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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 047951

2014 AUG 11 AM 9:06

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Comes now Deborah S. Mercado, being duly sworn upon her oath, alleges states as follows:

- 1. That she is the daughter of Dale J. Nelson, Sr. ^{** AKA Dale J. Nelson} and Marlene M. Nelson. ^{***}
- 2. That Dale J. Nelson, Sr. died on April 9, 2013, a resident of Lake County, Indiana. ^{**** AKA Marlene Nelson}
- 3. That Marlene M. Nelson on January 20, 2014, a resident of Lake County, Indiana. ^{***}

4. That prior to the death of Dale J. Nelson, Sr. and Marlene M. Nelson, they were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

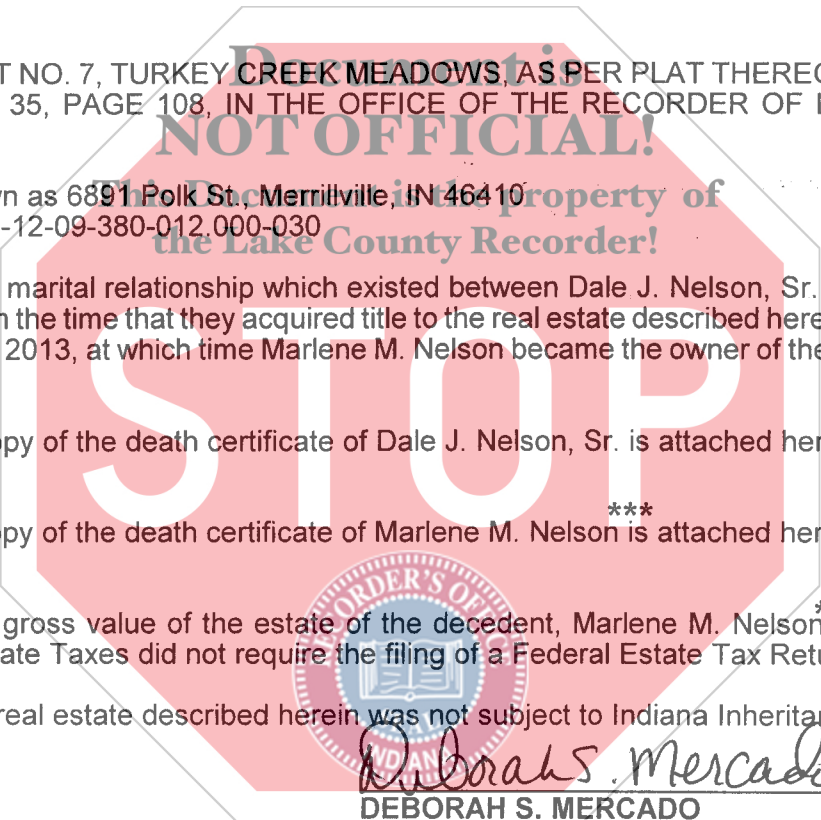
LOT 479 IN UNIT NO. 7, TURKEY CREEK MEADOWS, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 35, PAGE 108, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 6891 Polk St. Merrillville, IN 46410
Parcel ID No. 45-12-09-380-012,000-030

- 5. That the marital relationship which existed between Dale J. Nelson, Sr. and Marlene M. Nelson ^{***} continued unbroken from the time that they acquired title to the real estate described herein until the death of Dale J. Nelson, Sr. on April 9, 2013, at which time Marlene M. Nelson became the owner of the real estate as surviving tenant by the entireties.
- 6. That a copy of the death certificate of Dale J. Nelson, Sr. is attached hereto, made a part hereof and marked Exhibit "A".
- 7. That a copy of the death certificate of Marlene M. Nelson ^{***} is attached hereto, made a part hereof and marked Exhibit "B".
- 8. That the gross value of the estate of the decedent, Marlene M. Nelson, ^{***} as determined for the purposes of Federal Estate Taxes did not require the filing of a Federal Estate Tax Return.
- 9. That the real estate described herein was not subject to Indiana Inheritance Tax.

