

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006814

2014 FEB -4 PM 12:23

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On the 30 day of January, 2014, before me personally appeared KAREN A. WIELAND to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 2026 Azalea Drive, Highland, IN 46322. <<GRANTEE'S ADDRESS

2. Affiant is the owner of the following described property:

Lot 37 in Meadows 2nd addition, Unit 7, an addition to the Town of Highland, Indiana, as per plat thereof recorded in the Office of the Recorder of Lake County, Indiana.
Commonly known as: 2026 Azalea Drive, Highland, IN 46322
Key No.: 45-07-29-454-003.000-026

3. Said premises were formerly owned as tenants by the entireties by KAREN A. WIELAND and CHARLES O. WIELAND, husband and wife.

4. Said CHARLES O. WIELAND died on October 9, 2013. A certified copy of the death certificate of CHARLES O. WIELAND is attached hereto as "Exhibit A"

5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.

6. That Affiant and CHARLES O. WIELAND were never divorced, and Affiant is the surviving spouse of said decedent.

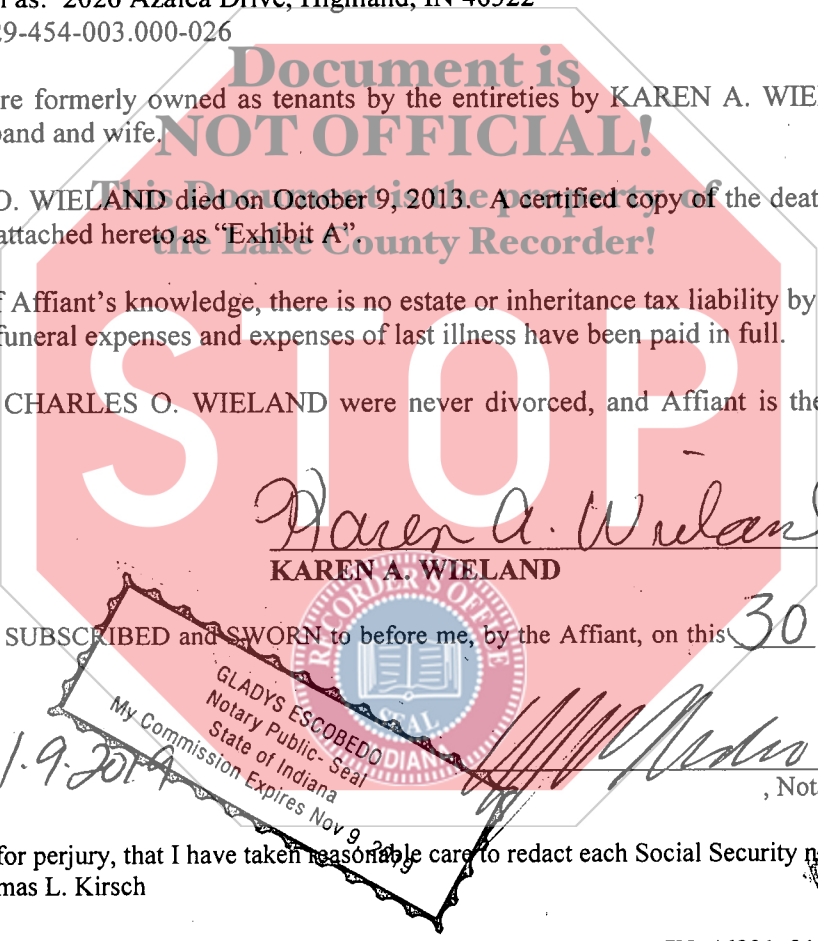
Karen A. Wieland
KAREN A. WIELAND

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 30 day of January, 2014.

My Commission Expires: 11-9-2014
Resident of LAKE County. _____, 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. Thomas L. Kirsch

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 131 Ridge Road, Munster, IN 46321, 219-836-1584



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

843973

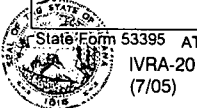
Local No 000226

EDR No 00000347698

State No

1. Decedent's Legal Name (First, Middle, Last) CHARLES O WIELAND				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 03:52 AM		4. Date Of Death (Month/Day/Year) 10/09/2013		
5. Social Security Number		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) 03/09/1944				8. Birthplace (City and State or Foreign Country) MUNISING, MI								
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> 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) REGENCY HOSPITAL OF NORTHWEST INDIANA, LLC												
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312						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 KAREN WIELAND				15a. (If Wife) Give Maiden Last Name NICKSIC				16. Decedent's Usual Occupation PROCESSING ENGINEER		17. Kind Of Business/Industry STEEL MANUFACTURING		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HIGHLAND			18d. Apt. No.		18e. Zip Code 46322	
18c. Street And Number 2026 AZALEA DRIVE						18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input 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) ORVILLE WIELAND				23. Mother's Name (First, Middle, Last) ELLA WIELAND				23a. Mother's Maiden Last Name STANBUCK				
24. Informant's Name KAREN WIELAND				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 2026 AZALEA DRIVE, HIGHLAND, IN 46322				
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) MEMORY LANE MEMORIAL PARK				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 KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License N FH10300021				
27b. Signature Of Indiana Funeral Service Licensee: LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08800305						
28. Part I. Enter The <u>Chain Of Events</u> - 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. <u>SEVERE RESPIRATORY INSUFFICIENCY</u> Due to (Or As A Consequence Of): B. <u>PNEUMONIA</u> Due to (Or As A Consequence Of): C. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of): D. <u>CORONARY ARTERY DISEASE</u> Due to (Or As A Consequence Of): 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 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? <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 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		35. 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. 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: LUIS ERNESTO MANYARI, 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: LUIS ERNESTO MANYARI, 5529 HOHMAN AVE, HAMMOND, IN 46320						44. License Number 01057087A		45. Date Certified 10/16/2013				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 17 2013						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

"EXHIBIT A"



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.
IVRA-20 (7/05)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT