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STATE OF INDIANA )  
 ) SS )  
 COUNTY OF LAKE )  
 IN THE LAKE COUNTY  
 SUPERIOR COURT - PROBATE DIVISION  
 HAMMOND, INDIANA - ROOM 5

IN THE MATTER OF THE UNSUPERVISED ) Cause No. 45D05-1306-EU-00047  
 ADMINISTRATION OF THE ESTATE OF )  
 ) William D. Davis, Commissioner  
 ALICE H. GREISEN, DECEASED )

0114  
 007495

**AFFIDAVIT**

Jack C. Greisen ("affiant"), being first duly sworn upon his oath, deposes and states as follows:

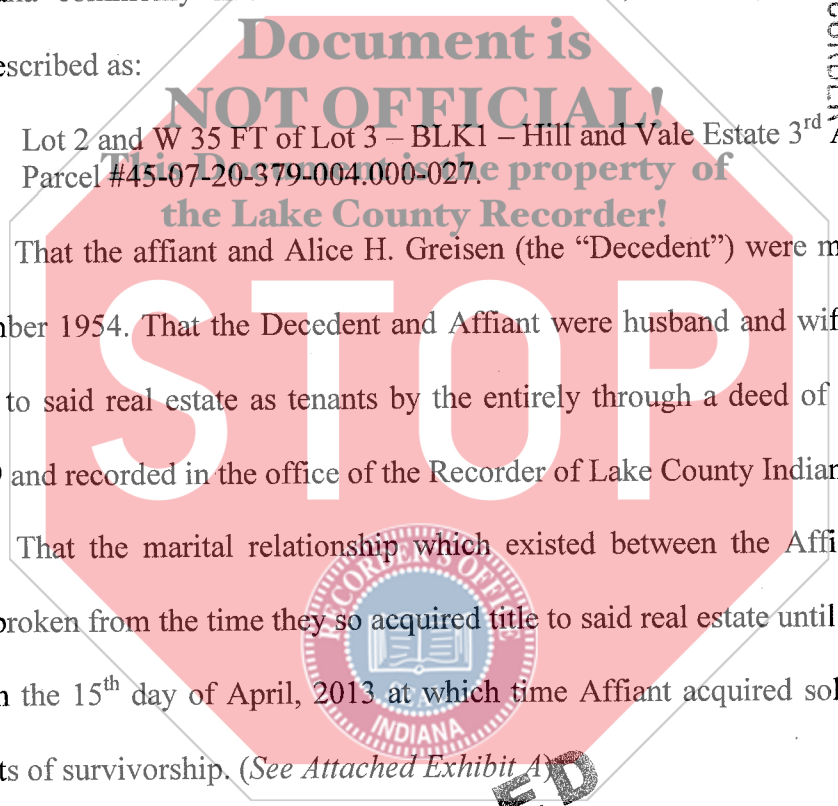
1. That the affiant is the owner in fee simple of the real estate located in Lake County, Indiana commonly known as 1836 Fisher Street, Munster, IN 46321 and more particularly described as:

Lot 2 and W 35 FT of Lot 3 - BLK1 - Hill and Vale Estate 3<sup>rd</sup> Add  
 Parcel #45-07-20-379-004.000-027.

2. That the affiant and Alice H. Greisen (the "Decedent") were married on the 18<sup>th</sup> day of December 1954. That the Decedent and Affiant were husband and wife at the time they acquired title to said real estate as tenants by the entirety through a deed of conveyance dated June 12, 1969 and recorded in the office of the Recorder of Lake County Indiana.

3. That the marital relationship which existed between the Affiant and Decedent continued unbroken from the time they so acquired title to said real estate until the death of Alice H. Greisen on the 15<sup>th</sup> day of April, 2013 at which time Affiant acquired sole title to said real estate by rights of survivorship. (See Attached Exhibit A)

4. That Decedent's estate did not require the filing of a Federal Estate Tax Return or an Indiana Inheritance Tax Return.



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 2014 FEB -7 AM 11:21  
 MICHELLE S. BRENNAN  
 RECORDER

**FILED**  
 FEB 07 2014

PEGGY HOLINGA KATONA  
 LAKE COUNTY AUDITOR

**010622**

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5. That this affidavit is being filed to clarify the title to said real estate.

Dated this 4<sup>th</sup> day of February, 2014.

Jack C. Greisen  
Jack C. Greisen

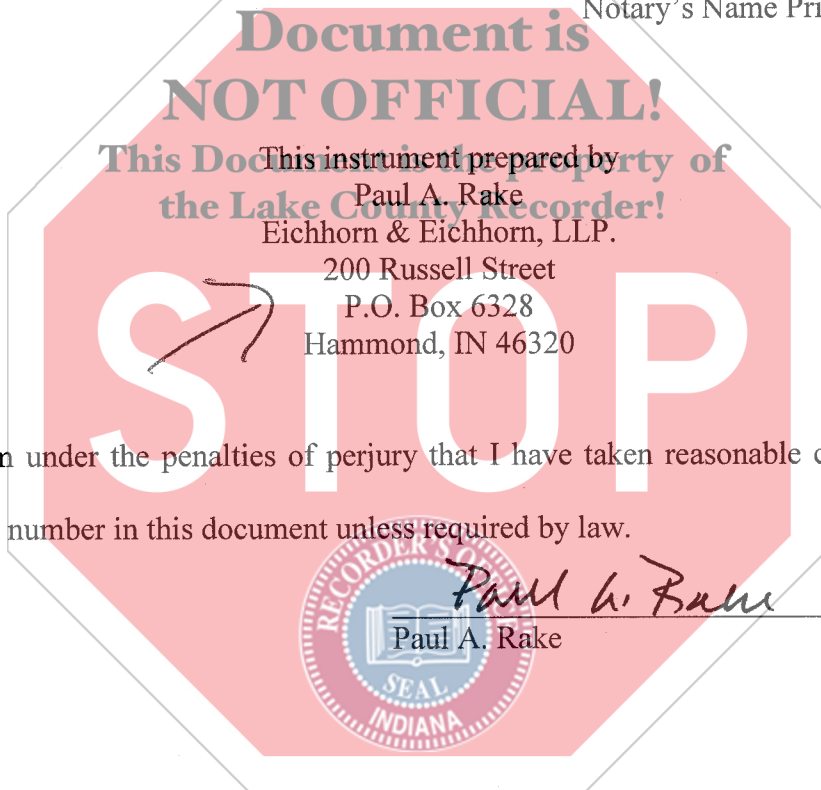
Subscribed and sworn to before me, a Notary Public in and for said County and State, this  
4<sup>th</sup> day of February, 2014

My commission Expires March 23, 2017

Paul Alexander Rake  
Notary Public

My county of residence Porter

PAUL ALEXANDER RAKE  
Notary's Name Printed



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.

Paul A. Rake  
Paul A. Rake



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH - RESUBMIT

Local No 001355

EDR No 000000318840

State No 018239

1. Decedent's Legal Name (First, Middle, Last) <b>ALICE H GREISEN</b>			1a. Maiden Name (If female) <b>HENRIKSON</b>			2. Sex <b>FEMALE</b>	3. Time Of Death <b>02:24 AM</b>	4. Date Of Death (Month/Day/Year) <b>04/15/2013</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>95</b>	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) <b>02/25/1918</b>		8. Birthplace (City and State or Foreign Country) <b>WHITING, IN</b>	
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 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) <b>COMMUNITY HOSPITAL</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>					13. County Of Death <b>LAKE</b>		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 <b>JACK GREISEN</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>HOME</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>MUNSTER</b>		18d. Apt. No.		18e. Zip Code <b>46321</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>1836 FISHER STREET</b>			19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>	
22. Father's Name (First, Middle, Last) <b>JOHN HENRIKSON</b>			23. Mother's Name (First, Middle, Last) <b>MARY HENRIKSON</b>			23a. Mother's Maiden Last Name <b>HANESSIN</b>			
24. Informant's Name <b>JACK GREISEN</b>		24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1836 FISHER STREET, MUNSTER, IN 46321</b>					
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) <b>KELLY CARROLL CREMATORY</b>			25c. Location - City, Town, And State <b>GARY, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321</b>					27a. Funeral Home License Number: <b>FH83004968</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>BRIAN T. BURNS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08601763</b>			
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 Each Line. Add Additional Lines If Necessary.						THIS IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>CARDIOPULMONARY ARREST</b>						Due to (Or As A Consequence Of):		IMMEDIATE	
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. <b>ACUTE CEREBROVASCULAR ACCIDENT</b>						Due to (Or As A Consequence Of):		APR 17 2013 DAYS	
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 <b>CHRONIC SYSTOLIC AND DIASTOLIC HEART FAILURE</b>						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. 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: <b>MARY N. TILAK, BY ELECTRONIC SIGNATURE</b>						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: <b>MARY N. TILAK, 2241 45TH ST, HIGHLAND, IN 46322</b>						44. License Number <b>01054662A</b>		45. Date Certified <b>04/16/2013</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 16 2013</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
23-First: UNKNOWN 49: 04/16/2013 23b: UNKNOWN						<b>EXHIBIT A</b>			