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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 050182

2014 AUG 21 AM 9:26

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

I, Mary A. Fiegler, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the current sole Trustee of the JAMES AND MARY FIEGLER LIVING TRUST, dated February 26, 2013. Said Trust is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 61 in Meadows of Dyer, phase two A, as per plat thereof, recorded in plat book 83, page 40, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 648 Seminary Drive, Dyer, IN 46311

Grantee Address: 648 Seminary Drive, Dyer, IN 46311

Tax Key Number: 45-10-01-127-011.000-034

3. The decedent, James D. Fiegler, (aka James Dale Fiegler) acquired a life estate in said real estate by deed of conveyance on the 26th day of February, 2013, and recorded in the Office of the Lake County Recorder on February 28, 2013 as Document No. 2013 015789.

4. The decedent reserved a life estate in said real estate until his death on the 19th day of June, 2014. See attached Death Certificate for James D. Fiegler (aka James Dale Fiegler).

5. 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; therefore, the decedent's estate was not subject to Federal Estate Tax.

**FILED**

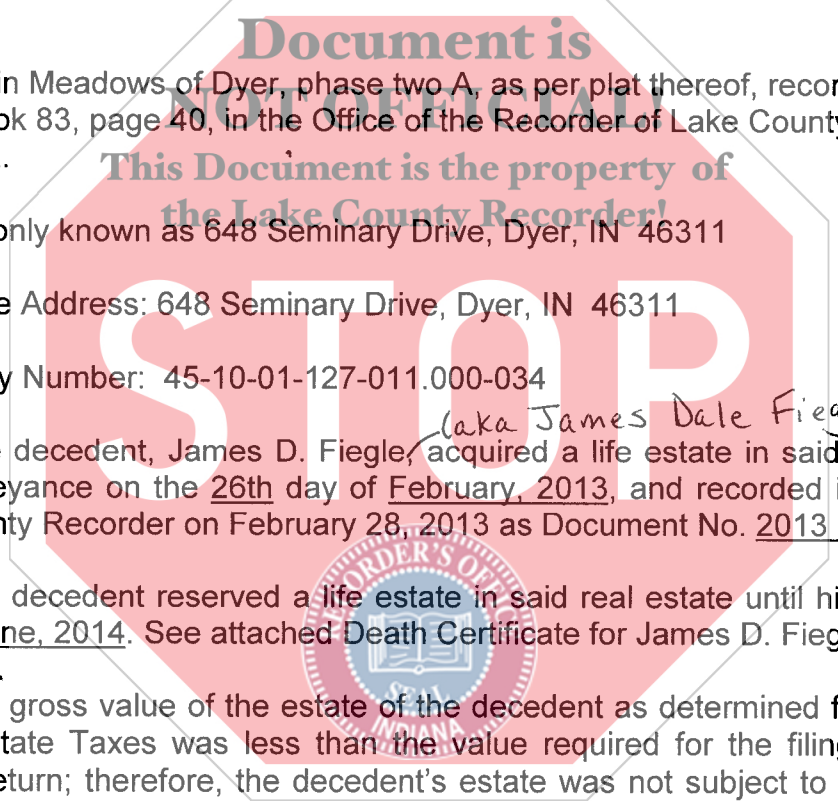
AUG 21 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

*Mary A. Fiegler*  
Mary A. Fiegler, Affiant

REF CA

03633



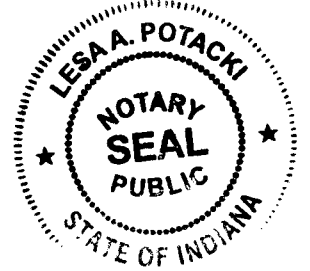
\$ 16  
CK# 7179

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Mary A. Fiegle, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 14<sup>th</sup> day of August, 2014.

