

2.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 049060

2014 AUG 14 PM 4:17

AFFIDAVIT OF SURVIVORSHIP
MICHAEL E. BROWN
RECORDER

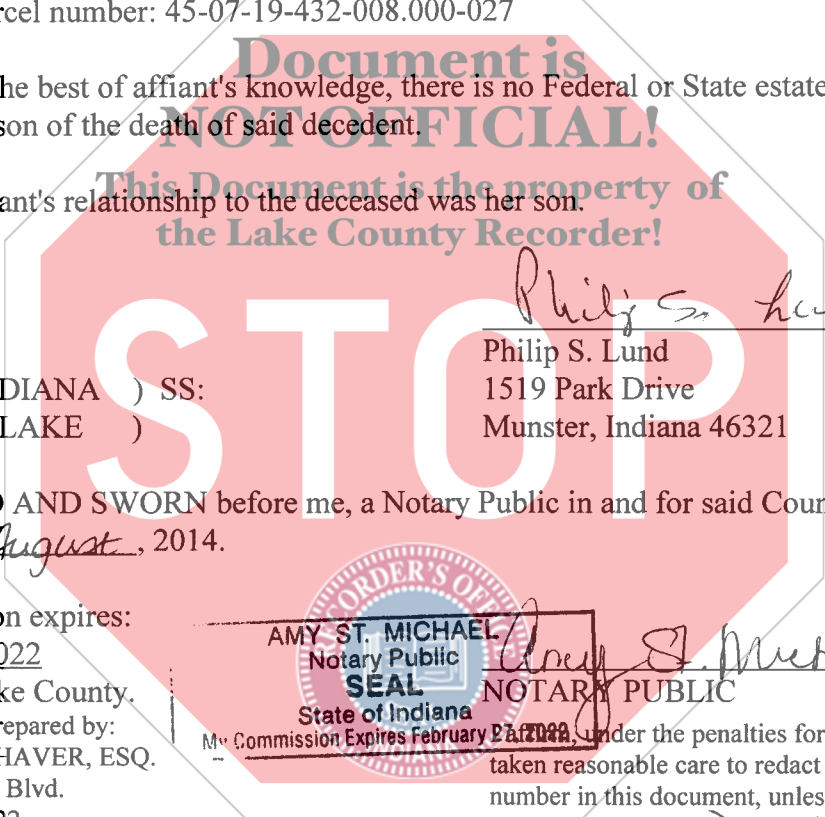
ON THIS 14th DAY OF August, 2014, personally appeared Philip S. Lund, the affiant, who being duly sworn his upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is joint owner of the premises located at 1519 Park Drive, Munster, IN 46321, and described below;
3. Said premises were formerly owned as joint tenants by rights of survivorship by Janet R Lund and Philip S. Lund.
4. Said Janet R. Lund died intestate on the 21st day of June, 2014.
5. The legal description of the said premises in question is:

Lot 3 in Walnut Hill Annex, in the Town of Munster, as per plat thereof, recorded in Plat Book 30 page 2, in the Office of the Recorder of Lake County, Indiana.
Tax parcel number: 45-07-19-432-008.000-027

6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.

7. Affiant's relationship to the deceased was her son.



Philip S. Lund
 Philip S. Lund
 1519 Park Drive
 Munster, Indiana 46321

STATE OF INDIANA) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 14th day of August, 2014.

My Commission expires:
February 27, 2022
 Resident of Lake County.
 This instrument prepared by:
 BARBARA M. SHAVER, ESQ.
 9013 Indianapolis Blvd.
 Highland, IN 46322
 219/838-9200



Amy St. Michael
 NOTARY PUBLIC

Under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Barbara M. Shaver

Return To: Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322
Send Tax Bills To: 1519 Park Drive, Munster, IN 46321

FILED
 25777
 AUG 14 2014
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

AMOUNT \$ 13-
 CASH _____ CHARGE _____
 CHECK # 6112
 OVERAGE _____
 COPY _____
 NON - COM _____
 CLERK RW



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 22056

Local No 002007

EDR No 00000391827

State No

1. Decedent's Legal Name (First, Middle, Last) JANET RAE LUND				1a. Maiden Name (If female) GOSLING		12. Sex FEMALE	3. Time Of Death 08:58 PM	4. Date Of Death (Month/Day/Year) 06/21/2014		
5. Social Security Number [REDACTED]		8a. Age - Yrs 85	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) 02/11/1929		8. Birthplace (City and State or Foreign Country) LUDINGTON, MI	
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) COMMUNITY HOSPITAL										
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" 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 NURSE		17. Kind Of Business/Industry HEALTH CARE		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18c. Street And Number 1519 PARK DRIVE	18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) LUCIAN GOSLING				23. Mother's Name (First, Middle, Last) MYRTLE GOSLING			23a. Mother's Maiden Last Name ORR			
24. Informant's Name PHILIP LUND			24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 1519 PARK DRIVE, MUNSTER, IN, 46321				
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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) LAKEVIEW CEMETERY			25c. Location - City, Town, And State LUDINGTON, MI					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311					27a. Funeral Home License Number FH10900001			
27b. Signature Of Indiana Funeral Service Licensee: CHRISTOPHER GHELBANA, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD207000033				
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. ADVANCED DEMENTIA Due to (Or As A Consequence Of): B. DYSPHAGIA Due to (Or As A Consequence Of): C. SEVERE MALNUTRITION Due to (Or As A Consequence Of): D. THIS IS THE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT										
Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. DYSPHAGIA										
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 Or Less <input type="checkbox"/> Pregnant, But Pregnant More Than 42 Days Before Death		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) JUN 19 2014		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
38. Location Of Injury - State		38a. City Or Town		38b. Apt. No.		38c. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
39. Describe How Injury Occurred										
41. Signature, Of Person Certifying Cause Of Death: WASSIM ATASSI, BY ELECTRONIC SIGNATURE						42. Certifier (Check One) <input checked="" type="checkbox"/> Certifying Physician				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI, 9696 GORDON DR., HIGHLAND, IN 46322						44. I.D. # 0105				
46. Additional Funeral Service Provider:										
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only				

