STATE OF INDIANS FILED FOR RECORD

2013 053509

2013 JUL 23 AM 8: 41

STATE OF INDIANA SS: MICHAEL B. BROWN RECORDER

COUNTY OF LAKE

SURVIVORSHIP AFFIDAVIT

On this 15th day of July, 2013, Arlene A. Kersten, "Affiant," being duly sworn upon his oath states that:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is the surviving spouse of Norman P. Kersten (a/k/a Norman Philip Kersten).
- 3. The following real estate was formerly owned by Norman P. Kersten and Arlene

A. Kersten, husband and wife:

Lot 369 in Pine Island Ridge Unit #30 to the Town of Schererville, as per plat thereof, recorded in Plat Book 48 Page 111, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 9003 Mathews Street, Crown Point, IN

- 4. Decedent, Norman P. Kersten (a/k/a Norman Philip Kersten), died on the 2nd day of September, 2012.
- 5. To the best of Affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent.
 - 6. Affiant's relationship to the deceased is surviving spouse.

anuncia, Austin ARLENE A. KERSTEN 9003 Mathews Street Crown Point, IN 46307

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County

and State this 15th day of July, 2013.

Resident of Lake County

My Commission Expires:



I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security number in this document,

ınless re**l**uired by law

This document prepared by:

KENNETH M. WILK - #1242-45 RUBINO, RUMAN, CROSMER & POLEN 275 Joliet Street, Suite 330, Dyer, IN 46311 219-322-8222