Deborah S. Mercado
DEBORAH S. MERCADO

*** aka Marlene Maxine Nelson aka Marlene Nelson



FIDELITY NATIONAL
TITLE COMPANY

9204-2009

03349

FILED

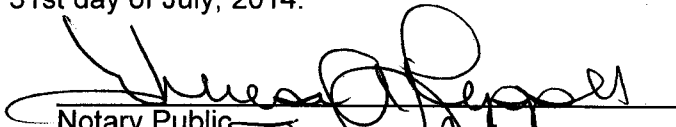
AUG 08 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

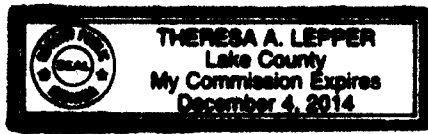
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

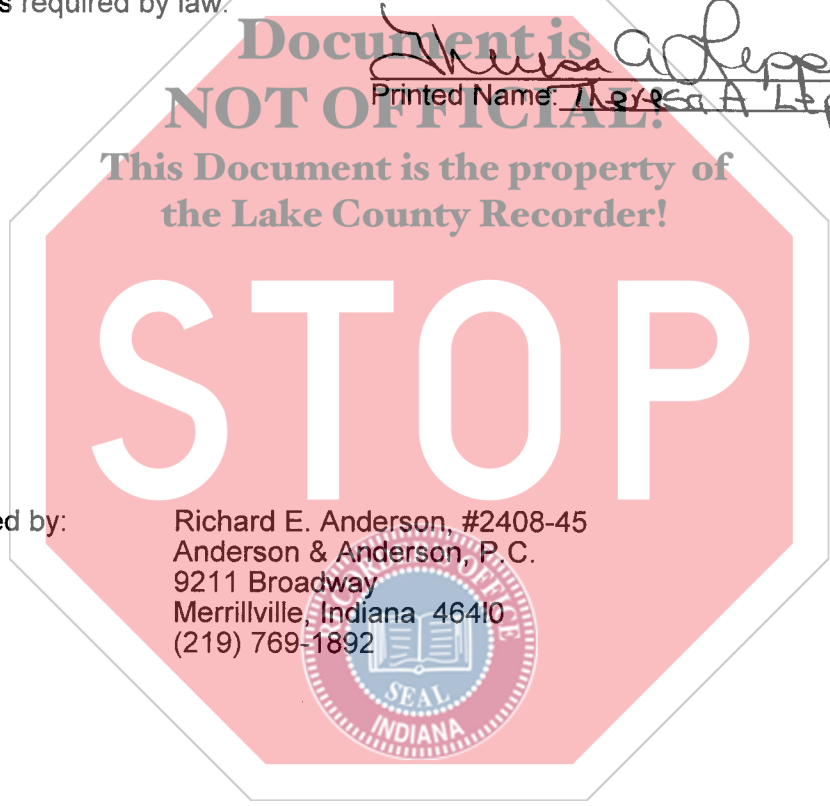
Subscribed and sworn to before me this 31st day of July, 2014.



Notary Public
Printed Name: Theresa A Lepper

My Commission Expires: 12/04/2014
County of Residence: Lake



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.




Printed Name: Theresa A Lepper

This instrument prepared by: Richard E. Anderson, #2408-45
Anderson & Anderson, P.C.
9211 Broadway
Merrillville, Indiana 46410
(219) 769-1892



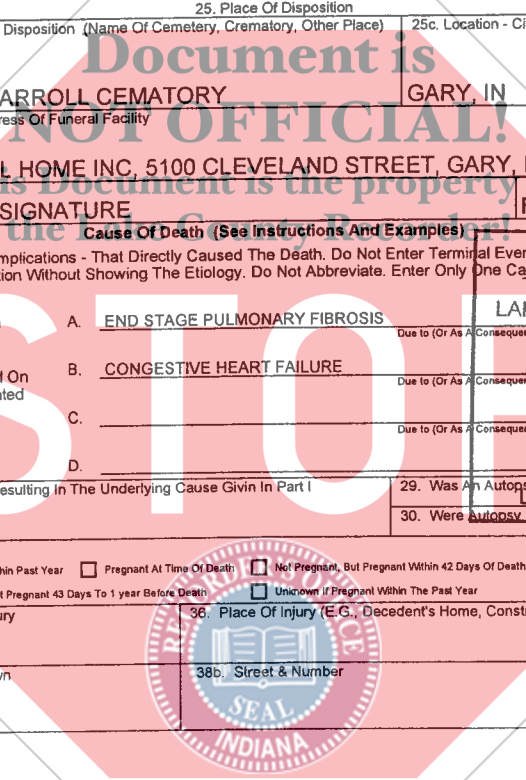
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001308

EDR No 00000317949

State No 017675

Main form containing fields for decedent information (DALE J NELSON SR), date of death (04/09/2013), cause of death (END STAGE PULMONARY FIBROSIS), certifier information (ABDUL KAWAMLEH), and local health officer signature (SUSAN W. BEST).



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
APR 12 2013





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 07782

Local No 000274

EDR No 00000365695

State No 003400

1. Decedent's Legal Name (First, Middle, Last) MARLENE MAXINE NELSON
1a. Maiden Name (If female) MILLER
2. Sex: FEMALE
3. Time Of Death: 12:20 PM
4. Date Of Death (Month/Day/Year): 01/20/2014
5. Social Security Number: [REDACTED]
6a. Age - Yrs: 73
6b. Under 1 Year: [REDACTED]
6c. Under 1 Month: [REDACTED]
6d. Under 1 Day: [REDACTED]
6e. Under 1 Hour: [REDACTED]
7. Date of Birth (Month/Day/Year): 08/09/1940
8. Birthplace (City and State or Foreign Country): YANKEE TOWN, IN
9. Ever in U.S. Armed Forces? [X] No
10. If Death Occurred In A Hospital: [X] Inpatient
11. Facility Name (If Not Institution, Give Street and Number): SOUTHLAKE CENTER FOR MENTAL HEALTH
12. City Or Town, State, And Zip Code: MERRILLVILLE, IN, 46410
13. County Of Death: LAKE
14. Marital Status At Time Of Death: [X] Widowed
15. Surviving Spouse's Name: [REDACTED]
15a. (If Wife) Give Maiden Last Name: [REDACTED]
16. Decedent's Usual Occupation: UNEMPLOYED
17. Kind Of Business/Industry: UNEMPLOYED
18. Residence - State: INDIANA
18a. County: LAKE
18b. City Or Town: MERRILLVILLE
18c. Street And Number: 6891 POLK STREET
18d. Apt. No.: [REDACTED]
18e. Zip Code: 46410
18f. Inside City Limits? [X] No
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): DALE J. MILLER
23. Mother's Name (First, Middle, Last): EDNA MILLER
23a. Mother's Maiden Last Name: CORNELL
24. Informant's Name: DEBORAH MERCADO
24a. Relationship To Decedent: DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code): 6914 VAN BUREN STREET, MERRILLVILLE, IN 46410
25a. Method Of Disposition: [X] Burial [X] Cremation
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): KELLY CARROLL CREMATORY
25c. Location - City, Town, And State: GARY, IN
26. Was Coroner Contacted? [X] No
27. Name And Complete Address Of Funeral Facility: RENDINA FUNERAL HOME INC, 5100 CLEVELAND STREET, GARY, IN 46408
27a. Funeral Home License Number: FH83007819
27b. Signature Of Indiana Funeral Service Licensee: ANTHONY S. RENDINA JR, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01010402
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. SEPSIS
B. DIABETES MELLITUS
C. ACUTE RENAL FAILURE DUE TO SEPSIS
D.
29. Was An Autopsy Performed? [X] No
30. Were Autopsy Findings Available To Complete The Cause Of Death? [X] No
31. Did Tobacco Use Contribute To Death? [X] Unknown
32. If Female: [X] Not Pregnant Within Past Year
33. Manner Of Death: [X] Natural
34. Date Of Injury (Month/Day/Year): [REDACTED]
35. Time Of Injury: [REDACTED]
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area): [REDACTED]
37. Injury At Work? [X] No
38. Location Of Injury - State: [REDACTED]
38a. City Or Town: [REDACTED]
38b. Street & Number: [REDACTED]
38c. Apt. No.: [REDACTED]
38d. Zip Code: [REDACTED]
39. Describe How Injury Occurred: [REDACTED]
40. If Transportation Injury, Specify: [X] Driver/Operator
41. Signature, Of Person Certifying Cause Of Death: FADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One): [X] Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: FADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410
44. License Number: 01053003A
45. Date Certified: 01/24/2014
46. Additional Funeral Service Provider: NONE
47. *Alias: [REDACTED]
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JAN 27 2014

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

