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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 022701

2013 MAR 27 AM 10:46

MICHAEL D. BROWN  
RECORDER

3

**AFFIDAVIT OF SURVIVORSHIP**

Craig A. Freelove, of adult age, being first duly sworn, upon deposes and says:

That Craig A. Freelove, is the Son of \_Joan E. Freelove, deceased, who died on October 30, 2010 a resident of Lake County, Indiana.

That affiant and said decedent, as 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" for convenience by a Deed from Joan E. Freelove recorded March 9, 2005 Re-recorded on March 20, 2006 as 2006-022548 as Document No. 2005-017205 r 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 he 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 Craig A. Freelove, surviving spouse of the decedent.

And further affiant sayeth not this 4th day of March, 2013.

*Craig A. Freelove*  
\_\_\_\_\_  
Craig A. Freelove

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 4th day of March, 2013.

WITNESS my hand and Notarial Seal.

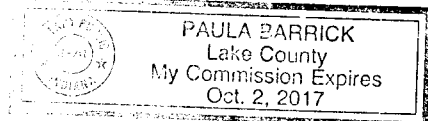
My Commission Expires: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Notary Public County and State of Residence

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:  
9122 Baker Street, Merrillville, IN 46410

File No.: 13-4798

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

**FILED**

MAR 25 2013

11545

PEGGY HOLINGA KATONA  
CLERK FOR MERKE COUNTY AUDITOR  
MERKE COUNTY CORP



1900073-1005

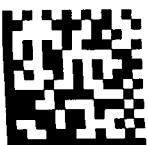
Handwritten notes: 15c, MT, AM

**LEGAL DESCRIPTION**

Lot 33 in Teal Crossing, Unit 2, an Addition to the Town of Merrillville, as per plat thereof, recorded in Plat Book 94, page 7, and ratified by an Instrument recorded February 13, 2004 as Document No. 2004-012705, in the Office of the Recorder of Lake County, Indiana, EXCEPTING therefrom the following described part: Beginning at the Northwest corner of said Lot 33, thence South 87°04'29" East, 130.00 feet along the North line of said Lot 33 to the Northeast corner of said Lot 33; thence South 02°55'31" West, 59.57 feet along the East line of said Lot 33 to the extension of the centerline of an existing party wall; thence North 89°04'29" West, 130.00 feet along said centerline and extensions thereof to the West line of said Lot 33; thence North 02°55'31" East, 59.67 feet along said West line to the point of beginning.

Tax ID Number(s):  
08-15-0783-0015

45-12-30-353-011.000-030





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3818-10

State No

|   |                            |   |                           |  |  |  |                                    |   |
|---|----------------------------|---|---------------------------|--|--|--|------------------------------------|---|
| 1. Decedent's Legal Name (First, Middle, Last)<br><b>Joan E. Freelove</b>   |                            |   |                           | 1a. Maiden Last Name (If Female)<br><b>Ahlstrand</b> |  | 2. Sex<br><b>Female</b>                                      | 3. Time of Death<br><b>4:58 AM</b> | 4. Date of Death (Month/Day/Year)<br><b>October 30, 2010</b>                  |
| 5. Social Security Number<br><b>338-26-9793</b>   | 6a. Age - Yrs<br><b>75</b> | 6b. Under 1 Year<br>Months  | 6c. Under 1 Month<br>Days | 6d. Under 1 Day<br>Hours                             | 6e. Under 1 Hour<br>Minutes  | 7. Date of Birth (Month/Day/Year)<br><b>December 4, 1934</b> |                                    | 8. Birthplace (City And State Or Foreign Country)<br><b>Chicago, Illinois</b> |
| 9. Ever In U.S. Armed Forces?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                            | 10. If Death Occurred In A Hospital:<br><input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival |                           |  | 10a. If Death Occurred Somewhere Other Than A Hospital:<br><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)  
**Methodist Hospital Southlake Campus**

