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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 066502

2012 SEP 21 AM 9:27

MICHAEL J. HUMAN
RECORDER



Fidelity National Title

Insurance Company.

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

Jane M. Teller, being first duly sworn upon oath, deposes and says:

1. That David A Teller died on 6/15 2011 at Lake County, Ind.
(City/State)
2. That Jane M. Teller and David A Teller were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
1 Lot 6, Fairmeadow Vtg Apts, Town of Munster
SEE ATTACHED FOR LEGAL DESCRIPTION
45-07-30-178 CID-000-027
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Jane M. Teller
Jane M. Teller Affiant Signature

STATE OF Indiana)
)
COUNTY OF Lake)

ACKNOWLEDGEMENT

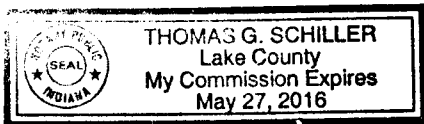
Before me, a Notary Public in and for said County and State, personally appeared Jane M. Teller who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 24 day of August, 20 12.

Resident of Lake County, Indiana. Signature TGS

My Commission Expires: 05/27/2016 Printed Thomas G Schiller

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. Thomas G Schiller
[Name]

This instrument prepared by Jane M. Teller



FILED

SEP 19 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

26243

REGION TITLE / FIDELITY

FR1208/20

AMOUNT \$ 15
CASH CHARGE FN
CHECK#
OVERAGE
COPY
NON-CONF
DEPUTY AD

SVJ



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001841

EDR No 00000204229

State No 026298

1. Decedent's Legal Name (First, Middle, Last) DAVID ANTHONY TELLER
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 03:30 AM
4. Date Of Death (Month/Day/Year) 06/15/2011
5. Social Security Number
6a. Age - Yrs 73
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 01/05/1938
8. Birthplace (City and State or Foreign Country) CINCINNATI, OH
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name JANE TELLER
15a. (If Wife) Give Maiden Last Name HORGAN
16. Decedent's Usual Occupation CHIEF INDUSTRIAL ENGINEER
17. Kind Of Business/Industry ACME STEEL
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town MUNSTER
18c. Street And Number 1025 AZALEA DRIVE
18d. Apt. No.
18e. Zip Code 46321
18f. Inside City Limits?
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) CARLISLE TELLER
23. Mother's Name (First, Middle, Last) EDNA TELLER
23a. Mother's Maiden Last Name JOHNSON
24. Informant's Name JANE TELLER
24a. Relationship To Decedent SPOUSE
24b. Mailing Address (Street And Number, City, State, Zip Code) 1025 AZALEA DRIVE, MUNSTER, IN 46321
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) REGIONAL CREMATION SERVICE
25c. Location - City, Town, And State MUNSTER, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321
27a. Funeral Home License Number: FH10700038
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01021590
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events.
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home)
37. Injury At Work?
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:
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 1190 NORTH STATE ROAD 49, PORTER, IN 46304
44. License Number
45. Date Certified
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): JUN 16 2011

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

LEGAL DESCRIPTION
EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF LAKE, STATE OF INDIANA,
AND IS DESCRIBED AS FOLLOWS:

Lot 6 in Fairmeadow 19th Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 40 page
105 in the Office of the Recorder of Lake County, Indiana.

