

2014 049913

2014 AUG 20 AM 11:42

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT OF TITLE

Comes now **TRACY BRYS**, being duly sworn upon her oath, and states as follows:

That the affiant is the adult daughter of DAVID ARENS, deceased, and the court-appointed Personal Representative of the ESTATE OF DAVID ARENS a/k/a DAVID M. ARENS pending in Lake Superior Court under Cause No. 45D02-1406-ES-35 and, at the time of DAVID ARENS' passing, on **May 2, 2014**, he was the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 19, Block 2, Beverly Seventh Addition to the City of Hammond, as shown in Plat Book 29, Page 100, in Lake County, Indiana.

Parcel #45-07-18-427-019.000-023

Commonly Known As: 7823 Chestnut Avenue, Hammond, IN 46324

That based upon the decedent's passing the parcel is presently owned and held by the ESTATE OF DAVID ARENS a/k/a DAVID M. ARENS with the affiant TRACY BRYS acting as Personal Representative of the pending Estate. (Original Death Certificate attached as Exhibit "A"). That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a federal estate tax return. That the decedent's estate is NOT subject to Indiana Inheritance Taxes.

*Tracy Brys*  
TRACY BRYS, Affiant

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.

*Randy H. Wyllie*  
Randy H. Wyllie, Attorney

STATE OF INDIANA )  
COUNTY OF LAKE )

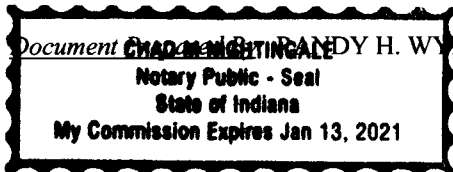
Subscribed and sworn to before me, a Notary Public, this 14<sup>th</sup> day of August, 2014.

*Chad M. Hylton*  
Notary Public

My Commission Expires: Jan 13, 2021

\$13

\$3885



**FILED**

AUG 20 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25913

*Cx*



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 17054

Local No 001362

EDR No 00000383073

State No 019713

1. Decedent's Legal Name (First, Middle, Last) <b>DAVID M ARENS</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>12:33 AM</b>		4. Date Of Death (Month/Day/Year) <b>05/02/2014</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>67</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>02/09/1947</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</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 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 checked="" 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>7823 CHESTNUT</b>											
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46324</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 checked="" type="checkbox"/> Divorced <input 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>BARBER</b>		17. Kind Of Business/Industry <b>BARBERSHOP</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HAMMOND</b>					
18c. Street And Number <b>7823 CHESTNUT</b>						18d. Apt. No.		18e. Zip Code <b>46324</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>MATHIAS ARENS</b>						23. Mother's Name (First, Middle, Last) <b>MARTHA ARENS</b>			23a. Mother's Maiden Last Name <b>ARNOLD</b>		
24. Informant's Name <b>ANTHONY ARENS</b>				24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7823 CHESTNUT, HAMMOND, IN 46324</b>					
25. Place Of Disposition											
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>KELLY CARROLL CREMATORY</b>				25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>WHITE FUNERAL HOME &amp; CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319</b>						27a. Funeral Home License Number: <b>FH10600026</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08700086</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>CORONARY ARTERY DISEASE</b> Due to (Or As A Consequence Of)											
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											
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
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)			38. Zip Code		
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		
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>JOHN WILLIAM KLEMME, 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>JOHN WILLIAM KLEMME, 9330 SOUTH BROADWAY, CROWN POINT, IN 46307</b>						44. License Number <b>01027097A</b>		45. Date Certified <b>05/04/2014</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>MAY 05 2014</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
**MAY 05 2014**

RAISED SEAL AFFIXED