

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2013 091388

AFFIDAVIT OF SURVIVORSHIP

Comes now Sylvia J. Simanson, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Thomas D. Simanson, deceased.
2. That Thomas D. Simanson died a resident of Lake County, Indiana on November 11, 2013.
3. That Sylvia J. Simanson and Thomas D. Simanson, acquired the following property as tenants by the entireties during the term of their marriage and remained married until Thomas D. Simanson's death on November 11, 2013.
4. That the legal description of the property is:

LOT 28, BLOCK 13, ELLENDALE 4TH ADDITION TO THE OGDEN HIGHLAND, AS SHOWN IN PLAT BOOK 34, PAGE 95, IN LAKE COUNTY, INDIANA

Commonly known as: 9425 5th Street, Highland, IN 46322
Parcel No.: 45-07-28-426-013.000-02

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 DEC 13 AM 11:15
MICHAEL B. BROWN
RECORDER

5. That Sylvia J. Simanson became the fee simple owner of the property at the death of Thomas D. Simanson

I affirm under the penalties for perjury that the foregoing statements are true.



Sylvia J. Simanson
Sylvia J. Simanson

FILED
DEC 13 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
COUNTY OF LAKE)SS:

Subscribed and sworn to before me this 12th day of December, 2013.

My Commission Expires: 08/09/2020



CR
Christopher L. Ray, Notary Public
Resident of Lake County, Indiana

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

CR
Christopher L. Ray

This Instrument Prepared by the Law Offices of Patricia A. Rees
5341 Central Avenue, Portage, IN 46368 &
600 West Old Ridge Road, Hobart, IN 46342
Phone: (219) 947-1692, Fax: (219) 763-9749

14.00
121.85

007019

NON CONF
PP



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 00896

Local No 003679

EDR No 00000353005

State No 051700

1. Decedent's Legal Name (First, Middle, Last) THOMAS DONALD SIMANSON
 1a. Maiden Name (If female)
 2. Sex MALE
 3. Time Of Death 06:52 PM
 4. Date Of Death (Month/Day/Year) 11/11/2013
 5. Social Security Number
 6a. Age Yrs 79
 6b. Under 1 Year
 6c. Under 1 Month
 6d. Under 1 Day
 6e. Under 1 Hour
 6f. Under 1 Minute
 7. Date of Birth (Month/Day/Year) 04/07/1934
 8. Birthplace (City and State or Foreign Country) MILWAUKEE, WI

9. Ever in U.S. Armed Forces? Yes No Unknown
 10. If Death Occurred In A Hospital:
 Inpatient Emergency Department Outpatient Dead on Arrival
 10a. If Death Occurred Somewhere Other Than A Hospital:
 Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) 9425 5TH STREET
 12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322
 13. County Of Death LAKE
 14. Marital Status At Time Of Death:
 Married Married, But Separated Divorced
 Widowed Never Married Unknown

15. Surviving Spouse's Name SYLVIA SIMANSON
 15a. (If Wife) Give Maiden Last Name DAVIS
 16. Decedent's Usual Occupation PAINTER
 17. Kind Of Business/Industry MATTRESS

18. Residence - State INDIANA
 18a. County LAKE
 18b. City Or Town HIGHLAND
 18c. Street And Number 9425 5TH STREET
 18d. Apt. No.
 18e. Zip Code 46322
 18f. Inside City Limits? Yes No

19. Decedent's Education 9TH - 12TH GRADE, NO DIPLOMA
 20. Decedent Of Hispanic Origin NOT HISPANIC
 21. Decedent's Race White

22. Father's Name (First, Middle, Last) JOSEPH SIMANSON
 23. Mother's Name (First, Middle, Last) STELLA SIMANSON
 23a. Mother's Maiden Last Name BROWN

24. Informant's Name SYLVIA SIMANSON
 24a. Relationship To Decedent WIFE
 24b. Mailing Address (Street And Number, City, State, Zip Code) 9425 5TH STREET, HIGHLAND, IN 46322

25. Place Of Disposition
 25a. Method Of Disposition:
 Burial Cremation Donation Entombment
 Removal From State
 Other (Specify)
 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS
 25c. Location - City, Town, And State SCHERVILLE, IN
 26. Was Coroner Contacted? Yes No
 27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322
 27a. Funeral Home License Number FH83003035
 27b. Signature Of Indiana Funeral Service Licensee LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE
 27c. License Number (Or License) FD01006015

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 Of Death On A Line. Add Additional Lines If Necessary.
 Immediate Cause (Final Disease Or Condition Resulting In Death) END STAGE CONGESTIVE HEART FAILURE
 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
 29. Was An Autopsy Performed? Yes No
 30. Were Autopsy Finding Available To Complete The Cause Of Death? Yes No
 31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
 32. If Female:
 Not Pregnant Within Past Year
 Pregnant At Time Of Death
 Not Pregnant, But Pregnant Within 42 Days Of Death
 Unknown If Pregnant Within The Past Year
 33. Manner Of Death:
 Natural Homicide Accident Pending Investigation
 Suicide 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? Yes 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:
 Driver/Operator Passenger Pedestrian Other (Specify)
 41. Signature Of Person Certifying Cause Of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE
 42. Certifier (Check Only One):
 Certifying Physician Coroner Health Officer
 43. Name, Address And Zip Code Of Person Certifying Cause Of Death LYLE R MUNN, 85 E US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383
 44. License Number 01031582A
 45. Date Certified 11/12/2013
 46. Additional Funeral Service Provider
 47. Akas
 48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
 49. For Registrar Only - Date Filed (Month/Day/Year) NOV 13 2013

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? Yes No
 30. Were Autopsy Finding Available To Complete The Cause Of Death? Yes No
 31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
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 Pregnant At Time Of Death
 Not Pregnant, But Pregnant Within 42 Days Of Death
 Unknown If Pregnant Within The Past Year
 33. Manner Of Death:
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 Suicide 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? Yes No
 38. Location Of Injury - State
 38a. City Or Town
 38b. Street & Number
 38c. Apt. No.
 38d. Zip Code
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)
 State Form 53395 - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and RAISED SEAL AFFIXED