE FAJMIN
RECORDER

BT1200412

AFFIDAVIT OF DEATH

Parcel No: 45-07-35-416-024.000-006

LORIE S. BARTEL, being first duly sworn upon her oath, states:

- The affiant resides at 338 W. Sibley Street, Park Ridge, Illinois, and is the personal representative of the supervised estate of Harold M. Selander, deceased. Estate No.: 45D01-1111-ES-00041 of the Lake County, Superior Court, wherein on November 15, 2011, your affiant was appointed and qualified to be personal representative.
- The affiant is the daughter of Sarah Jane Selander, who died a resident of Griffith, Lake County, Indiana on October 28, 2005. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Sarah Jane Selander.
- That the decedent, Harold M. Selander and Sarah Jane Selander were husband and wife at the time of acquiring title to the real property located at 410 N. Glenwood Drive, Griffith, Lake County, Indiana, and they remained so until the decedent's death.

Lorie S. Bartel

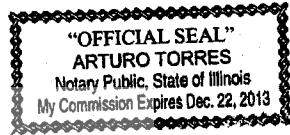
Lorie S. Bartel

CHICAGO TIME

SUBSCRIBED and SWORN to before me, a Notary Public, this 4 day of June, 2012.

[Signature]
Notary Public

My Commission Expires: Dec 22, 2015
County of Residence: Cook



STATE OF INDIANA
LAKE COUNTY
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2012 SEP -4 AM 9:41

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.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

THIS INSTRUMENT PREPARED BY:
KARL E. HAND, Attorney at Law
3235 - 45th Street, Highland, Indiana 46322
(219) 924-2640

STOP

FILED

JUL 09 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

013149

14.00
non-conf
CT
LR

Re-recording to add legal description

AMOUNT \$ 19.00
CASH CHARGE CT inf
CHECK#
OVERAGE
COPY
NON-CONF ✓
DEPUTY pm

003585

FILED

AUG 31 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. _____

Local No. 3737-05

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

Parcel No: 45-07-35-426-037, 000-006

CHICAGO TITLE
TYPE/PRINT
IN
PERMANENT
BLACK INK
DECEDENT
PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
CERTIFIER
HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Sarah J. Selander		2. SEX Female	3a. TIME OF DEATH 6:12 PM	3b. DATE OF DEATH (Month, Day, Yr.) October 28, 2005	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 76	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	8. DATE OF BIRTH (Mo, Day, Yr.) April 12, 1929	
6a. WAS DECEDENT A U.S. VETERAN? No	6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster, IN		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Harold M. Selander		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Librarian		
12b. KIND OF BUSINESS/INDUSTRY Education		13a. RESIDENCE-STATE Indiana			
13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Griffith		13d. STREET AND NUMBER 410 N. Glenwood Drive	
13a. ZIP CODE 46319	13i. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. AS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE-American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 4		18. FATHER'S NAME (First, Middle, Last) Stanley Angell			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Vinnie Rifenbark			20a. INFORMANT'S NAME (Type/Print) Harold M. Selander		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 410 N. Glenwood Drive, Griffith, IN 46319		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 1, 2005 Calumet Park Cemetery		21c. LOCATION-City or Town, State Merrillville, IN	
22a. EMBALMER'S NAME Edgar C. Gleim		22b. EMBALMER'S LICENSE NO FD01016173		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Leonard Gregorczyk</i>		24b. LICENSE NUMBER (of Licensee) FD08800305		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH10300021	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiopulmonary Arrest			Approximate Interval Between Onset and Death Seconds		
DUE TO (OR AS A CONSEQUENCE OF): Myocardial Infarction			Minutes		
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. Coronary Artery Disease			Years		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Edgar C. Gleim</i>			29c. MEDICAL LICENSE NO 02000872		
29d. DATE SIGNED (Month, Day, Year) 10-31-2005					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. JOHN HOEHN- 505 W. LINCOLN HWY. SCHERERVILLE, IN 46375					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>				32. DATE FILED (Month, Day, Year) October 31, 2005	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION OF THE CERTIFICATE OF DEATH-ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT			
I affirm, under the penalties for perjury, that I have read and discussed the information on this document, unless required by law. Kevin Zaremb.					

SDH06-004 State Form 10110 (R5/1-99)



This Document is the property of the Lake County Register!

EXHIBIT A

LEGAL DESCRIPTION

LOT 12, IN DIXONS FIRST ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32, PAGE 22 1/2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



Adopted 1/1/08

Chicago Title Insurance Company

