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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 049321

2014 AUG 18 AM 9: 18

MICHAEL B. BROWN  
RECORDER

Case # 920141859

**SURVIVORSHIP AFFIDAVIT**

Comes now Brenda Mostello, Personal Representative for The Estate of Ruth Evelyn Nicholas a/k/a Ruth E. Nicholas and Evelyn Nicholas, who being duly sworn upon his/her oath, deposes and says:

That, Ruth Evelyn Nicholas a/k/a Ruth E. Nicholas and Evelyn Nicholas was the surviving spouse of Donald R. Nicholas, deceased who died domiciled in Lake County, Indiana, on October 30, 2009.

That Ruth Evelyn Nicholas a/k/a Ruth E. Nicholas and Evelyn Nicholas and Donald R. Nicholas acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lots 1, 2, 3, and 4, Block 3 in Patzel Lakeview Summer Resort to the City of Hobart, as per plat thereof, recorded in Plat Book 16, page 30, in the Office of the Recorder of Lake County, Indiana.

45-09-31-401-013-000-018

Affiant states that Ruth Evelyn Nicholas a/k/a Ruth E. Nicholas and Evelyn Nicholas and Donald R. Nicholas continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Donald R. Nicholas's death.

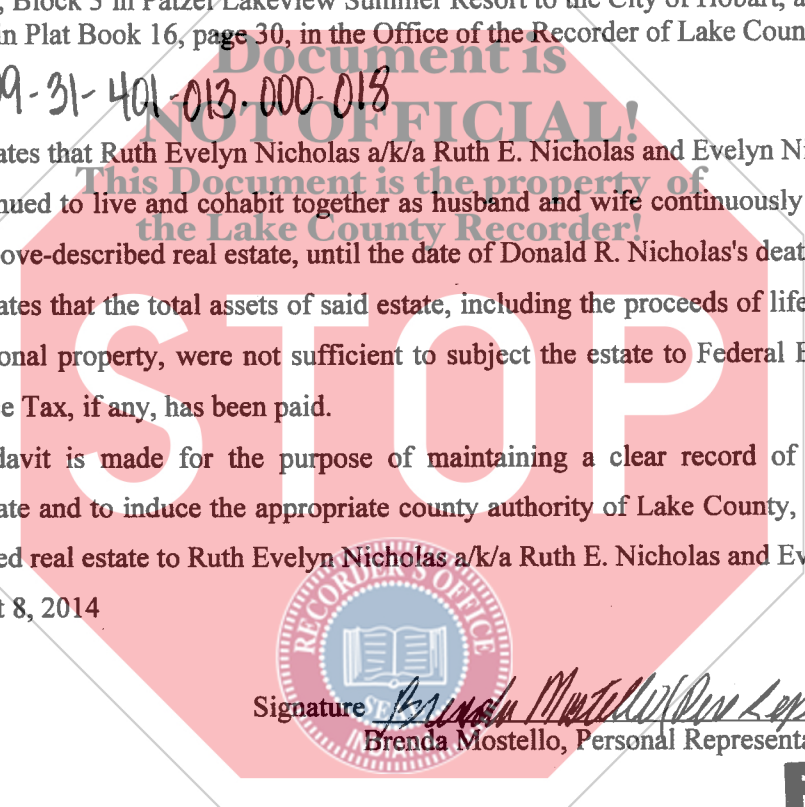
Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Ruth Evelyn Nicholas a/k/a Ruth E. Nicholas and Evelyn Nicholas.

Executed: August 8, 2014

Signature

*Brenda Mostello (Per Law)*  
Brenda Mostello, Personal Representative



**FILED**

AUG 15 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

FIDELITY NATIONAL  
TITLE COMPANY

920141859  
**FIDELITY HBT**

92014-1859

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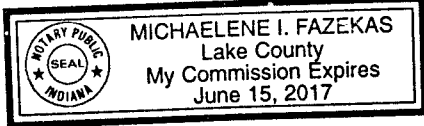
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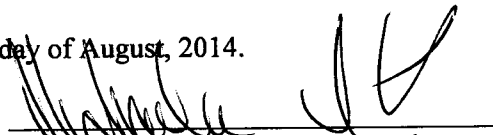
STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 8th day of August, 2014.

*Witness* my hand and Notarial Seal on this 8th day of August, 2014.

