

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 027293

2013 APR 16 PM 12:35

MICHAEL B. CROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 16th day of April, 2013, before me personally appeared ALFRED M. HANSEN, who being duly sworn upon his oath states:

1. Affiant resides at the address given below the affiant's signature;
2. Affiant is the surviving joint owner of the real estate described below;
3. Said premises are described below as follows:

Parcel 1: Part of the East half of the Northwest quarter of Section 14, Township 35 North, Range 9 West of the 2nd P.M., more particularly described as: Beginning at a point on the center line of County Road No. 330, 100.0 feet Westerly, measured along said center line of the East line of said Northwest quarter; thence South parallel to said East line of the Northwest quarter, a distance of 430.0 feet; thence Westerly, parallel to the center line of County Road No. 330, a distance of 100.0 feet; thence North parallel to said East line of the Northwest quarter, a distance of 430.0 feet to the center line of said County Road No. 330; thence Easterly along said center line a distance of 100.0 feet to the place of beginning, all in Lake County, Indiana.

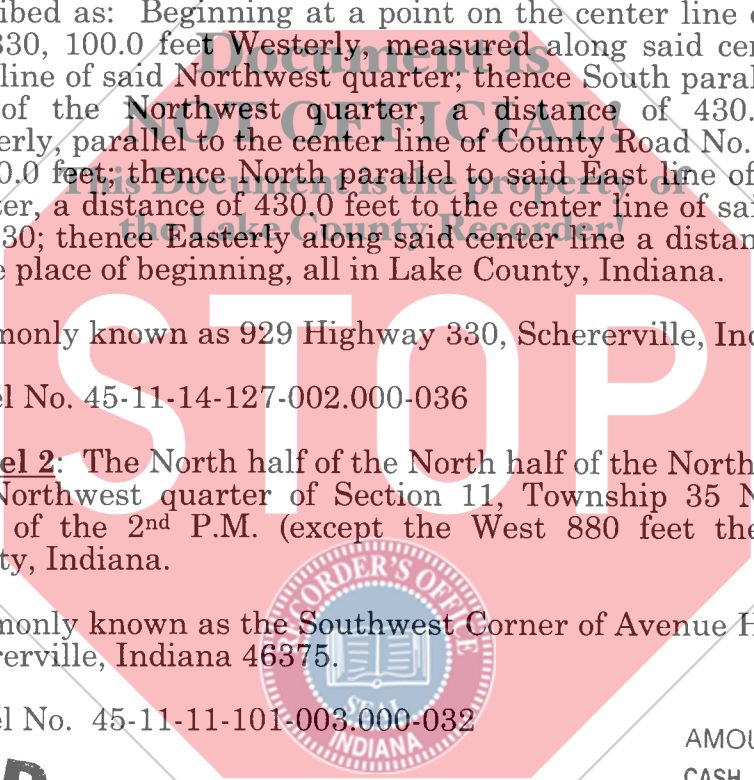
Commonly known as 929 Highway 330, Schererville, Indiana 46375.

Parcel No. 45-11-14-127-002.000-036

Parcel 2: The North half of the North half of the Northwest quarter of the Northwest quarter of Section 11, Township 35 North, Range 9 West of the 2nd P.M. (except the West 880 feet thereof), in Lake County, Indiana.

Commonly known as the Southwest Corner of Avenue H and Route 73, Schererville, Indiana 46375.

Parcel No. 45-11-11-101-003.000-032



FILED

APR 16 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FILED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

APR 16 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 15
 CASH _____ CHARGE _____
 CHECK # 18737
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK 002062 00

4. Said premises were formerly owned as joint tenants or as tenants by the entireties by Alfred M. Hansen and Betty Mae Hansen a/k/a Betty M. Hansen, husband and wife;

5. Said Betty Mae Hansen a/k/a Betty M. Hansen died on June 17, 2012, leaving a Will;

6. Where this Affidavit relates to a tenancy by the entireties, that the parties were never divorced;

7. Affiant's relationship to the deceased was spouse.

Affiant's Signature *Alfred M. Hansen*
Name Printed Alfred M. Hansen
Address 929 Highway 330
Schererville, IN 46375

Subscribed and sworn to before me, a Notary Public, this 16th day of April, 2013.

Document is NOT OFFICIAL!
This Document is Not a Record of the Lake County Recorder!
Benjamin T. Ballou
Benjamin T. Ballou, Notary Public
A Resident of Lake County

My Commission Expires:
November 21, 2015



BENJAMIN T. BALLOU
Notary Public, State of Indiana
Lake County
My Commission Expires
November 21, 2015

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.

Benjamin T. Ballou
Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, Indiana 46410

87871.1
18,257



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **001902**

EDR No **000000266203**

State No

1. Decedent's Legal Name (First, Middle, Last) BETTY M HANSEN				1a. Maiden Name (If female) NIELSEN		2. Sex FEMALE	3. Time Of Death 11:30 AM	4. Date Of Death (Month/Day/Year) 06/17/2012	
5. Social Security Number 315-28-2009		6a. Age - Yrs 81	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) 03/02/1931		8. Birthplace (City and State or Foreign Country) HAMMOND, 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 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 checked="" 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) 929 JOLIET STREET									
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name ALFRED HANSEN			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry DOMESTIC	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town SCHERERVILLE				
18c. Street And Number 929 JOLIET STREET					18d. Apt. No.	18e. Zip Code 46375	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) DEION NIELSEN				23. Mother's Name (First, Middle, Last) ESTHER NIELSEN		23a. Mother's Maiden Last Name TORGERSON			
24. Informant's Name ALFRED HANSEN		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 929 JOLIET STREET, 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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH88800070		
27b. Signature Of Indiana Funeral Service Licensee: ELI VUJKO, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01008300			
28. Part I. Enter The <u>Chain Of Events</u> - 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. <u>GLIOBLASTOMA MULTIFORME</u> 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. _____ C. _____ D. _____								Approximate Interval: Onset To Death LESS THAN ONE MONTH	
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		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 type="checkbox"/> No <input checked="" 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"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant If Present Within The Past Year		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"/> Suicide <input type="checkbox"/> 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? <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: LYLE R MUNN, 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: LYLE R MUNN, 1190 NORTH STATE ROAD 49, PORTER, IN 46304						44. License Number 01031582A		45. Date Certified 06/20/2012	
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). JUN 21 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									