STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 026900

2013 APR 16 AM 9:42

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

State of Indiana }
} SS:
County of Lake }

Doris Grimmer, being duly sworn upon oath, deposes and says:

That Michael A. Grimmer died on April 16, 2009.

That Michael A. Grimmer and Doris Grimmer, husband and wife, as tenants by the entireties, took title by Warranty Deed recorded July 26, 1963, as Instrument Number 497367 in Book 1241 and page 263, in the Office of the Recorder of Lake County, Indiana, to the following described real estate:

That part of the Southeast 1/4 of Section 28, Township 35 North, Range 9 West of the 2nd P.M., described as beginning at a point which is on the South line of said Southeast 1/4 and 980.31 feet West of the Southeast corner thereof; thence North at right angles to said South line a distance of 372.16 feet to the centerline of Schmal Street; thence West along said centerline a distance of 89.90 feet; thence Southwesterly a distance of 31.21 feet to a point, said point being the intersection of the Southerly line of Schmal Street as said Southerly line is extended from the East and from the Northwest, parallel to and 30 feet South at right angles to the centerline of Schmal Street; thence Southwesterly a distance of 353.39 feet to a point which is on the South line of said Southeast 1/4 and 180.0 feet West of the Point of Beginning; thence East along said South line a distance of 180.00 feet to the Point of Beginning, all in the town of St. John, Lake County, Indiana, containing 1.1648 acres, more or less.

More commonly known as: 9933 W. 93rd Avenue, St. John, IN 46373

Parcel Number: 45-11-28-481-003-000-035

That the 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 death.

Further affiant sayeth not.

Doris Grimmer by Rhonda L. Grimmer, atty-in-fact

Subscribed and sworn to before me. A Notary Public this 29th day of March 2013.

Janice M Lee
Notary Public

JANICE M LEE
Notary Public, State of Indiana
Lake County
Commission # 574398
My Commission Expires
October 28, 2015

My commission expires Oct 28, 2015

County of Residence Lake

This Instrument Prepared by: Doris Grimmer
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. Desiree R R Brown

002038

FILED
APR 15 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT $ 13.00
CASH ____ CHARGE ____
CHECK# 23764
OVERAGE ____
COPY ____
NON-CONF ____
DEPUTY CP

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1576-09 State No.

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Michael A. Grimmer		Male	12:48 PM	April 16, 2009

5. Social Security Number	6a. Age – Yrs	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)	8. Birthplace (City And State Or Foreign Country)
[redacted]	83					June 15, 1925	Highland, Indiana

9. Ever In U.S. Armed Forces?	10. If Death Occurred In A Hospital:	10a. If Death Occurred Somewhere Other Than A Hospital:
☒ Yes ☐ No ☐ Unknown	☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival	☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): 9933 W. 93rd Ave.

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
St. John, Indiana 46373	Lake	☒ 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	17. Kind Of Business/Industry
Doris Grimmer	Humerickhouse	Carpenter	Local 599

18. Residence – State	18a. County	18b. City Or Town
Indiana	Lake	St. John

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
9933 W. 93rd Ave.		46373	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
12	No	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
Aloysious Grimmer	Philomena Grimmer	Stoltz

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Doris Grimmer	Wife	9933 W. 93rd Ave. St. John, IN 46373

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location – City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)	Chapel Lawn Cemetery	Schererville, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	Elmwood Chapel 11300 W. 97th Ln. St. John, IN 46373	19900052

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
[signature]	FD09200077

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.

Immediate Cause (Final Disease Or Condition Resulting In Death): A. Chronic Obstructive Pulmonary Disease — Due To (Or As A Consequence Of):

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):

Approximate Interval: Onset To Death: years.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: Benign Prostatic Hypertrophy.

29. 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?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ 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	☒ 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)

41. Signature, Of Person Certifying Cause Of Death	42. Certifier (Check Only One)	43. License Number	44. Date Certified
[signature]	☒ Certifying Physician ☐ Coroner ☐ Health Officer	0054703A	4/14/09

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Rishi Syd M.D. 10860 Maple Lane St.John, In 46373

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: Susan W Burt D.O.

49. For Registrar Only – Date Filed (Month/Day/Year): April 17, 2009

State Form 10110 (R7/8-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10