SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

				FILEDFOR	RECORD
STATE OF INDIANA		3 028	880	2013 APR 23	AM II: 05
COUNTY OF LAKE)SS:)			MICHAEL E RECOR	1 BROWN DER
On this 1821 day of April GLEASON, who being of	, 2013, before r duly sworn on h	ne personal nis/her oath	ly appeared CHA states the followi	RMAINE J.	
1. That the Affiant is the Indiana, more particular			ocated in Lake Co	ounty, State of	
LOTS 1, 2, 3, BLOCK " CEDAR LAKE AS PER PAGE 3 IN THE OFFIC	PLAT THERE	EOF RECO	RDED IN PLAT	BOOK 15	•
PARCEL NO: 45-15-26	5-184-049.000-0	043			
2. That said premises we GLEASON and CHARN	MAINE I GLE	ASON husl	_	, •	∠ J.
3. That said DANIEL J. County, Indiana, leaving		ed on OCTO	OBER 11, 2012 a	resident of Lak	te
4. That by reason of the Taxes nor Indiana Inheri Decedent.		e and payab	le by reason of the		
5. That on the date of the J. GLEASON and CHAI been divorced.					
FURTHER AFFIANT S	AITH NOT.	DERSON	CHARMAINE	J. GLEASON	j Den
STATE OF INDIANA))SS:	SFAL SFAL			
COUNTY OF LAKE	(Allens)	VOIANA			18: 1
Before me, the undersign day of APRIL 2013, pers acknowledged the execu IN WITNESS WHEREC seal.	sonally appeare tion of the foreg	d CHARMA going affida	AINE J. GLEAS(vit.	ON and	
My Commission	RICHARD A. ZU Porter Coun My Commission I August 31, 20	ty Expires	- N	Notary Public	7
County of Residence:					
I affirm under the penalt social security number in				care to redact ea	ıch

NON-COM.

CLERK ____

12126

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 0031	/h	EDF	R No UUUU	0028434	1 9		State No		<u> </u>	
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Nam	e (If female)		2. Sex	3. Time C	of Death		of Death (Month/Day/Yea
ANIEL JAY GLEASON				6e. Under 1 Hour	7 Date	MALE of Birth (Month/		32 AM		10/11/2012 or Foreign Country)
Social Security Number 6a. Age - Yrs 6b.	Under 1 Year 6c. U	Under 1 Month	6d. Under 1 Day				_			
313-30-3133	nths Days	3	Hours	Minutes 10a. If Death Occur		09/25/195 where Other Th		NCINNA'	II, OH	
			Section 1	☐ Hospice Facility		ecedent's Home	☐ Nursing H	ome/Long-terr	m Care Facil	lity
	Emergency Departm	nent Outpatient	Dead on Arrival	Other (Specify)						
 Facility Name (If Not Institution, Give Street and 228 WEST 136TH COURT 	i Number)			13. County C	06 D4h			14. Marital Sta	atus At Time	Of Death
. City Or Town, State, And Zip Code				13. County C	Jr Deam			Married _	Married, B	But Separated Divorc
EDAR LAKE, IN, 46303				LAKE		46 Danadont	's Usual Occupati	Widowed	_	er Married Unknowr Of Business/Industry
5. Surviving Spouse's Name		15a	a. (If Wife)Give Maide	n Last Name			•			-
HARMAINE JODIE GLEASON			EYERS	T 10 0 0 7		SENIOR S	SYSTEM AN	NALYST	MANU	FACTURING
3. Residence - State	18a. Count	У		18b. City Or Tov	wn					
IDIANA	LAKE			CEDAR LAI	KE	1 1	8d. Apt. No.	18e. Zip	Code	18f. Inside City Limits
Bc. Street And Number						.	ou. Apr. 110			☑ Yes ☐ No
228 WEST 136TH COURT				21 5	Decedent's	Pace		46	303	1
 Decedent's Education OME COLLEGE CREDIT, BUT I 		edent Of Hispa	inic Origin			T COC				
EGREE	NOT H	HISPANIC		White 23. Mother's Name		ile, Last)		23a.	Mother's Ma	iden Last Name
2. Father's Name (First, Middle, Last)										
ANIEL J GLEASON	242	Relationship 1	To Decedent	LORRAINE F 24b. Mailing Addres	Street	Y And Number, Ci	ty, State, Zip Cod	. e)		
1. Informant's Name			10 200000	7228 WEST					303	
HARMAINE GLEASON	WI		25. Pla	ace Of Disposition rematory, Other Place)			own, And State	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Removal From State Other (Specify): Was Coroner Contacted? 27. Nar Yes ⊠ No GEIS CRO\	GREATE me And Complete Addr EN FUNERAL, WN POINT, IN	CREMAT 46307	rion & RECE	PTION CENTE	rop	erty FD	3TH AVEN	(Of Licensee)	FH10	700031
Removal From State Other (Specify): Name of the Was Coroner Contacted? Yes № No The Signature Of Indiana Funeral Service License ARRY ALLEN GEISEN, BY ELE	GREATE me And Complete Addr EN FUNERAL, WN POINT, IN te: ECTRONIC SIG	CREMATA 46307 SNATURE Complications - 1 tion Without S	TION & RECE	PTION CENTER is the proper instructions And de The Death. Do Not Abbreviate y. Do Not Abbreviate	Example t Enter O	EAST 11	3TH AVEN License Numbe 0900013 HILS THE ABO	(Of Licensee) VE IS A TRU	FH10	MPLET Approximate Interval: Onse To Death
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.