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SURVIVORSHIP AFFIDAVIT

2013 094910

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2013 DEC 30 AM 10:15 1300140  
MICHAEL B. BROWN  
RECORDER

COMMITMENT/POLICY

STATE OF INDIANA )  
) SS:  
COUNTY OF LAKE )

RICHARD LAGER, is the adult son of Donna J. Lager, being first duly sworn upon oath  
deposes and says:

1. That deceased, DONNA LAGER \*Also known As Donna J. Lager  
(without leaving a will) (leaving a will) on JULY 7, 2013  
at LOWELL HEALTHCARE CENTER, LOWELL, INDIANA

2. That Donna J. Lager and Howard Lager were duly and legally married at the time they acquired title as  
husband and wife to the following described real estate:

LOT 1 IN BITTERSWEET, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 89 PAGE  
44, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel # 45-23-34-426-003.000-037

3. That the marital relationship which existed between them at the time they acquired title to said real  
estate remained in effect and unbroken until the date of her death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes,  
including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate  
payment of Federal Estate Tax.

Further Affiant sayeth not.

*Richard Lager*  
Richard Lager

Subscribed and sworn to before me, a Notary Public, this 5 day of December  
2013.

*Peggy Holinga Katona*  
Notary Public

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

County of Residence: \_\_\_\_\_

This Instrument prepared by Richard Lager

DEBRA LEWIS  
Notary Public  
My Commission Expires  
August 15, 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

\* Re-record to fix  
deceased name.

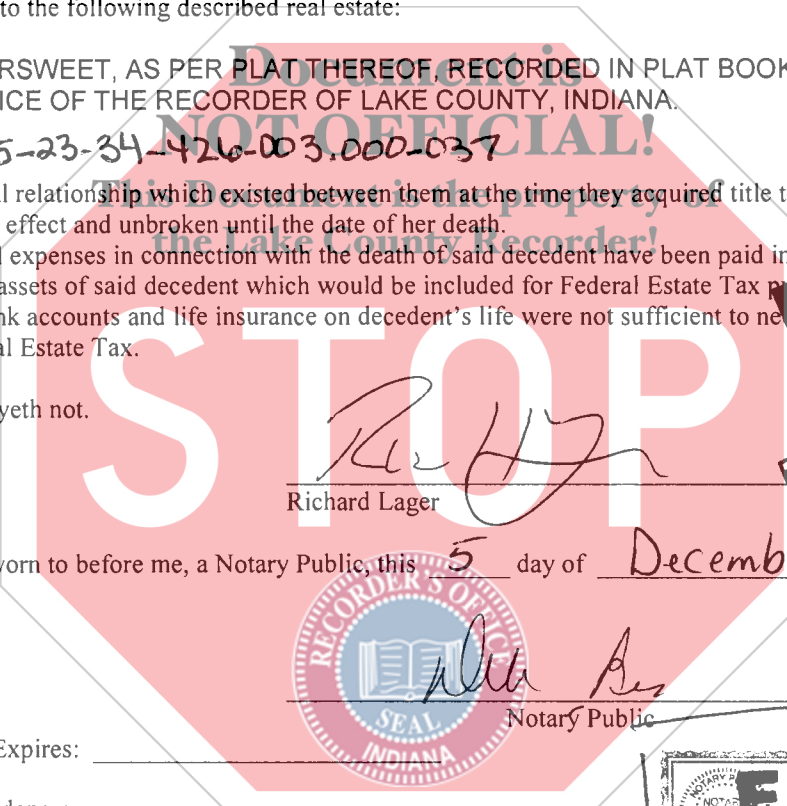
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17158

NON COMB  
#46-00  
ME  
C-T

2014 003210

CHICAGO TITLE INSURANCE COMPANY



FILED  
2014 JAN 15 AM 10:15  
MICHAEL B. BROWN  
RECORDER

010269



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

B71300146

Local No 002691

EDR No 00000338219

State No

1. Decedent's Legal Name (First, Middle, Last) HOWARD EDWARD LAGER				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 10:45 AM		4. Date Of Death (Month/Day/Year) 08/12/2013	
5. Social Security Number <del>000000</del>		6a. Age - Yrs 86		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) 08/01/1927		8. Birthplace (City and State or Foreign Country) HAMMOND, IN									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT											
12. City Or Town, State, And Zip Code CROWN POINT, IN, 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				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation DRAFTER		17. Kind Of Business/Industry RAIL CAR	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LOWELL					
18c. Street And Number 24208 CLINE AVENUE						16d. Apt. No.		18e. Zip Code 46356		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Father's Name (First, Middle, Last) CHARLES LAGER				23. Mother's Name (First, Middle, Last) ANNA LAGER				23a. Mother's Maiden Last Name STROMBERG			
24. Informant's Name RICHARD LAGER				24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 10822 MILLARD DRIVE, SAINT JOHN, IN 46373			
25. Place Of Disposition											
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) COMMUNITY CREMATION SERVICE				25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303						27a. Funeral Home License Number: FH83002461			
27b. Signature Of Indiana Funeral Service Licensee: SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700051					
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)										Approximate Interval: Onset To Death	
A. ACUTE RESPIRATORY FAILURE										ACUTE	
B. ACUTE RENAL FAILURE										ACUTE	
C. SEPTIC SHOCK										ACUTE	
D. BACTERIAL PNEUMONIA										ACUTE	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
HYPOTHERMIA						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. 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 OSAMA AYAD, 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 OSAMA AYAD, 800 MACARTHUR BLVD, SUITE 7, MUNSTER, IN 46320						44. License Number 01066512A		45. Date Certified 08/14/2013			
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) AUG 14 2013					

CHICAGO TIT. INSURANCE COMPANY



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.

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.



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

B71300140

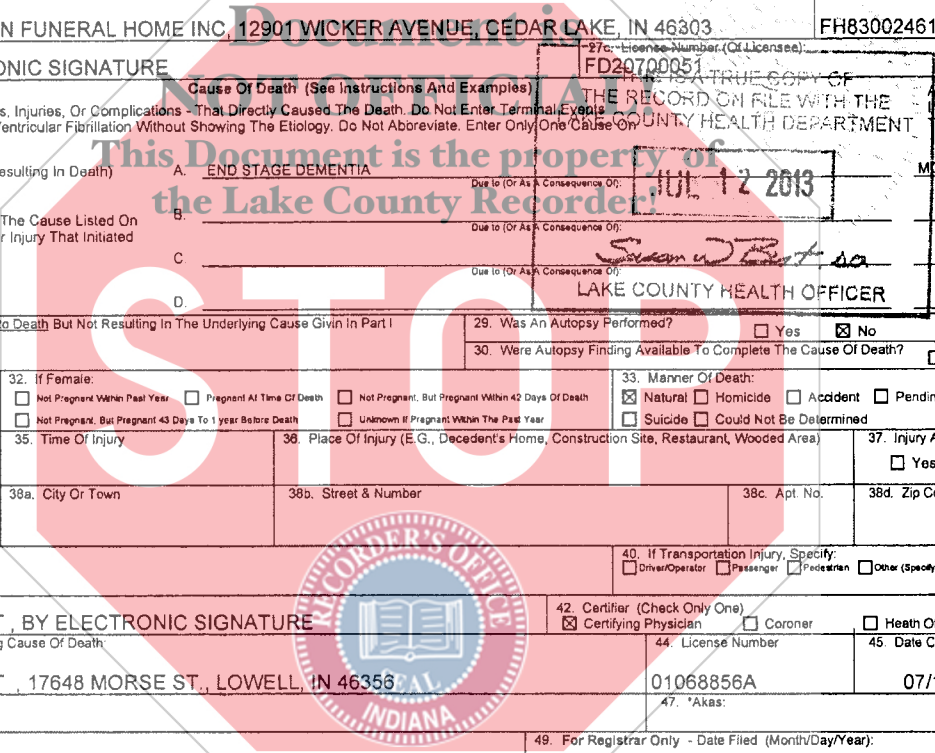
Local No 002309

EDR No 00000332588

State No 031859

1. Decedent's Legal Name (First, Middle, Last) DONNA J LAGER			1a. Maiden Name (If female) CLARK			2. Sex FEMALE		3. Time Of Death 02:02 PM		4. Date Of Death (Month/Day/Year) 07/07/2013		
5. Social Security Number <del>0361220162</del>		6a. Age - Yrs 80		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) 03/26/1933			8. Birthplace (City and State or Foreign Country) WILMINGTON, IL									
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) LOWELL HEALTHCARE CENTER												
12. City Or Town, State, And Zip Code LOWELL, IN, 46356						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 HOWARD LAGER				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry FAMILY RESIDENCE		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LOWELL			18d. Apt. No.		18e. Zip Code 46356	
18c. Street And Number 24208 CLINE AVENUE												
18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
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) BENARD FRITCHLEY				23. Mother's Name (First, Middle, Last) ALEENE VAN EPP				23a. Mother's Maiden Last Name CLARK				
24. Informant's Name RICHARD LAGER				24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 10822 MILLARD DRIVE, SAINT JOHN, IN 46373				
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) COMMUNITY CREMATION SERVICE				25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303				27a. Funeral Home License Number FH83002461				
27b. Signature Of Indiana Funeral Service Licensee: SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD20700051				27d. License Number (Of Licensee) FD20700051				
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. END STAGE DEMENTIA												
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. _____												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
DIABETES MELLITUS												
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 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)				
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number				
38c. Apt. No.				38d. Zip Code				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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: MOHAMMAD SAMIR AL-KHARRAT, 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: MOHAMMAD SAMIR AL-KHARRAT, 17648 MORSE ST., LOWELL, IN 46356												
44. License Number 01068856A												
45. Date Certified 07/11/2013												
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): JUL 11 2013						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

INDIAN TITLE INSURANCE COMPANY



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