2014 010972

2014 FEB 25 AM 9: 03

MICHAEL S. BROWN RECORDER

STATE OF INDIANA)	
4)	SS:
COUNTY OF JASPER)	

AFFIDAVIT OF SURVIVORSHIP

Comes now Tom Wiers, being duly sworn upon his oath and states as follows:

That Tom Wiers and the decedent, Cathy Wiers, acquired title, as husband and wife, to the

following real estate:

Parcel# 45-07-28-377-001.000-026

Lot 9 in St. James Third Addition, to the Town of Highland, Indiana, as per plat there of, recorded in Plat Book 46 page 6, in the Office of the Recorder of Lake County, Indiana. Commonly known as: 2612-14/44th Street, Highland, IN 46322

Jocument is That Cathy Wiers died on the 1st day of November, 2009, at which time this Affiant acquired sole

title to the real estate. (See attached Death Certificate.)

This Document is the property of That the gross value of the estate of the decedent, Cathy Wiers, as determined for the purpose of

Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not

subject to Federal Estate Tax.

Before me, the undersigned, a Notary Public in and for said State, this 4th day of February, 2014, personally appeared Tom Wiers, and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Expires:

MARK VAN DER MOLEN **Jasper County** My Commission Expires October 19, 2018

Notary Public, Resident of

County

en, #2292-98, 1000 East 80th Place, Suite 333 South, Merrillville, IN

I affirm under the penalties for perjury that I have to redact each social security number in this document unless required by law. /s/Mark Van Der Molen

FEB 2 0 2014

00633 (821

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

am

Local No. 3780 - 09

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

3750-0	9				¥	, \$	ď					
1. Deceden 3 Legal Name (First, Middle, Last)		1a. Maiden Last Nam		ame (If Female)		a	2. Sex 3. T		ate No	4. Date C	4. Date Of Death (Month/Day/Year)	
Cathy L. Wiers		Zunker					emale 1:		50 PM Nov			
5. Social Security Number 6a. Age – Yrs 6b. Under 1 Your Months	ear 6c. Day	Under 1 Month	6d. Under 1 Day	7. Date Of Birth (Month/Day/Year) Minutes May 7, 1954			1					
e. EVer In U.S. Armed Forces? 10. If Death Occurred In A			110013	10a. If Deat	h Occurred So		er Than A Hospita		OTIMI	1130,	1.0	
☐ Yes 🗖 No Unknown ☐ ☐ Inpatient 🔯 Emerger	ncy Departmen	t Outpatient 🔲 🛭	Dead On Arrival	☐ Hospice	Facility De	ecedent's Hom	e 🔲 Nursing Ho	me/Long-T	erm Care Facilit	Other (Sp	ecify)	
											·	
Community Hospital 12. City Or Town, State, And Zip Code		T		13. County Of Death					14. Marital Status At Time Of Death			
Munster, IN 15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Name			Lake					Married ☐ Married, But Separated ☐ Divorced ☐ Midowed ☐ Never Married ☐ Unknown 17. Kind Of Business/Industry				
Thomas K. Wiers	18a. County			Self-employed					Gift Store			
Indiana	La				ighl	and						
18c. Street And Number 2612 44th St.		ν.					18d. Ap	t. No.		3 2 2	X□ Yes □ No	
19. Decedent's Education	1	cedent Of Hispar	nic Origin		1	ite	1 					
High school 22. Father's Name (First, Middle, Last)		No		23. Mother	W I I				238	. Mother's Ma	aiden Last Name	
William Zunker				Irv	a Zu	nker				Fraft	on	
Thomas K. Wiers	24a. Relationship To Decedent 24b. Mailing Address (Street And Number, City, State, Z S Husband 2612 44th St. Hig					· · · · · · · · · · · · · · · · · · ·						
			25. P	lace Of Disp	osition	16						
	ape1	Hill	Garde	n Wes	tCI	Oakbı	ook T	err			neral Home License Number:	
□Yes ぱXNo Castle H	li 11h	Funera	al Home	1219	She	ffiel	d Ave	. D	yer,I	N4631	1 10900001	
27b. Signification of Indignita Function Service Licenses.		Chri	al Home ake Co istophe	unty r Che	Rec elban	orde : a	27c. Licens 2 0	e Number	(Of Licensee):			
28. Part I. Enter The <u>Chain Of Events</u> —Diseases, <u>Inji</u> Such As Cardiac Arrest, Respiratory Arrest, Or Ventric A Line. Add Additional Lines If Necessary.	ular Fibrillati	mplications-T	owing The Etiolog	ed The Deat	h, Do Not E bbreviate. E	Enter Termin Enter Only C	al Events		dies	080	Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting Sequentially List Conditions, If Any, Leading To The C	ause Listed			oval		Due To (Or As A C	consequence Of):		01126	-ase		
Line A. Enter The Underlying Cause (Disease Or Injur The Events Resulting In Death) Last	y mat mua	C				Due To (Or As A C	Consequence Of):				· · · · · · · · · · · · · · · · · · ·	
Part II. Enter Other Significant Conditions Contributing To Death	But Not Resul	ing In The Under	lying Cause Given In	Part IR'S	()		utopsy Performed		Yes D		Yes No	
	If Female:				C			lanner Of D				
		Pregnant 43 Days To	1 Year Before Death	Unknown If Pre	gnent Within The		l i Siti	cide 🗂 Coul	icide	d .	ligation 17. Injury At Work?	
							COMPLETE	7			☐ Yes ☐ No	
38. Location Of Injury - State 38a.	City Or Town		LAKE GENI	Street & Name	*DEPARTMI	ENT ENT	COMPLETE E WITH THE	1	38c, Apt.	No. 380	I. Zíp Code	
39 Describe How Injury Occurred			South Carlot Salary	NO	V 06	2009		1	ortation Injury, Sp or Passenger	-	Other (Specify)	
41. Signature, Of Person Certifying Cause Of Death:	w 4	11	3. AS	itou	1V		Certifier (Check	sician 🔲 (Coroner 🗆 Hea			
43. Name, Address And Zip Code Of Person Certifying C			Personal designation of the second second second	A COLUMN THE PROPERTY OF THE PARTY OF THE PA	Chrystel Land Street				se Number	1	Date Certified	
46. Additional Funeral Service Provider:	OWE	REE	e. O	YIK,	10	463	11	47. *Akas	<u>5303</u>	11/	15/09	
48. Signature of Local Health Officer:	<u></u>	i				49	. For Registrar	-	•			
Sugar W.	Bi.	F. D.C	Ρ,				1 Inu	ny	ber 4	1200	14	