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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 053274

2013 JUL 22 AM 9:49



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

#45-12-28-256-010.000-030

On this 7-12-13 before me personally appeared \_\_\_\_\_  
(insert date)

Linda J. Gebauer

CHICAGO TITLE INSURANCE COMPANY

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is OWNER  
state interest of affiant in the above premises as "owner", "son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the  
entireties by Paul G. Gebauer and Linda J. Gebauer

4. Said Paul G. Gebauer aka Paul Gerald Gebauer  
(fill in name of co-tenant who died)  
died on 3-17-2013

leaving NO will;  
insert "a" or "no"; if will left, attach a copy

5. The legal description of the premises in question is:

Attached

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

If yes, then estimated taxes due are \$

The taxes due are  paid or  unpaid..

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

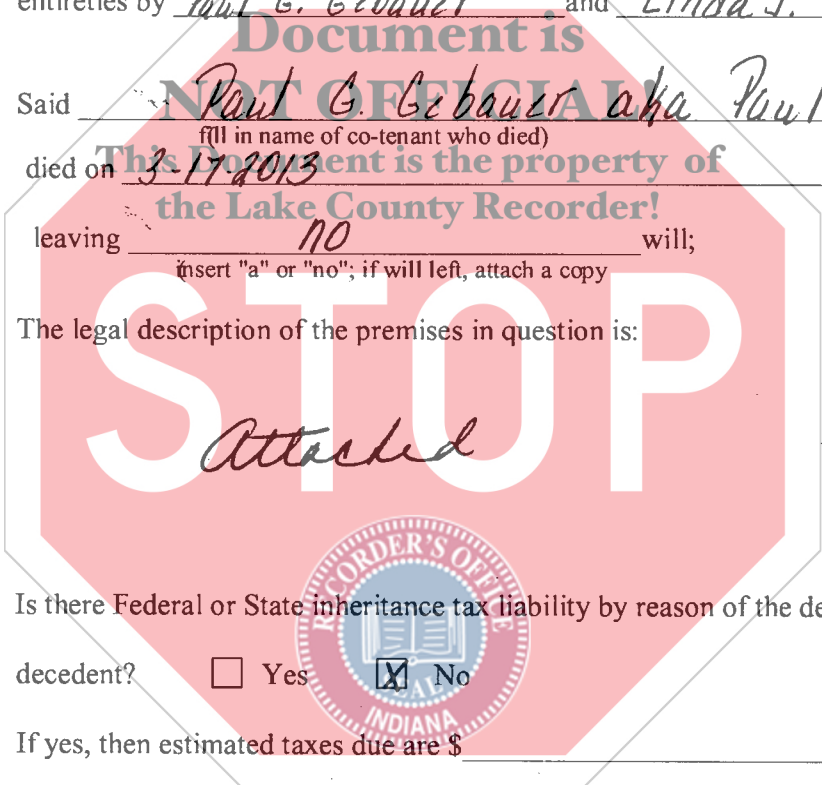
JUL 19 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

PT1300512

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

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

\_\_\_\_\_):

8. Affiant's relationship to the deceased was wife

Signature: Linda J. Gebauer

Printed Name Linda J. Gebauer

Address: J

Subscribed and sworn to before me by the affiant

This 7-12-2013

(insert date)

Karen Craig  
Notary Public

Printed Name \_\_\_\_\_

My County of Residence is: \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_



This instrument prepared by Linda J. Gebauer





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

#45-12-28-256-010.000-030  
State No 013552

Local No 000999

EDR No 000000313891

1. Decedent's Legal Name (First, Middle, Last) <b>PAUL GERALD GEBAUER</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>07:55 AM</b>	4. Date Of Death (Month/Day/Year) <b>03/17/2013</b>	
5. Social Security Number <b>116-00-0000</b>	6a. Age - Yrs <b>59</b>	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) <b>06/08/1953</b>		8. Birthplace (City and State or Foreign Country) <b>BLUE ISLAND, IL</b>	
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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) <b>HIGHWAY</b>				
11. Facility Name (If Not Institution, Give Street and Number) <b>ROUTE 231 AND PARRISH AVENUE</b>									
12. City Or Town, State, And Zip Code <b>SAINT JOHN, IN, 46375</b>				13. County Of Death <b>LAKE</b>			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 <b>LINDA GEBAUER</b>			15a. (If Wife) Give Maiden Last Name <b>BACCINO</b>			16. Decedent's Usual Occupation <b>MANAGER - MEAT CUTTER</b>		17. Kind Of Business/Industry <b>RETAIL MEAT MARKET</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>			18d. Apt. No.	18e. Zip Code <b>46307</b>	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18c. Street And Number <b>13383 DELAWARE STREET</b>									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>EDWARD GEBAUER</b>				23. Mother's Name (First, Middle, Last) <b>ELLEN GEBAUER</b>			23a. Mother's Maiden Last Name <b>GREENWAY</b>		
24. Informant's Name <b>LINDA GEBAUER</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>13383 DELAWARE STREET, CROWN POINT, IN 46307</b>					
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) <b>GEISEN CREMATION CENTRE</b>			25c. Location - City, Town, And State <b>CROWN POINT, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GEISEN FUNERAL, CREMATION &amp; RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307</b>					27a. Funeral Home License Number. <b>FH10700031</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>MICHELLE KATSAROS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD29700007</b>			
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. <b>EXTENSIVE BURNS OF ENTIRE BODY AND SMOKE INHALATION</b> 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. _____ C. _____ D. _____									Approximate Interval: Onset To Death
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 checked="" 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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) <b>03/17/2013</b>		35. Time Of Injury <b>07:55 AM</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>INSIDE VEHICLE</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State <b>INDIANA</b>		38a. City Or Town <b>ST. JOHN</b>		38b. Street & Number <b>ROUTE 231 AND PARRISH AVENUE</b>			38c. Apt. No.	38d. Zip Code <b>46375</b>	
39. Describe How Injury Occurred <b>MOTOR VEHICLE ACCIDENT</b>						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: <b>GEORGE DELIOPOULOS, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>GEORGE DELIOPOULOS, 2900 W. 93RD AVENUE, CROWN POINT, IN 46307</b>						44. License Number		45. Date Certified <b>03/19/2013</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 20 2013</b>			
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									

1303752

**EXHIBIT A**

LOT 105 IN LAKE HILLS RESUBDIVISION UNIT-3, AN ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 98 PAGE 19, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

