

2

AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:  
Tax I.D. No. 45-12-09-129-009.000-030

COMMUNITY TITLE CO.  
3870 WEST 80TH LANE  
MERRILLVILLE, IN 46410

2014 048975

BRENT D. JEWELL, being first duly sworn upon oath, deposes and says:

- 1. That DAISY JEWELL died on the 13th day of December, 2013 at Vibra Hospital, in Lake County, Indiana.
- 2. That at the time of her death, she held a Life Estate interest in the following described real estate:

**LOT 10, IN ENGLEHART'S COUNTRY CLUB MANOR (ROSS TOWNSHIP) AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 24, PAGE 25, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA**

- 3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of DAISY JEWELL.
- 4. That this Affiant's relationship to the Decedent was cousin.

FURTHER, Affiant saith naught.

*Brent D. Jewell*  
BRENT D. JEWELL

DEANNA L. GRIGGS  
Lake County  
My Commission Expires  
February 20, 2021

Subscribed and sworn to before me, a Notary Public this 7 day of August, 2014.

*Deanna L. Griggs*, Notary Public

My Commission Expires: 2-20-21  
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.

*Deanna L. Griggs*  
Signature of Preparer

*Deanna L. Griggs*  
Name of Preparer

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45. No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

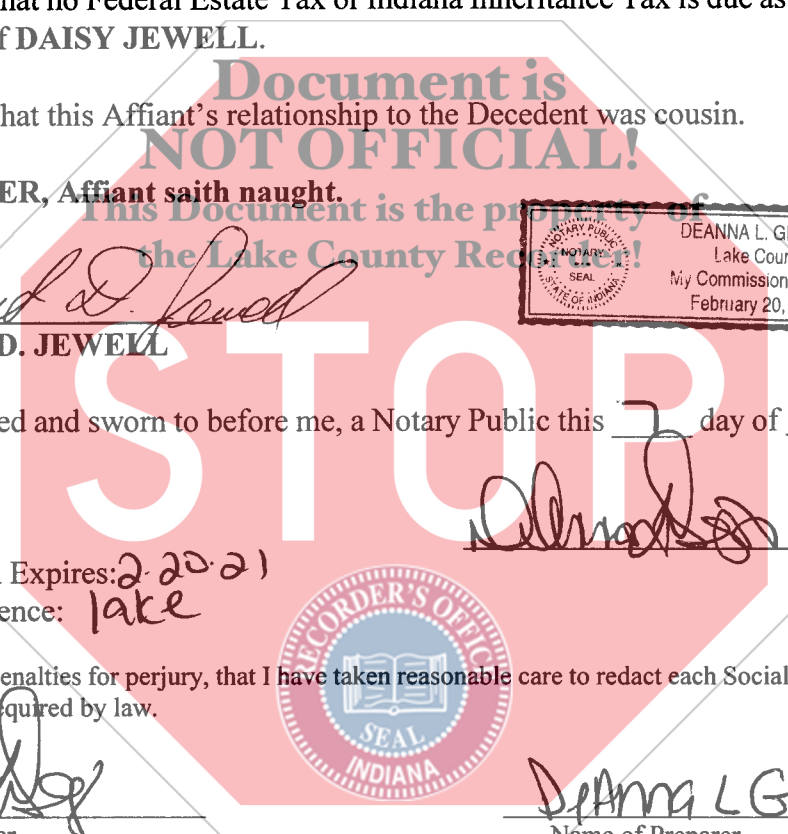
FILED 2014

AUG 13 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

03431

*14  
Cai  
Don  
now-con*



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL T. BROWN  
RECORDER  
2014 AUG 14 AM 10:15



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 03694

Local No 004048

EDR No 00000358679

State No 057166

1 Decedent's Legal Name (First, Middle, Last) <b>DAISY JEWELL</b>				1a Maiden Name (if female) <b>RUKAVINA</b>		2 Sex <b>FEMALE</b>	3 Time Of Death <b>21:37</b>	4. Date Of Death (Month/Day/Year) <b>12/13/2013</b>	
5 Social Security Number [REDACTED]	6a Age - Yrs <b>91</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>09/19/1922</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, 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>VIBRA HOSPITAL OF NORTHWESTERN INDIANA</b>									
12 City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>					13 County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15 Surviving Spouse's Name			15a (if Wife) Give Maiden Last Name			16 Decedent's Usual Occupation <b>RECEIVING CLERK</b>		17. Kind Of Business/Industry <b>AUTO PARTS MANUFACTURING</b>	
18 Residence - State <b>INDIANA</b>		18a County <b>LAKE</b>		18b. City Or Town <b>MERRILLVILLE</b>					
18c Street And Number <b>1009 WEST 63RD AVENUE</b>						18d Apt No	18e Zip Code <b>46410</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</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>ANTON RUKAVINA</b>				23. Mother's Name (First, Middle, Last) <b>ANNA RUKAVINA</b>			23a Mother's Maiden Last Name <b>NOT AVAILABLE</b>		
24 Informant's Name <b>STUART A JEWELL</b>			24a Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1265 ALEXANDRIA DRIVE, SAN DIEGO, CA 92107</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>GEISEN CREMATION CENTRE</b>			25c Location - City, Town, And State <b>CROWN POINT, IN</b>			
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>GEISEN FUNERAL &amp; CREMATION SERVICES, 7905 BROADWAY, MERRILLVILLE, IN 46410-5559</b>					27a Funeral Home License Number <b>FB40800005</b>		
27b Signature Of Indiana Funeral Service Licensee <b>RONALD J. MESARCH, BY ELECTRONIC SIGNATURE</b>						27c License Number (Of Licensee) <b>FD01005912</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 On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A <b>ACUTE RESPIRATORY FAILURE</b> 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>PNEUMONIA</b> C <b>CONGESTIVE HEART FAILURE</b> D									Approximate Interval: Onset To Death
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 To Complete The Cause Of Death? <b>NO</b>			
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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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>SURENDRA SHAH, 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>SURENDRA SHAH, 5825 BROADWAY SUITE A, MERRILLVILLE, IN 46410</b>						44. License Number <b>01032180A</b>		45. Date Certified <b>12/16/2013</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>DEC 17 2013</b>			
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									