

2013 055026

2013 JUL 29 AM 11:55

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Tax Key No. 45-16-09-252-001.000-042

AFFIDAVIT OF DEATH & SURVIVORSHIP

I, DANIEL R. OLSON, having been first duly sworn upon my oath state as follows:

1. I make this Affidavit of my own personal knowledge.
2. My mother ELSIE M. OLSON, died intestate on November 15, 2010, a resident of Lake County, Indiana, and more than forty-five (45) days have passed since her deaths and no estate has been opened. A certified copy of her death certificate is attached hereto and incorporated herein by reference as Exhibit A.

3. At the time of her death, ELSIE M. OLSON was married to my father, ROBERT F. OLSON.

4. At the time of her death on November 15, 2010, ROBERT F. OLSON and ELSIE M. OLSON, husband and wife, were the owners as tenants by the entireties of a certain parcel of real estate in Lake County, Indiana, which is legally described as follows:

The North 60.30 feet of Lot 114 in Prairie View - Unit 2, an Addition To the City of Crown Point, as per plat thereof, recorded in Plat Book 85 page 42, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 206 South Heather Lane, Crown Point, IN 46307
Tax Key No. 45-16-09-252-001.000-042

and said ownership was unchanged at the time of her death.

5. That ELSIE M. OLSON's interest in the above parcel of real estate passed to her husband as survivor upon her death.

6. There are no outstanding State and/or Federal Inheritance taxes against the Estate of either ELSIE M. OLSON.

7. The total value of the taxable estate of ELSIE M. OLSON at the time of her death was less than the amount of exemptions to which her heirs at law would be entitled.

FURTHER AFFIANT SAYETH NOT.

JUL 29 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

WHEN RECORDED RETURN TO:
PROFESSIONALS' TITLE SERVICES, LLC
9195 BROADWAY
MERRILLVILLE, IN 46410

004556

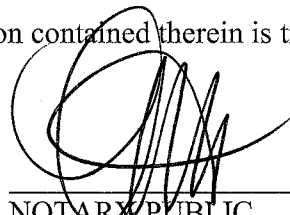
15
AO
CR-1062
PTS


DANIEL R. OLSON

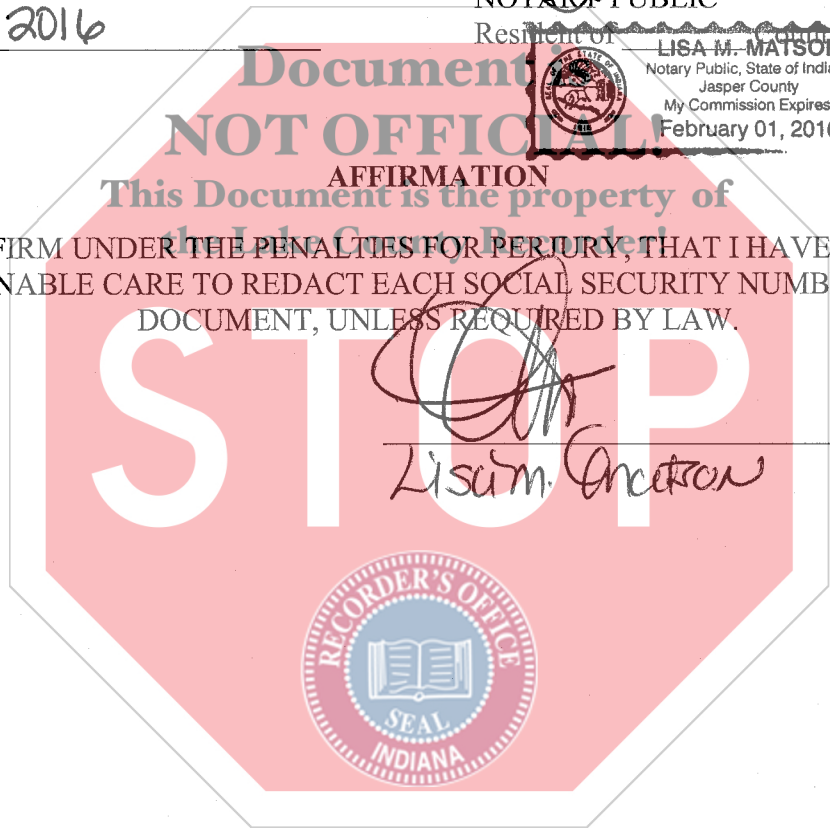
Before me, a Notary Public in and for the County of Lake, State of Indiana, appeared DANIEL R. OLSON, to me personally known, and subscribed his name to the foregoing instrument after having been sworn upon his oath that the information contained therein is true this 22nd day of July, 2013

My Commission Expires:


02-01-2016


NOTARY PUBLIC

Resident of LISA M. MATSON
Notary Public, State of Indiana
Jasper County
My Commission Expires
February 01, 2016



AFFIRMATION
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.


