

A

2013 051520

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Please mail future tax statements to: Parcel #45-07-35-101-012.000.006

Ms Eileen Richeke
801 Cline Ave.
Griffith, IN 46319

2013 JUL 25 AM 11:14
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

2013 JUL 25 AM 11:14
MICHAEL B. BROWN
RECORDER
STATE OF INDIANA
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SURVIVORSHIP AFFIDAVIT

EILEEN REICHEKE, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving natural daughter of decedent, MYRTLE AMELIA ANNA DEISTLER a/k/a MYRTLE DEISTLER, who died on the 27th day of February, 2013, as evidenced by a redacted copy of her death certificate as attached hereto and made a part hereof, marked as Exhibit "A".

That the parties were joint owners with rights of survivorship of the following described real estate, to-wit:

Part of the Northwest Quarter of the Northwest Quarter of Section 35, Township 36 North, Range 9 West of the 2nd P.M., more particularly described as: Commencing at a point on the West line of the Northwest Quarter of said Section 594.66 feet South of the Northwest corner of said Section; thence East a distance of 665.82 feet to a point 594.69 feet South of the North line of the Northwest Quarter of the Northwest Quarter of said Section; thence South a distance of 66.08 feet; thence West a distance of 665.77 feet to the West line of the Northwest Quarter of said Section; thence North 66.08 feet to the place of beginning, except

AMOUNT \$ 17.00
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK M.E.

24540

FILED
JUL 25 2013
REGGY VOLINGA KATONA
LAKE COUNTY AUDITOR

the West 40 feet and the East 33 feet embraced in highways, running parallel, in Griffith, Lake County, Indiana.

Commonly known as: 803 N. Cline Ave., Griffith, IN 46319

and that said parties remained in title until the death of MYRTLE DEISTLER, on the date given above.

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, MYRTLE AMELIA ANNA DEISTLER a/k/a MYRTLE DEISTLER, at the time of death, within the meaning of the Federal Estate Tax laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate Tax.

Affiant further states that all outstanding debts and obligations of the decedent, MYRTLE AMELIA ANNA DEISTLER a/k/a MYRTLE DEISTLER, including funeral expenses and expense of last illness, were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

Affiant makes this Affidavit for the purpose of removing the name of the deceased joint owner, MYRTLE AMELIA ANNA DEISTLER a/k/a MYRTLE DEISTLER from title to the subject real estate.

Dated this 18th day of July, 2013.

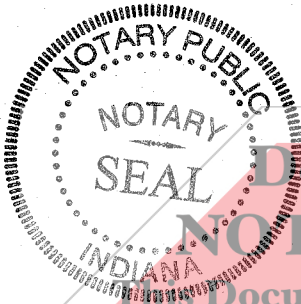

EILEEN RICHEKE, Affiant



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared EILEEN RICHEKE, who acknowledged the execution of this instrument this 18th day of July, 2013.

Theresa L. Clements
NOTARY PUBLIC SIGNATURE



Theresa L. Clements
Notary Public, State of Indiana
Lake County
My Commission Expires:
07/07/2016



I hereby affirm that I have redacted all social security numbers from this document. Attorney William J. Cunningham



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000747

EDR No 00000310207

State No

1. Decedent's Legal Name (First, Middle, Last) MYRTLE A DEISTLER				14. Maiden Name (if female) HANSEN		2. Sex FEMALE	3. Time Of Death 10:45 AM	4. Date Of Death (Month/Day/Year) 02/27/2013	
5. Social Security Number 89	6a. Age - Yrs 89	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) 09/02/1923		8. Birthplace (City and State or Foreign Country) NEW RICHMOND, WI	
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 checked="" type="checkbox"/> Hospice Facility <input 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		15a. If Widowed Give Maiden Last Name		16. Decedent's Usual Occupation CASHIER		17. Kind Of Business/Industry DURG STORE RETAIL			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18c. Apt. No.		18d. Zip Code 46319	
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18f. Street And Number 803 NORTH CLINE AVENUE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) CLARENCE HANSEN			23. Mother's Name (First, Middle, Last) RUTH HANSEN			23a. Mother's Maiden Last Name REINBODT			
24. Informant's Name EILEEN RICHEKE		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 801 NORTH CLINE AVENUE, GRIFFITH, IN 46319					
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) OAKLAND MEMORY LANES		25c. Location - City, Town, And State DOLTON, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375				27a. Funeral Home License Number FH19900051			
27b. Signature Of Indiana Funeral Service Licensee: LEONARD G. GREGORCZYK, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FJ08800305				Approximate Interval: Onset To Death	
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. PANCREATIC ADENOCARCINOMA STAGE IV METASTATIC TO LIVER AS A FULFILLING AND COMPLETE 6 MONTHS									
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. COLON CARCINOMA									
C. DEEP VEIN THROMBOSIS									
D. HYPERTENSION									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
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			
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.			
36d. Zip Code		38. Describe How Injury Occurred		39. 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: CHERYL MORGAN-IHRIG, 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: CHERYL MORGAN-IHRIG, 1630 W. 45TH AVENUE, MUNSTER, IN 46321				44. License Number 01041301A		45. Date Certified 02/28/2013			
46. Additional Funeral Service Provider:				47. *Note:					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				48. For Registrar Only - Date Filed (Month/Day/Year): MAR 01 2013					

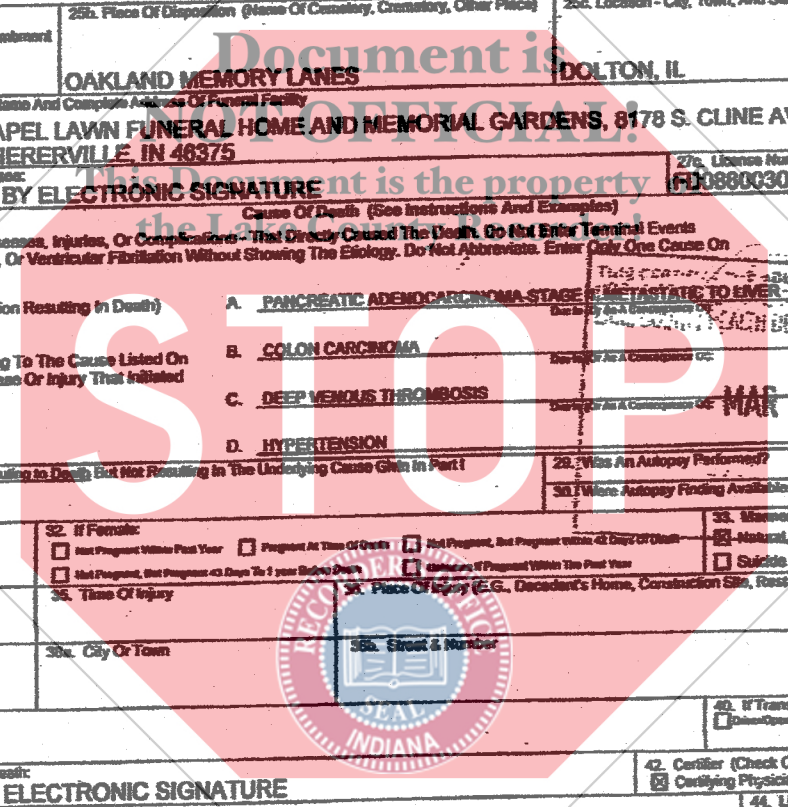


Exhibit "A"