My commission expires: 02/13/2018

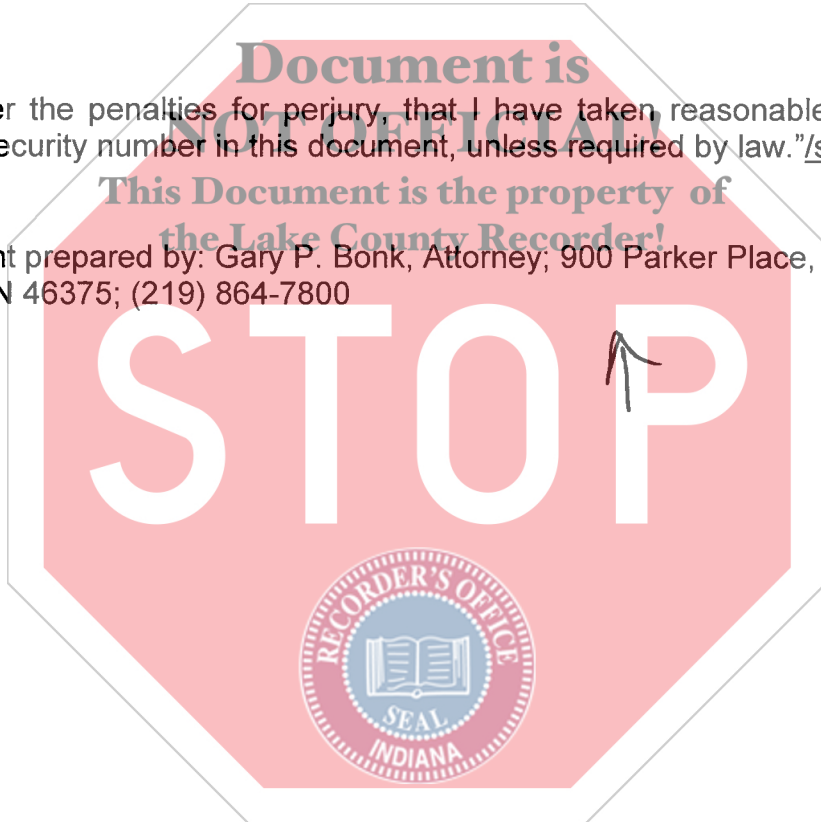


Signature: *Lesa A. Potacki*  
Lesa A. Potacki  
Resident of: Lake County, Indiana

"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." /s/Gary P. Bonk

**This Document is the property of  
the Lake County Recorder!**

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A,  
Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

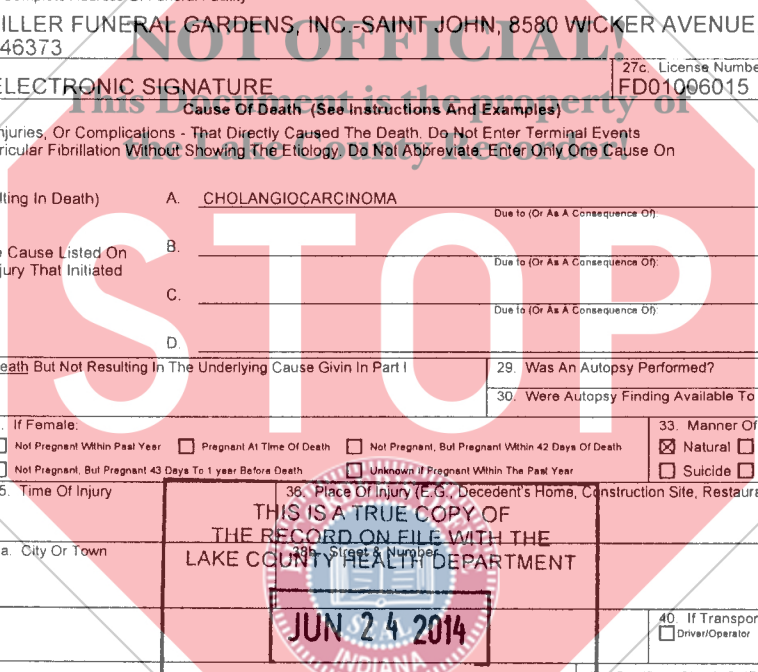
Tracking No. 21692

Local No 001962

EDR No 00000391259

State No 027759

1. Decedent's Legal Name (First, Middle, Last) <b>JAMES DALE FIEGLE</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>05:15 AM</b>	4. Date Of Death (Month/Day/Year) <b>06/19/2014</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>03/17/1947</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, 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 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>648 SEMINARY DRIVE</b>									
12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</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		
15. Surviving Spouse's Name <b>MARY ANN FIEGLE</b>			15a. (If Wife) Give Maiden Last Name <b>BAKER</b>		16. Decedent's Usual Occupation <b>MANAGER</b>		17. Kind Of Business/Industry <b>UTILITIES</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>DYER</b>		18d. Apt. No.	18e. Zip Code <b>46311</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>648 SEMINARY DRIVE</b>			19. Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</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>WILBUR FIEGLE</b>				23. Mother's Name (First, Middle, Last) <b>LEONA FIEGLE</b>			23a. Mother's Maiden Last Name <b>PEIFER</b>		
24. Informant's Name <b>MARY ANN FIEGLE</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>648 SEMINARY DRIVE, DYER, IN 46311</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>KELLY-CARROLL CREMATION SERVICES</b>			25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>FAGEN-MILLER FUNERAL GARDENS, INC. SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373</b>					27a. Funeral Home License Number: <b>FH10200006</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01006015</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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. CHOLANGIOCARCINOMA Due to (Or As A Consequence Of)</b> <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. _____ Due to (Or As A Consequence Of) C. _____ Due to (Or As A Consequence Of) D. _____									
Approximate Interval: Onset To Death <b>LESS THAN 2 YEARS</b>									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>PRIMARY SCLEROSING CHOLANGITIS</b>					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input 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				
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) <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>					37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	38. Location Of Injury - State	
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>LYLE R MUNN, 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>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, LAKE COUNTY HEALTH OFFICER, VALPARAISO, IN 46383</b>						44. License Number: <b>01031582A</b>	45. Date Certified: <b>06/23/2014</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>JUN 23 2014</b>			



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)