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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 004659

2014 JAN 24 AM 8:37

MICHAEL B. BROWN
RECORDER

JOINT TENANCY AFFIDAVIT

Affiant, Holly Stromquist, states under oath that the affiant resides at 10333 Silver Maple Drive, St. John, IN 46373; that the affiant was acquainted with DOROTHY M. MUELLER, the decedent; at the time of death the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Lake County, State of Indiana, and legally described as follows:

THE SOUTH 1/2 OF LOT 58 IN PRAIRIE ESTATES, PHASE 1, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 88 PAGE 36, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property No. 45-11-12-378-012.000-036

**Address: 6737 Falcon Drive
Scherville, IN 46375**

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on April 27, 2013, per attached death certificate, leaving no last will and testament;

That the total value of decedent's probate estate was \$-0-.

That the State and Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

Holly Stromquist
HOLLY STROMQUIST



FILED

JAN 21 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

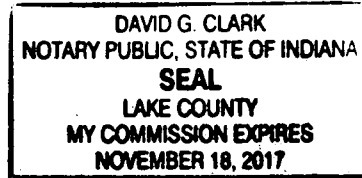
20334

15 CO
60372
6039 AM

STATE OF INDIANA, COUNTY OF LAKE, SS:

Subscribed and sworn to before me this
1st day of November, 2013.

David G. Clark
Notary Public

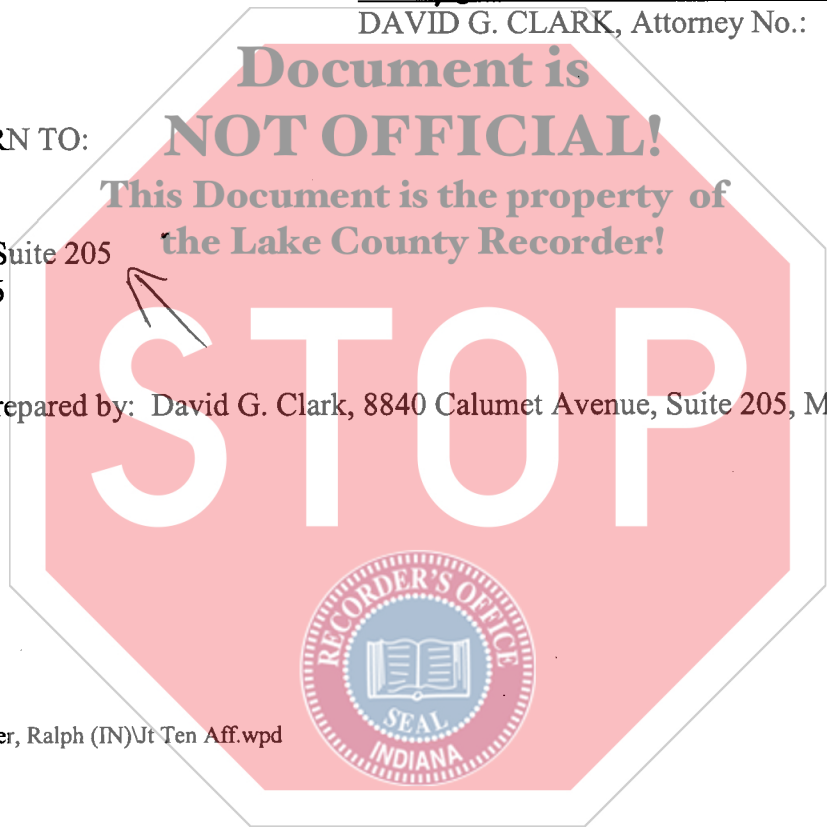


I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

David G. Clark
DAVID G. CLARK, Attorney No.: 15397-45

RECORD AND RETURN TO:
David G. Clark, Esq.
Canalia & Clark LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

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This instrument prepared by: David G. Clark, 8840 Calumet Avenue, Suite 205, Munster, IN 46321



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001540

EDR No 00000321420

State No

1. Decedent's Legal Name (First, Middle, Last) DOROTHY M MUELLER				1a. Maiden Name (if female) HUNSTOCK		2. Sex FEMALE	3. Time Of Death 08:27 AM	4. Date Of Death (Month/Day/Year) 04/27/2013			
5. Social Security Number [REDACTED]	6a. Age - Yrs 69	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) 09/01/1943		8. Birthplace (City and State or Foreign Country) HOMEWOOD, 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 checked="" 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) 6337 FALCON DRIVE						12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375		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 RALPH MUELLER			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation CHECKER		17. Kind Of Business/Industry JEWEL FOODS			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE			18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 6337 FALCON DRIVE		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) ELMER HUNSTOCK			23. Mother's Name (First, Middle, Last) EDNA HUNSTOCK			23a. Mother's Maiden Last Name BRAMSTEDT			24. Informant's Name RALPH MUELLER		
24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 6337 FALCON DRIVE, SCHERERVILLE, IN 46375									
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ST JOHNS LUTHERAN CEMETERY				25c. Location - City, Town, And State COUNTRY CLUB HILLS, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH88800070			
27b. Signature Of Indiana Funeral Service Licensee: ELI VUJKO, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01008300					
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. METASTATIC URINARY BLADDER CANCER Due to (Or As A Consequence Of): NINE MONTHS											
B. _____ Due to (Or As A Consequence Of): _____											
C. _____ Due to (Or As A Consequence Of): _____											
D. _____ Due to (Or As A Consequence Of): _____											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I											
28. 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 type="checkbox"/> No <input checked="" 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 43 Days To 1 Year Before Death			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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			38b. City Or Town		38c. Apt. No.		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number MAY 02 2013			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: LYLE R MUNN, BY ELECTRONIC SIGNATURE						42. Certified (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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		45. Date Certified 05/02/2013			
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): MAY 02 2013					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)