

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2013 028880

2013 APR 23 AM 11:05

MICHAEL B. BROWN
RECORDER

On this 18th day of April, 2013, before me personally appeared CHARMAINE J. GLEASON, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

LOTS 1, 2, 3, BLOCK "A", IN HAAS' FIRST LAKESIDE ADDITION TO CEDAR LAKE AS PER PLAT THEREOF RECORDED IN PLAT BOOK 15 PAGE 3 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO: 45-15-26-184-049.000-043

2. That said premises were formerly owned as tenants by the entireties by DANIEL J. GLEASON and CHARMAINE J. GLEASON, husband and wife.

3. That said DANIEL J. GLEASON died on OCTOBER 11, 2012 a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of DANIEL J. GLEASON, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of DANIEL J. GLEASON said parties, namely, DANIEL J. GLEASON and CHARMAINE J. GLEASON, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

Charmaine J. Gleason
CHARMAINE J. GLEASON

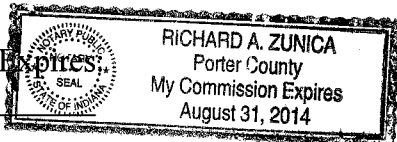
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)



Before me, the undersigned, a Notary Public in and for said County and State, this 18th day of APRIL 2013, personally appeared CHARMAINE J. GLEASON and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:



[Signature]
Notary Public

County of Residence:

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.

RICHARD A. ZUNICA

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
AMOUNT \$ 142
CASH _____ CHARGE _____
CHECK # 1183
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

162 Washington Street, Lowell IN 46166
FILE NO. NO FILE# (LAW)

FILED

APR 23 2013

12126

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



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

Local No **003176**

EDR No **000000284349**

State No **045092**

| | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------|--|
| 1. Decedent's Legal Name (First, Middle, Last) DANIEL JAY GLEASON | | | | 1a. Maiden Name (If female) | | 2. Sex MALE | | 3. Time Of Death 08:32 AM | | 4. Date Of Death (Month/Day/Year) 10/11/2012 | | |
| 5. Social Security Number 313-58-3153 | | 6a. Age - Yrs 57 | | 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) 09/25/1955 | | 8. Birthplace (City and State or Foreign Country) CINCINNATI, OH | | | | | | | | | | |
| 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) 7228 WEST 136TH COURT | | | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code CEDAR LAKE, IN, 46303 | | | | | | 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 CHARMAINE JODIE GLEASON | | | | 15a. (If Wife) Give Maiden Last Name MEYERS | | | | 16. Decedent's Usual Occupation SENIOR SYSTEM ANALYST | | 17. Kind Of Business/Industry MANUFACTURING | | |
| 18. Residence - State INDIANA | | | 18a. County LAKE | | | 18b. City Or Town CEDAR LAKE | | | 18d. Apt. No. | | 18e. Zip Code 46303 | |
| 18c. Street And Number 7228 WEST 136TH COURT | | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| 19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE | | | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | | | 21. Decedent's Race White | | | | |
| 22. Father's Name (First, Middle, Last) DANIEL J GLEASON | | | | | | 23. Mother's Name (First, Middle, Last) LORRAINE HULSEY | | | 23a. Mother's Maiden Last Name | | | |
| 24. Informant's Name CHARMAINE GLEASON | | | | 24a. Relationship To Decedent WIFE | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 7228 WEST 136TH COURT, CEDAR LAKE, IN 46303 | | | | | | |
| 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) GREATER CINCINNATI CREMATORY | | | 25c. Location - City, Town, And State CINCINNATI, OH | | | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307 | | | | | | 27a. Funeral Home License Number: FH10700031 | | | | |
| 27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): FD09000013 | | | | | | |
| 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. THE CERTIFICATE OF DEATH ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH DEPARTMENT | | | | | | | | | | | | |
| Cause Of Death (See Instructions And Examples) THIS CERTIFICATE IS THE PROPERTY OF THE INDIANA STATE DEPARTMENT OF HEALTH. IT IS TO BE FILED WITH THE DEPARTMENT OF HEALTH. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. | | | | | | | | | | Approximate Interval: Onset To Death | | |
| Immediate Cause (Final Disease Or Condition Resulting In Death) A. GASTRIC CARCINOMA METASTATIC TO BONE 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): OCT 15 2012 | | | | | | | | | | | | |
| C. _____ Due to (Or As A Consequence Of): | | | | | | | | | | | | |
| D. _____ Due to (Or As A Consequence Of): | | | | | | | | | | | | |
| 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"/> 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 | | | 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: MOHAMED I. FARHAT, 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: MOHAMED I. FARHAT, 1205 SOUTH MAIN STREET, STE 301, CROWN POINT, IN 46307 | | | | | | 44. License Number 01066282A | | 45. Date Certified 10/15/2012 | | | | |
| 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): OCT 15 2012 | | | | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | | | | |