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Chicago Title Insurance Company

RT 1302024

SURVIVORSHIP AFFIDAVIT

Parcel No: 45-06-13-477-004.000-027

On this 25th Day of March 2013 before me personally appeared Kirk Van Vessen, Personal Representative to me personally known, who being duly sworn on oath did say that:

CHICAGO TITLE INSURANCE COMPANY

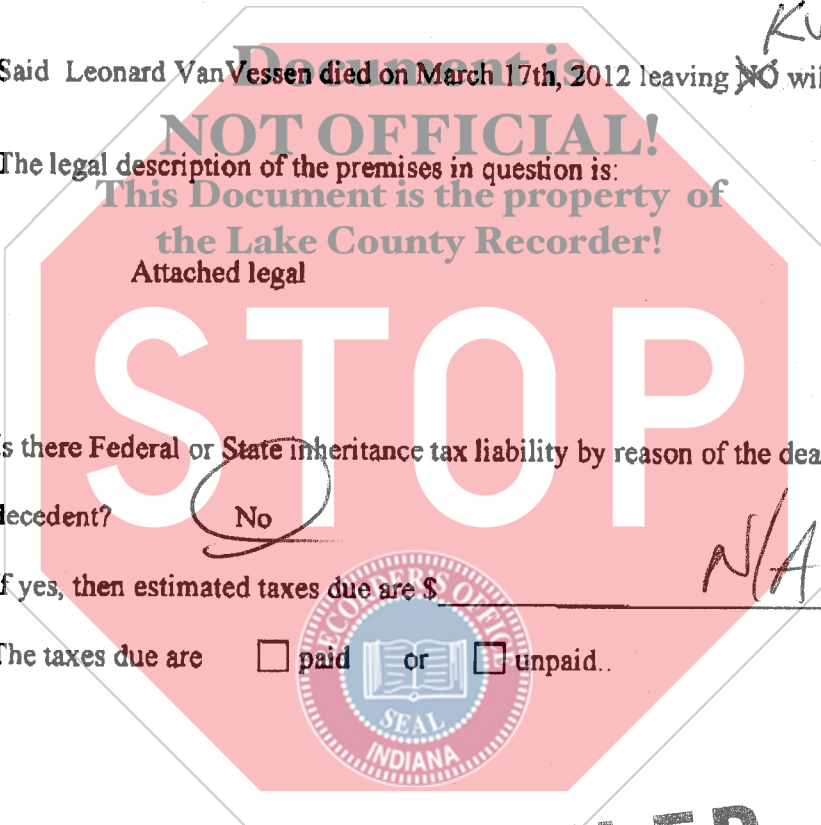
- Leonard Van Vessen resided at the address given below affiant's signature:
- Affiant is Son of Owner (Leonard VanVessen)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Leonard VanVessen and Cecelia VanVessen;
- Said Leonard VanVessen died on March 17th, 2012 leaving ~~NO~~ ^{KUV} will;
- The legal description of the premises in question is:
Attached legal

2013 027747

2013 APR 18 AM 9:21

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? No

If yes, then estimated taxes due are \$ N/A

The taxes due are paid or unpaid.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

FILED

APR 17 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

002076

18:00
ST
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WALLENF

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(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Son

Signature: *Kirk VanVessen*

Kirk VanVessen

Address: 7915 MONROE AVENUE
MUNSTER, IN. 46321

Subscribed and sworn to before me by the affiant

This March 25th, 2013

Katherine E. Adams
Notary Public

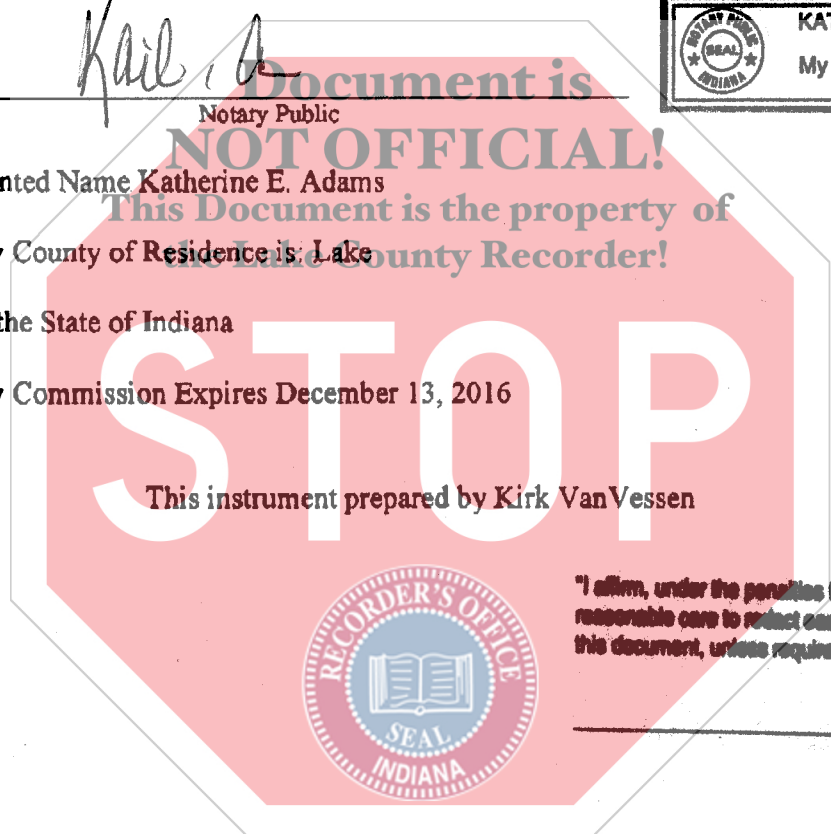


Printed Name Katherine E. Adams

My County of Residence is: Lake

In the State of Indiana

My Commission Expires December 13, 2016



This instrument prepared by Kirk VanVessen



"I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each Social Security number in this document, unless required by law." Katherine Adams

**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 66 in Ridgeland Park 1st Addition to Munster, as per plat thereof, recorded in Plat Book 31 page 88, in the
Office of the Recorder of Lake County, Indiana.





RT1302024

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Parcel No: 45-06-13-477-004000-027

Local No 000893

EDR No 000000250652

State No 012473

1. Decedent's Legal Name (First, Middle, Last) LEONARD VAN VESSEN				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 09:02 PM	4. Date Of Death (Month/Day/Year) 03/17/2012	
5. Social Security Number [REDACTED]	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) 12/24/1930		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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 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) ST MARY MEDICAL CENTER INC						12. City Or Town, State, And Zip Code HOBART, IN, 46342		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation MANAGER		17. Kind Of Business/Industry AUTOMOBILE
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18c. Street And Number 7915 MONROE STREET		18d. Apt. No.	18e. Zip Code 46321
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) MARTIN VAN VESSEN			23. Mother's Name (First, Middle, Last) ANN VAN VESSEN			23a. Mother's Maiden Last Name LAWRENCE			
24. Informant's Name KIRK VAN VESSEN		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 8039 FOREST AVENUE, MUNSTER, IN 46321					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATORY		25c. Location - City, Town, And State GARY, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH83004968		
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD08601763					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. CORONARY ARTERY DISEASE, STATUS POST PACEMAKER. Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____		
28. 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 checked="" 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"/> Unknown If Pregnant 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	
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	
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: ARVIND N. GANDHI, 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: ARVIND N. GANDHI, 10010 DONALD POWERS DRIVE, MUNSTER, IN 46321						44. License Number 01029887A		45. Date Certified 03/21/2012	
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): MAR 21 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
"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." Katherine Adams									

CHICAGO TITLE INSURANCE COMPANY