12. City Or Town, State, and Zip Code  
**Merrillville, Indiana 46410**

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  
**n/a**

15a. (If Wife) Give Maiden Last Name  
**n/a**

16. Decedent's Usual Occupation  
**Secretary**

17. Kind Of Business/Industry  
**Insurance**

18. Residence - State  
**Indiana**

18a. County  
**Lake**

18b. City Or Town  
**Merrillville**

18c. Street And Number  
**9122 Baker St.**

18d. Apt. No.  
**n/a**

18e. Zip Code  
**46410**

18f. Inside City Limits?  
 Yes  No

19. Decedent's Education  
**12**

20. Decedent Of Hispanic Origin  
**Non-Hispanic**

21. Decedent's Race  
**White**

22. Father's Name (First, Middle, Last)  
**Arthur Ahlstrand**

23. Mother's Name (First, Middle, Last)  
**Merle Ruth Ahlstrand**

23a. Mother's Maiden Last Name  
**DuBois**

24. Informant's Name  
**Craig Freelove**

24a. Relationship To Decedent  
**Son**

24b. Mailing Address (Street And Number, City, State, Zip Code)  
**Crown Point, Indiana 46307**

25. Method Of Disposition  
 Burial  Cremation  Donation  Entombment  
 Removal from State  
 Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)  
**Maplewood Memorial Cemetery**

25c. Location - City, Town, And State  
**555 S. Indiana Ave. Crown Point, Indiana**

26. Was Coroner Contacted?  
 Yes  No

27. Name And Complete Address Of Funeral Facility  
**Geison Funeral Home, Crown Point  
606 E. 113th Ave. Crown Point, Indiana 46307**

27a. Funeral Home License Number  
**FH19900060**

27b. Signature Of Indiana Funeral Service Licensee:  
*Kevin Kaaga*

27c. License Number (Of Licensee):  
**FD20400005**

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.

Immediate Cause (Final Disease Or Condition Resulting In Death)  
A. **Cerebrovascular accident**  
Due To (Or As A Consequence Of):

B. **Congestive heart failure**  
Due To (Or As A Consequence Of):

C. **Coronary artery disease**  
Due To (Or As A Consequence Of):

D.

Approximate Interval: Onset To Death

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I  
**Diabetes mellitus**

28. Was An Autopsy Performed?  Yes  No

30. Were Autopsy Findings 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. Name Of 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 Transported To Facility:  
 Driver/Operator  Passenger  Pedestrian  Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:  
*Surendra Shah*

42. Certifier (Check Only One)  
 Certifying Physician  Coroner  Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  
**Surendra Shah, M.D. 5825 Broadway, Merrillville, IN 46410**

44. License Number  
**01032180A**

45. Date Certified  
**11-01-2010**

46. Additional Funeral Service Provider:

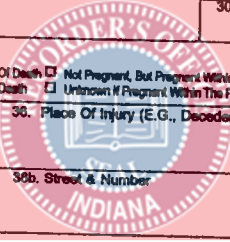
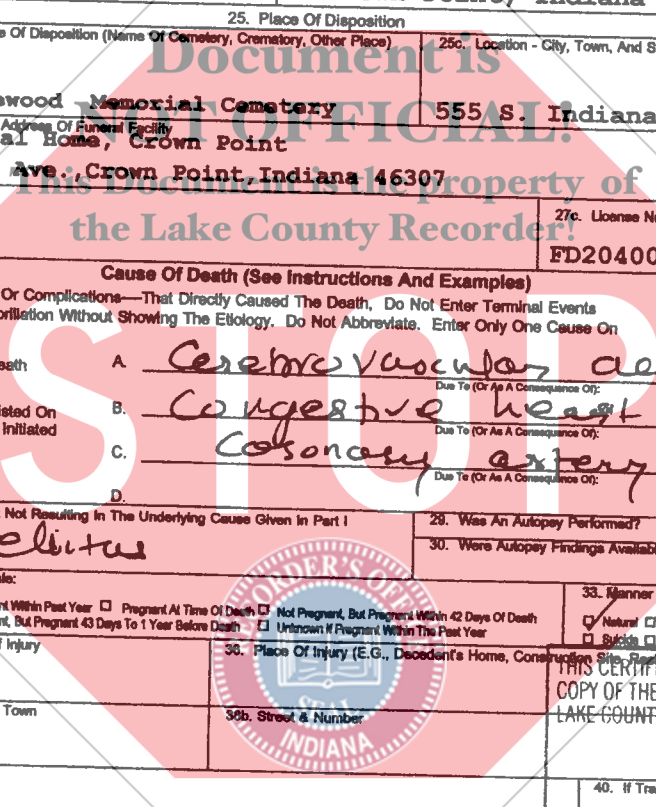
47. \*Atax:

48. Signature of Local Health Officer:  
*Susan J. Best, D.O.*

49. For Registrar Only - Date Filed (Month/Day/Year):  
**November 1, 2010**

Parcel # 45-12-30-353-011.000-030

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT