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2013 033924

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 MAY 14 AM 10:10
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Nancy J Kaiser, of adult age, being first duly sworn, upon deposes and says:

That Nancy J Kaiser, is the Wife of Hiram Craig Kaiser Jr, deceased, who died on October 5, 2010 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Vanco LLC recorded December 17, 2001 as Document No. 2001-103020 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Nancy J Kaiser, surviving spouse of the decedent.

And further affiant sayeth not this 22nd day of April, 2013.

Nancy J Kaiser
Nancy J Kaiser

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 22nd day of April, 2013.

WITNESS my hand and Notarial Seal.

My Commission Expires: 7-19-14

Laura J. Brasovan
Signature of Notary Public

Printed Name of Notary Public

Lake County, IN
Notary Public County and State of Residence

LAURA J. BRASOVAN
Lake County
My Commission Expires
July 19, 2014

This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

FILED
JUL 12 2013

Property Address:
6951 Waxwing Circle, Hobart, IN 46342

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

File No.: 13-10643

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.

FILED
MAY 10 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE CORP



1906267-1005

2 ref
170
MT
RM

22946

004193

*re-record to transfer to correct ownership

\$16
MT
CA
i ref

LEGAL DESCRIPTION

Lot Numbered 291, Unit 17 in Barrington Ridge, a Planned Unit Development as per plat thereof recorded in Plat Book 85, page 31 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
43-53-0101-0010

45-13-08-126-022.000-046



1906267-1005



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3586-10

State No. _____

| | | | | | | | | | |
|--|--|---|--|---|---|--------------------------|--|---|-------------------------------|
| 1. Decedent's Legal Name (First, Middle, Last) Hiram Craig Kaiser, Jr. | | | | 1a. Maiden Last Name (If Female) | | 2. Sex M | 3. Time Of Death 11:45 p.m | 4. Date Of Death (Month/Day/Year) October 5, 2010 | |
| 5. Social Security Number 309-42-6183 | | 6a. Age - Yrs 69 | | 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) Nov. 4, 1940 | |
| 8. Birthplace (City And State Or Foreign Country) Gary, 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 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) 6951 Waxwing Circle | | | | | | | | | |
| 12. City Or Town, State, And Zip Code Hobart, IN 46342 | | | | | 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 Nancy J. Kaiser | | | 15a. (If Wife) Give Maiden Last Name Acker | | 16. Decedent's Usual Occupation Steelworker | | 17. Kind Of Business/Industry Steel Manufacture | | |
| 18. Residence - State Indiana | | | 18a. County Lake | | 18b. City Or Town Hobart | | 18c. Apt. No. | | 18d. Zip Code 46342 |
| 18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | 18f. Street And Number 6951 Waxwing Circle | | | | | | |
| 19. Decedent's Education High School Graduate | | | 20. Decedent Of Hispanic Origin No | | 21. Decedent's Race Caucasian | | | | |
| 22. Father's Name (First, Middle, Last) Hiram Craig Kaiser, Sr. | | | 23. Mother's Name (First, Middle, Last) Catherine Kaiser | | 23a. Mother's Maiden Last Name Lehtovaara | | | | |
| 24. Informant's Name Nancy J. Kaiser | | | 24a. Relationship To Decedent Wife | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 6951 Waxwing Circle, Hobart, IN 46342 | | | | |
| 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) NW Indiana Cremation Service | | 25c. Location - City, Town, And State Crown Point, IN | | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St, Hobart, IN 46342 | | | | | 27a. Funeral Home License Number: FH83002380 | | |
| 27b. Signature Of Indiana Funeral Service Licensee: <i>James F. Burns</i> | | | | | 27c. License Number (Of Licensee): FD01009461 | | | | |
| 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. <u>mass small carcinoma of lung</u> Due To (Or As A Consequence Of) <u>10 months</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. _____ | | | | | | | | | |
| 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 Findings 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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 | | | 37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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. Zip Code | | |
| 39. Describe How Injury Occurred | | | | | 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) Passenger | | | | |
| 41. Signature, Of Person Certifying Cause Of Death: <i>Donald M. Phillips</i> | | | | | 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: Donald M. Phillips, MD 1356 S. Lake Park Ave., Hobart, IN 46342 | | | | | 44. License Number 01020846 | | 45. Date Certified 10/7/10 | | |
| 46. Additional Funeral Service Provider: | | | | | 47. *Ages: | | | | |
| 48. Signature of Local Health Officer: <i>Susan J. Best</i> | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year) October 13, 2010 | | | | |