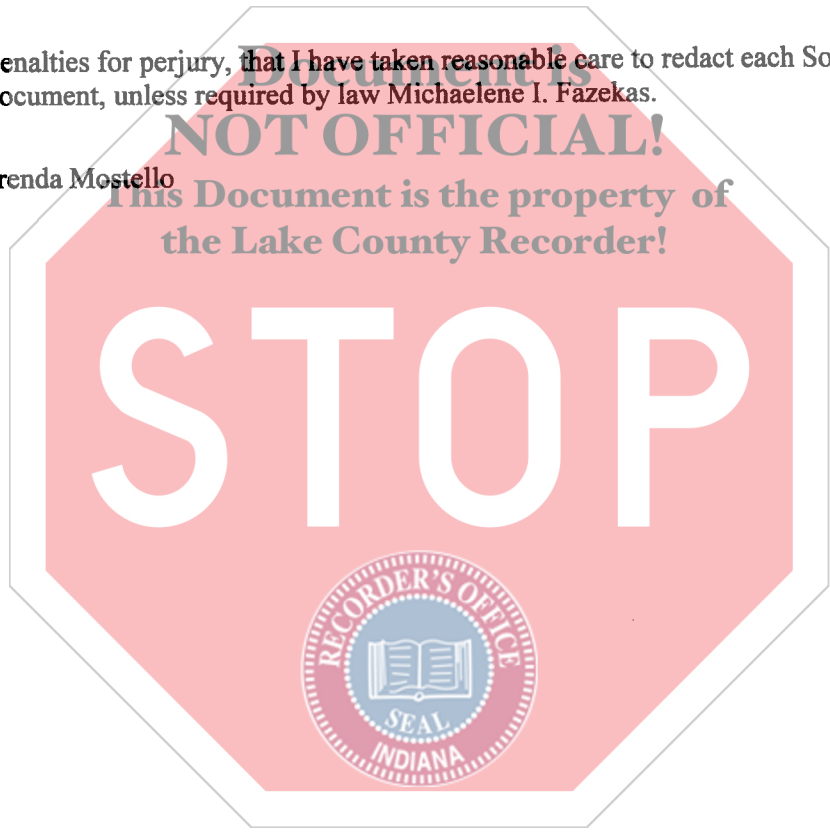


  
Notary Public Michaelene I. Fazekas  
Resident of Lake County  
My Commission expires: 6/15/2017

Prepared by: Timothy R. Kuiper, Attorney at Law  
Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

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

Return to: Brenda Mostello



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

900141859

**FIDELITY NBT**



Local No. 3553-09

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>DONALD R. NICHOLAS</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>	3. Time Of Death <b>4:55p.m.</b>	4. Date Of Death (Month/Day/Year) <b>October 30, 2009</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>86</b>	6b. Under 2 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>Dec. 14, 1922</b>		8. Birthplace (City And State Or Foreign Country) <b>Rossville, Illinois</b>	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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>St. Mary Medical Center</b>									
12. City Or Town, State, And Zip Code <b>Indianapolis, Indiana</b>				13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15a. Surviving Spouse's Name <b>Evelyn Nicholas</b>			15b. (If Wife) Give Maiden Last Name <b>Bridgeman</b>		16. Decedent's Usual Occupation <b>Police Officer</b>		17. Kind Of Business/Industry <b>City of Gary</b>		
18a. Residence - State <b>Indiana</b>		18b. County <b>Lake</b>		18c. City Or Town <b>Hobart</b>			18d. Apt. No.		18e. Zip Code <b>46342</b>
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>12</b>			20. Decedent Of Hispanic Origin		21. Decedent's Race <b>White</b>		
22. Father's Name (First, Middle, Last) <b>William Nicholas</b>				23. Mother's Name (First, Middle, Last) <b>Adeline Nicholas</b>			24. Mother's Maiden Last Name <b>Shields</b>		
25. Decedent's Name <b>Evelyn Nicholas</b>		25a. Relationship To Decedent <b>Wife</b>		25b. Mailing Address (Street And Number, City, State, Zip Code) <b>600 N. Lake Shore Dr. Hobart, Indiana 46342</b>					
25c. Place Of Disposition		25d. Place Of Disposition (Name Of Cemetery, Oratory, Other Place) <b>Kelly-Carroll Cemetery</b>		25e. Location - City, Town, And State <b>Gary, Indiana</b>					
25f. Method Of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25g. Federal Home Loan Agency Number <b>FD01010432</b>		25h. Signature of Indiana Funeral Service Licensee: <b>Anthony S. [Signature]</b>					
26. Part I. Enter The Chain Of Events - Disease, 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 1 Line. Add Additional Lines As Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Pharyngeal embolus CVA</b> B. <b>cardiac embolus</b> C. <b>stroke</b>									
26. Part II. Enter Other Significant Conditions Contributing To Death (Not Resulting In The Underlying Cause Given In Part I)									
27. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		28. 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 This Past Year			29. Manner Of Death: <input 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				
30. Date Of Injury (Month/Day/Year)		31. Time Of Injury		32. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			33. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Location Of Injury - State		35a. City Or Town		35b. Street & Number			35c. Apt. No.		35d. Zip Code
36. Describe How Injury Occurred						37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
38. Signature Of Person Certifying Cause Of Death: <b>[Signature]</b>						39. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
40. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>1356 S. Lake Park Ave Hobart IN 46342</b>						41. License Number <b>0902084E</b>		42. Date Certified <b>11/2/09</b>	
43. Signature of Local Health Officer: <b>Susan W. Burt, D.O.</b>						44. For Registrar Only - Date Filed (Month/Day/Year): <b>11/2/09</b>			

