STATE OF INDIANA)	IN THE LAKE COUNTY
COUNTY OF LAKE) SS	SUPERIOR COURT - PROBATE DIVISION HAMMOND, INDIANA – ROOM 5
IN THE MATTER OF THE UNSUPERVADMINISTRATION OF THE ESTATE	,
ALICE H. GREISEN, DECEASED) William D. Davis, Commissioner)

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 Estates 3rd After Parcel #45-07-20-379-004.000-027.

- 2. That the affiant and Alice H. Greisen (the "Decedent") were married on the 18th 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 entirely 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 15th 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 of MAR 17 2000 an Indiana Inheritance Tax Return.

21502

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

non conf

Dated this 4+v day of February, 2014.
Jack C. Greisen
Subscribed and sworn to before me, a Notary Public in and for said County and State, this
4th day of February, 2014
My commission Expires March 23, 2017 Faul Whxauch Rehe Notary Public
My county of residence Notary Public PRUL FLEXANDER RAKE Notary's Name Printed
This instrument prepared by This Docume Paul A. Rake roperty of the Leichhorn & Eichhorn LLPler! 200 Russell Street P.O. Box 6328 Hammond, IN 46320 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

Car W	•	•		A STATE D											
. Local No	cal No 001355 EDR No 0000									No 0	No 018239				
Decedent's Legal Name (First, Mid	1a. Maiden l	1a. Maiden Name (If female)			2. Sex	3. ⊤	3. Time Of Death			Of Death (Month	/Day/Year)				
ALICE H GREISEN						HENRIKSON				02:24 A		and State	04/15/201		
Social Security Number 6a. Age	- Yrs	6b. Under 1 Year	6c. Under 1 Mo	nth 6d. Under 1 Da	er 1 Day 6e. Under 1 Hour 7. Date of 6				(Month/Day/Year) 8. Birthplace (City and State or Foreign Country)					. y)	
0		Months Occurred in A Hosp	Days	Hours	- 1	Minutes 02/25/1918 10a. If Death Occurred Somewhere Other Than A Hospita			WHITING, IN						
☐ Yes ☑ No ☐ Unknown ☑ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)															
11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL															
12. City Or Town, State, And Zip Coo		 .				13. County (Of Death			1		us At Time	_	-	
MUNSTER, IN, 46321						LARE						☐ Nev	er Married 🔲	Unknown	
15. Surviving Spouse's Name			,	15a. (If Wife)Give Mi	(If Wife)Give Maiden Last Name			16. Decedents	16. Decedent's Usual Occupation			ation 17. Kind Of Business/Industry			
JACK GREISEN	ACK GREISEN				ļ _H				IOMEMAKER			НОМЕ			
18. Residence - State		. 18a.	County			18b. City Or To	wn .			7	,				
INDIANÃ		LAK	Ε		N	IUNSTER									
18c. Street And Number								18	Bd. Apt. No		18e. Zip C	Code	18f. Inside (•	
1836 FISHER STREET											463	321	⊠ Yes		
19. Decedent's Education		20.	. Decedent Of His	spanic Origin		21. [Decedent's	Race							
ASSOCIATE DEGREE (AA, AS) NO	OT HISPAN	IC		Whit									
22. Father's Name (First, Middle, Last	t)				23.1	Mother's Name	(First, Midd	dle, Last)			23a. M	lother's Ma	aiden Last Name		
JOHN HENRIKSON						RY HENR					HAN	ESSIN			
24. Informant's Name			24a. Relationsh	ip To Decedent	24b.	Mailing Addres	s (Street A	And Number, City	, State, Zip	Code)					
JACK GREISEN			HUSBAND			836 FISHER STREET, MUNSTER, IN 46321									
25a, Method Of Disposition		25b. Pla	ce Of Disposition	(Name Of Cemetery		Disposition ry, Other Place)	25c. Lo	ocation - City, To	wn, And St	ate					
☐ Burial ☑ Cremation ☐ Donation	on 🗌 Ento	ombment								•	,				
Removal From State Other (Specify):		KELL	Y CARROL	CREMATO	RY		GAR	Y, IN							
26. Was Coroner Contacted?	27. 1	Name And Complete	Address Of Fune	eral Facility	CUI	men		2				27a. Fu	neral Home Lice	nse Number:	
☐ Yes ⊠ No	BUF	RNS-KISH FL	JNERAL H	OME INC-MU	NSTER	R, 8415 C/	ALUME	T AVE, MU	JNSTE	R, IN 46	321	FH83	004968		
27b. Signature Of Indiana Funeral St BRIAN T. BURNS, BY E	ervice Licer LECTF	rsee: RONIC SIGN	ATURE					FDC	License Nu 860176	mber (Of L 33	icensee):				
Cause Of Death (See Instructions And Examples) 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 Étiology. Do Not Abbreviate, Enter Only One Cause HEE RECORD ON FILE WITH THE A Line. Add Additinal Lines If Necessary. Approximate Interval: Onset To Death LAKE COUNTY HEALTH DEPARTMENT															
Immediate Cause (Final Disease	Or Condi	tion Resulting In D	eath) A	CARDIOPULM	ONARY A	RREST	Due to (Or A	As A Consequence Of)		· · · · · · · · · · · · · · · · · · ·			IMMEDI	ATE	
On a section of the Constitions of the	Nav. 1 aadii	en To The Cause I	inted On B	ACUTE CEREE	BROVAS	CULAR ACCIE	ENT		Δ	22 1	7 🗀	<u> </u>	DAY6		
Sequentially List Conditions, if A Line A. Enter The Underlying Ci The Events Resulting In Death)	ause (Dise	pase Or Injury That	Initiated				Due to (Or A	As A Consequence Of							
			D				Due to (Or I	As A Consequence Of		ton co	1	7º. 04	a l		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part 1 29. Was An AutopsylPartstand OUNTY HEALTH OF NO ER															
CHRONIC SYSTOLIC AND DIASTOLIC HEART FAILURE															
31. Did Tobacoo Use Contribute To	Death?	32, If Fema		Pregnant At Time Of D	eath	lot Pregnant, But Pres	nant Within 42	2 Days Of Death	33. Manne			Accident	Pending Inve	stigation	
☐ Yes ☐ Probably ☒ No ☐ t	Jnknown	Not Pregn	nant, But Pregnant 43 Dr	eys To 1 year Before Death		Inknown If Pregnant V	Within The Past	(Year	Suicide	Could	Not Be De	etermined			
34. Date Of Injury (Month/Day/Year)		35. Time (Of Injury	36.	Place Of	Injury (E.G., De	cedent's Ho	ome, Construction	in Site, Res	taurant, W	ooded Area	a) :	37. Injury At Wor ☐ Yes		

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.

38b. Street & Number

38a. City Or Town

48. Signature of Local Health Unitider:
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

38. Location Of Injury - State

23-First: UNKNOWN 49: 04/16/2013 23b: UNKNOWN

39. Describe How Injury Occurred

41. Signature, Of Person Certifying Cause Of Death:
MARY N. TILAK, BY ELECTRONIC SIGNATURE
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:

MARY N. TILAK , 2241 45TH ST, HIGHLAND, IN 46322 46. Additional Funeral Service Provider:

38c. Apt. No.

40. If Transportation Injury, Specify:

Drive:/Operator Passanger Pedestrian Other (Specify)

APR 16 2013

EXHIBIT

A

42. Certifier (Check Only One)

⊠ Certifying Physician ☐ Coroner

44. License Number

01054662A 47. *Akas:

49. For Registrar Only - Date Filed (Month/Day/Year):

38d. Zip Code

04/16/2013