JUL 19 2013

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

AMOUNT \$ 13	
CASHCHARGE	
CHECK #18079	
OVERAGE	E
COPY	
NON-COM	
CLERK 62	

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loca	Local No 002762					EDR No 000000278071				State No 039334				
Decedent's Legal Name (First, Middle, Last)						. Maiden Name				3. Tin	ne Of Death	Death 4. Date Of Death (Month/Day/Year)		
NORMAN PHILIP KI	ERSTEN								MAI	F	00:04		09/02/2012	
Social Security Number 6		6b. Under 1	1 Year	6c. Under 1 N	Month 6d. L	Inder 1 Day	6e, Under 1 Hou	ur 7. Date	of Birth (Mon			y and State	or Foreign Country)	
050 00 5400		Months		Days	Hours		Minutes	_	00/04/40		CHICACO	11		
353-36-5166 9. Ever in U.S. Armed Forces'	68 7 10, If Deat	th Occurred In	A Hosp	<u> </u>	riour		10a. If Death O	curred Som	09/01/19 ewhere Other		CHICAGO,	<u>IL</u>		
					_	400	☐ Hospice Fac	ility 🔲 [Decedent's Hor		ng Home/Long-ten	n Care Facil	lity	
⊠ Yes ☐ No ☐ Unkno				partment Outp	atient 📙 D	ead on Arrival	Other (Speci	fy)						
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT														
STANTHONY WEDICAL CENTER OF CROWN FOINT 13. County Of Death 14. Marital Status At Time Of Death 14. Marital Status At Time Of Death 15. County Of Death 16. Marital Status At Time Of Death 17. County Of Death 18. County Of Deat										Of Death				
CROWN POINT, IN, 46307						LAKE Maiden Last Name 16. Dece						Married, But Separated Divorced		
					7.00							☐ Never Married ☐ Unknown 17. Kind Of Business/Industry		
15. Surviving Spouse's Name 15a. (If Wife)						te)Give Maider	den Last Name 16. Decedent's Usual Occ				apation 17. Kind Of Business/industry			
ARLENE KERSTEN BLIZNIAŁ						ΔK	STEL WORKER FORMAN US STEEL						EEL.	
18. Residence - State 18a. County							18b. City Or	Town	10,	• • • • • • • • • • • • • • • • • • • •		1000.		
INDIANA					CROWN	TAILOC								
INDIANA 18c, Street And Number			LAKE				CROWN	CINI	T	18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
166, Guderria Hamber												⊠ Yes □ No		
9003 MATHEWS ST	REET										46	307	24 100 1110	
19. Decedent's Education	ADUATE O	D CED	20.	Decedent Of I	Hispanic Orig	in	21	. Decedent	s Race				,	
HIGH SCHOOL GR/ COMPLETED	ADUATEC	K GED	NO	T HISPA	NIC		W	nite						
22. Father's Name (First, Middle, Last)							23. Mother's Nam		ldle, Last)		23a. l	23a. Mother's Maiden Last Name		
EDIOLIKEDOTEN							LANE KED				1,401	-014		
ERICH KERSTEN 24. Informant's Name				24a. Relations	shin To Dece	dent	JANE KERS 24b. Mailing Add		And Number	City State Zin C		ECKI		
					3111P 10 B000			•			,			
ARLENE KERSTEN				WIFE			9003 MATHEWS STREET, CROWN POINT, IN 46307							
25a. Method Of Disposition			25b. Plac	ce Of Dispositio	n (Name Of		e Of Disposition matory, Other Place	ce) 25c.	ocation - City,	Town, And State	9			
☐ Burial 🖾 Cremation 🔲	Donation 🔲 En	tombment						4 2						
Removal From State		١,	ILIOI	ITC COL	MATOR	ocui	men	UIS	CACO	TOUTO II				
Other (Specify): 26. Was Coroner Contacted?	27.			HTS CREI		Y		CHI	CAGO FIL	EIGHTS, IL		27a. Fun	neral Home License Number:	
						, () ł	3, 13, 14 (I	A						
☑ Yes ☐ No			RIDGE	FUNER/	AL HOM	E, 7607 W	V. LINCOLN	HIGHW				FH888	300070	
27b. Signature Of Indiana Funeral Service Licensee: ELI VUJKO, BY ELECTRONIC SIGNATURE 27c. License Number (Of Licensee): 27c. License Number (Of Licensee): 100														
				+h _c	Cause O	f Death (See	Instructions An	d Example	es)		\ 		Approximate	
28. Part I. Enter The <u>Chair</u>	n Of Events - D	iseases, Inju	uries, O	Complication	s - That Dir	ectly Caused	The Death. Do N	ot Enter Te	rminal Events				Interval: Onset	
Such As Cardiac Arrest, R A Line. Add Additinal Line		st, Or Ventric	cular Fib	riliation vvitno	out Snowing	The Etiology.	Do Not Apprevia	ite. Enter O	nly One Caus	ie Un			To Death	
Immediate Cause (Final D	isease Or Cond	lition Resulti	ng In De	eath)	A. VASC	ULAR COLLA	PSE						UNKNOWN	
									As A Consequence					
Sequentially List Condition	s, If Any, Lead	ling To The (Cause L	ISLEU OII	B. DUE T	O ARTERIOS	SCELROTIC HEA	Due to (Or	ASCULAR DI As A Consequence	SEASE On:				
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last							Due to (Or As A Consequence			sequence Of):				
					D									
Part II. Enter Other Significant	Conditions Contr	ibuting to Dea	ath But N	lot Resulting In	The Underly	ring Cause Givi	n In Part I		as An Autopsy		☐ Yes	⊠ No		
								30. We	ere Autopsy Fir	nding Available T	o Complete The C	ause Of Dea	ath? Yes No	
31. Did Tobacoo Use Contribu	ute To Death?		If Femal		C Prognant	At Time Of Death	Not Pregnant, But P	rannant Mithin 4	2 Dave Of Death	33. Manner (Aggidant F	Pending Investigation	
☐ Yes ☐ Probably ☐ No	■ Unknown			int, But Pregnant 43	_	(4.34%)	Unknown if Pregnar				Could Not Be D	_		
34. Date Of Injury (Month/Day	/Year)	35.	Time O	f Injury		36. Place	e Of Injury (E.G., D	ecedent's H	ome, Construc				7. Injury At Work?	
							eren 🏋	追					☐ Yes ☐ No	
38. Location Of Injury - State		38a.	City Or	Town		11 38b Sti	reef & Number 7	EIS ATR	IF AND YM	EPTEME -	38c. Apt. i	Vo. 38	Bd. Zip Code	
						S Add a City H	T UENITRIALE	THE DEALE	ON FILE W	TH THE		İ		
39. Describe How Injury Occu	rred					LASE COUP	HY HEALTH DEG	ARTMENT			ortation Injury, So	ecify:		
						Villa I	DIANA			Driver/Operato	r Passenger F	edestrian [_]C	other (Specify)	
41. Signature, Of Person Cen			DO: !!	0.01011	TIME		QCD.	ny on	4 <u>2.</u> Cer	tifier (Check Onl	y One)			
GEORGE DELIOPO 43. Name, Address And Zip C					IUKE		Row &	9 (n Z. ☐ Çeı	tifying Physician	Corone ense Number		Heath Officer 5. Date Certified	
					200		i			7.7.0		1		
GEORGE DELIOPO		900 W. 9	3RD/	AVENUE,	CROW	N POINT,	IN 46307 ·	- F					09/05/2012	
46. Additional Funeral Service	Provider:				24 24 24					47. *A	kas:			
48. Signature of Local Health	Officer:				No.	PERSONAL PROPERTY AND ADDRESS.	and the facilities are the second or consider	- Carlotte de La Carlotte	49. For Re	gistrar Only - D	ate Filed (Month	Day/Year):	·	
SUSAN W. BEST, V	IA ELECTI	RONIC S	IGNA				SEP 07 2012							
				AMEN	DMENT TO	CERTIFICAT	E OF DEATH (E	NTRY OR	ORIGINAL)					
													1	

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.