Lisa M. Matson

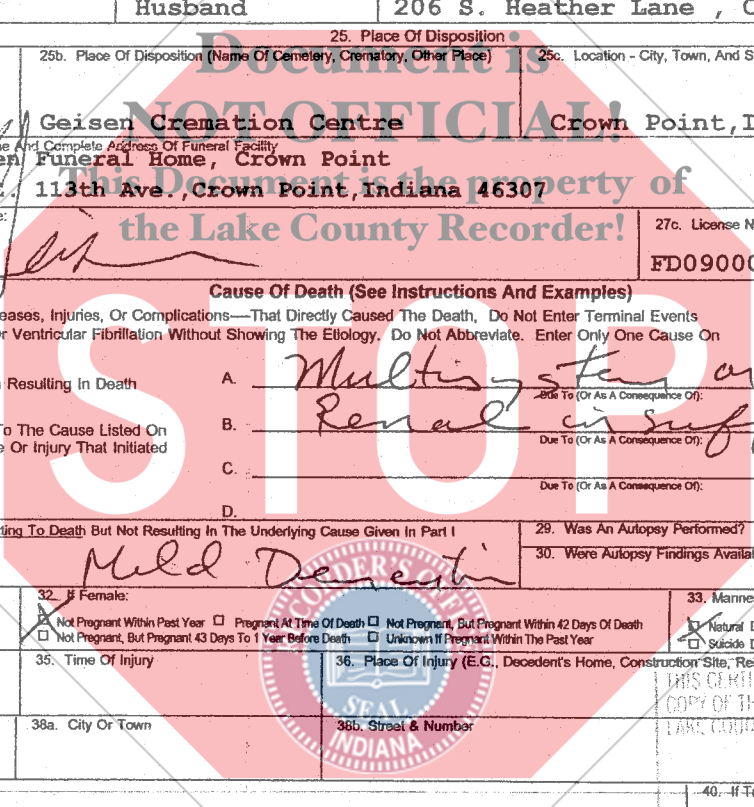


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 4008.10

State No

1. Decedent's Legal Name (First, Middle, Last) Elsie M. Olson				1a. Maiden Last Name (If Female) Ooms		2. Sex Female	3. Time of Death 12:45 AM	4. Date of Death (Month/Day/Year) November 15, 2010		
5. Social Security Number 0808 92		6a. Age - Yrs 92	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) November 4, 1918		8. Birthplace (City And State Or Foreign Country) Gary, Indiana	
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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) Wittenberg Lutheran Village										
12. City Or Town, State, and Zip Code Crown Point, Indiana 46307					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 Robert Olson			15a. (If Wife) Give Maiden Last Name n/a		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home			
18a. Residence - State Indiana			18a. County Lake		18b. City Or Town Crown Point			18d. Apt. No. n/a	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 206 S. Heather Lane		19. Decedent's Education 12			20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Cornelius Ooms				23. Mother's Name (First, Middle, Last) Delia Ooms			23a. Mother's Maiden Last Name Schoon			
24. Informant's Name Robert Olson			24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 206 S. Heather Lane, Crown Point, IN 46307					
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) Geisen Cremation Centre			25c. Location - City, Town, And State Crown Point, Indiana				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Crown Point 606 E. 113th Ave., Crown Point, Indiana 46307					27a. Funeral Home License Number: FH19900060			
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): FD09000013				
Cause Of Death (See Instructions And Examples)										
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. Multistage organ failure			Approximate Interval: Onset To Death TWR			
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. Renal insufficiency			3WLS			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I				C. Mild Dementia						
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 checked="" type="checkbox"/> No				
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 checked="" 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 checked="" 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: <i>Joseph A. Kacmar, M.D.</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: Joseph A Kacmar, Dr. 123 N. Court St., Crown Point, Indiana 46307						44. License Number 01027088		45. Date Certified 11/16/10		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): November 17, 2010				



THIS CERTIFIES THE ABOVE IS A TRUE COPY OF THE CERTIFICATE OF DEATH
LAKE COUNTY HEALTH DEPARTMENT