Chicago Title Insurance Company SURVIVORSHIP AFFIRM WEER

•	this 1/24/14 before me personally appeared Adeline J Seur	. 20	
	sonally known, who being duly sworn on oath did say that:	ا ا	
1.	Affiant resides at the address given below affiant's signature:	049	
2.	Affiant is Spouse state interest of affiant in the above premises as "owner"," son of owner", etc.	461640	
3.	Said premises were formerly owned as joint tenants or as tenants by the entireties by Hall I Chassell and Louis E Chas		•
4.	died on his Document is 2-10-108	2014 AUG 15	STATE OF
	leaving the Lak County Recorder will; insert "a" or "no"; if will left, attach a copy	AM 10: 31	A SECONT
5.	The legal description of the premises in question is:	: 39	<u></u>
6.	Is there Federal or State inheritance tax liability by reason of the death of s decedent? Yes No FILED	aid	#18
	The taxes due are paid or unpaid PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR		C) NON COMF

#45-10-01-432-005,000-034

1402433

7.	Where this affidavit relates to a tenancy by the entireties, were the parties ever
	divorced?
	(If answer is "Yes", identify the divorce proceedings:
):
8.	Affiant's relationship to the deceased was Spouse
	Signature: Witeline J. Chable
	Printed Name Adelin J. Chasseur
	Address: 624 Brianwood 15
	Dyor IV 46311
Su	bscribed and sworn to before me by the affiant
Th	NOTE OF THE CIAIL
111	This insert date and is the property of
	the Lake County Recorder!
Pri	Notary Public COSTE. KALE Luc County My Commission Expans Angus 31, 2017
My	County of Residence is:
In	the State of
My	Commission Expires 83(17
	A Classon
	This instrument prepared by A. Chasseu
	SEAL SEAL
	WOIAN ACTIVITY

l 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.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loc	cal No	ハークタ							St	ate No			
1. Decedent's Legal Name (Fi	rst, Middle, Last			1a. Maiden Last N	lame (if Female	.;		?. Sex	3. Tim	e Of Death	4. Date 0	Of Death (Month/Day/Year)	
LOUIS	E.	CHASSEU	R				1	Male	3:5	0 A.M.	Febr	uary 10,2008	
5. Social Security Number	Sa. Age Yr	s St. Under 1 Yea	r 5c, Under ! Month	6d Under 1 Day	6e: Under 1	Hour	7. Date Of B	irth (Month/Da				Or Foreign Country)	
3	86	Months	Days	Hours	Minutes	A	pril	12, 1	921	Chicag	go, Il	linois	
9. Ever in U.S. Armed Forces Yes XX No Unknown		Death Occurred in A F		700	1								
11. Facility Name (If Not Insti		et And Number)	y Department Outpatient	I nesa ne vusar) U Hospice	Facility LI Dece	edent's Home	Nursing)	Home/Long-	Ferm Care Facility	Other (S	pecify)	
Dyer Nursi	ng & R	ehabilit:	ation Cent	er									
12 City Or Town, State, And	Zip Code			***************************************	13.	County Of Death	h			14. Marital State	us At Time Of	Death	
Dyer, Indiana 46311						Lake				Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown			
			15a. (if Wife)	Give Maiden Last Nam-	•	16. Decedent's Usual Occupation				17, Kind Of	17. Kind Of Business/Industry		
Adeline J.	Chass	eur		raga		Industrial Engineer Industrial Hardward						Hardware	
			18a. County		ĺ	ly Or Town							
Indiana		<u> </u>	Lake		D;	yer		1 184 5	ipt. No.	18e. Zi;	. F	1df. Inside City Limits?	
710 - 210t	h	^ *						100.7	gr. na.			NYes Dib	
19. Decedent's Education	II DELE		20. Decedent Of Hisp	anic Origin		21 Deceder	nt's Race			40	5311		
Some colle	ge. No	degree	No			Whi	to						
22. Father's Name (First, Mid	dle, Last)	6			23. Mother	s Name (First, Mi			···	259	. Mother's Ma	arden Last Name	
Romano	Ch	asseur			Anı	nette	Cha	sseur		I	avre		
24. Informant's Name		······	24a, Relationship	To Decedent	Z4b, Maiinn	g Address (Street	And Numbe	r, City, State, .	Zip Code)				
Adeline J.	Chass	eur	Wife		710 -	- 210th	Str	eet, I	yer,	Indian	na 463	311	
25a. Method Of Disposition.		256. P	lace Of Disposition (Name of	25. F Of Cemetery, Cremator	lace Of Disp ry, Other Place		Location - I	Citly, Town, An	d State	-			
☐ Burial ☐ Cremation ☐ ☐ Removal From State	Donation X Ent	ombment Fel	bruary 14,	2008			AT						
Other (Specify)			Ly Cross Ma			Ca	lume	t City	\ I1	linois		and calling a contract	
26. Was Coroner Contacted? Yes No	1	/ r	Phic Doc	1100001	is th	944					27a. Fur	neral Home License Number:	
Anthony & Dziadowicz Funeral Home Munster, Indiana 46321 83002916													
27b. Signature of Indiana Funeral Service Licenses: the Lake County Recorde: 27c License Number (Of Licenses):													
Cause Of Death (See Instructions And Examples)													
28. Part I. Enter The Ch	ain Of Events	-Diseases, Injurie	es Or Complications	That Oirectly Cause	ad The Death	Do Not Ente	r Tarminal	Evenne		HE PEONE S RICHESTE OF C	con need in the six the	7 CONT. 3 TO LE WOR Ap proximate	
Such As Cardiac Arrest, I A Line. Add Additional Li	VESDINGTOL & WI	rest, or venuncula	ir Fibrillation Without Si	nowing the Etiolog	y. Do Not Al	obreviate. Ente	er Only On	e Cause On	kajivîy be.	uth berakmy	ENT	Interval: Onset. To Death	
Immediate Cause (Final [Disease Or Co	endition Resulting	in Death A.	FINOR	-x19	Du• 7	To I Or As A Con	sequence Of/		man a da	2000	- I Week	
Sequentially List Condition	ns, If Any. Le	ading To The Caus	se Listed On B.	failure	2 lo Th	INVE	To (Or As A Con		<u> </u>	68 ! 3	2008	6 months	
Line A. Enter The Under The Events Resulting In I	iying Cause (L Death) Last	Jisease Or Injury T	That Initiated	Sepsi	5							4 days	
			D,			Due ?	fo (Or As A Con	sevvence Oti					
Part II. Enter Other Significant	Conditions Con	tributing To Death But	Not Resulting in The Unde	rlying Cause Given in i	Part I			psy Performed	angliaghte angere district	Yes N			
31. Did Tobacco Use Contribu	de To Deam?	32 HFe		71111	ER'S	<u> </u>					e Vi Deedi:	Yes X No	
☐ Yes ☐ Processiy ☐ No Xues		□ Not Pi	regnant Within Past Year Pri	egnant At Time Of Death	☐ Not Pregnant, 6	ut Pregnant Within 42	2 Days Of Dead		tenner Of De	iath: ide 🛘 Accident 🗖	Paneline Incenti	ration.	
34. Date Of Injury (Month/Day	(Year)		regnant, But Pregnant 43 Days To se Of Injury			nant Within The Past G., Decedent's H		TI Sui	olde TL Could	Not Be Determined		. Injury At Work?	
					الكبلة							☐ Yes ☐ No	
38. Location Of Injury - State		38s. Ch	y Or Town	366, 8	Street & Numbe	3				38c. Apt. N	o. 380.	Zip Code	
				× 60.11	DIANA.	11117							
39 Describe How Injury Occur	red									ation Injury, Spec		P. (8. 2)	
□ Drine/Operator □ Passenger □ Pedestrian □ Other (Specify)													
41. Signature, Of Person Certifying Cause Of Death													
XXCertifying Physician Coroner Health Officer Health Officer 44. License Number 45. Date Certified													
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:													
Linus B. Gandhi, M.D., 2727 Highway Ave., Highland, IN 46322 Ology 75614 February 11, 2008													
									47. "Akast				
48. Signature of Local Heading	Officer:	77					1	or Registral C	Only - Date	FRed (Month/Day)			
	meer v		17.0.0.				1 X.	. 11.		. 1	1	₩	

State Form 10110 (R7/9-07) ATTENTION ESTATE. The Bodist Security # is being requested by this state agency in order to pursue his statutory

Order No.: 1402433 Revision No. 1 7/16/17 Loan No.: 0000499610

EXHIBIT "A"

LOT 147, NORTHGATE 3RD ADDITION, UNIT "A", TO THE TOWN OF DYER, AS SHOWN IN PLAT BOOK 40, PAGE 146, IN THE LAKE COUNTY, INDIANA.



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