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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 020175

2015 APR -7 AM 10: 04

MICHAEL B. BROWN  
RECORDER

Property Numbers:

- 45-08-32-477-012.000-002
- 45-08-32-477-011.000-002
- 45-08-32-477-010.000-002
- 45-08-32-477-009.000-002
- 45-08-32-477-008.000-002
- 45-08-32-477-007.000-002
- 45-08-32-477-006.000-002
- 45-08-32-477-005.000-002

Mail Tax Statements to:

7317 McCook Ave.  
Hammond, IN 46323-2629

Document is  
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NOT OFFICIAL!

State of Indiana

County of Lake

This Document is the property of  
the Lake County Recorder!

Comes now Charles V. Pettersen, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

1. Charles V. Pettersen has knowledge of the facts stated in this Survivorship Affidavit by reason of being the surviving son of Mary J. Pettersen.
2. Charles V. Pettersen is an adult residing at 7317 McCook Avenue, Hammond, Indiana 46323.
3. Charles V. Pettersen is the owner of the following described real estate:

Lots 11 to 17, both inclusive and the West 25 feet of Lot 18, in Block 1, in South Gary Home Investment Co.'s First Addition to Gary, as per plat thereof, recorded in Plat Book 10 page 29, in the Office of the Recorder of Lake County, Indiana.

commonly known as: 1732 W. 52<sup>nd</sup> Place  
Gary, IN 46410

- |                   |                          |                          |
|-------------------|--------------------------|--------------------------|
| Property Numbers: | 45-08-32-477-012.000-002 | 45-08-32-477-008.000-002 |
|                   | 45-08-32-477-011.000-002 | 45-08-32-477-007.000-002 |
|                   | 45-08-32-477-010.000-002 | 45-08-32-477-006.000-002 |
|                   | 45-08-32-477-009.000-002 | 45-08-32-477-005.000-002 |

FIDELITY NATIONAL  
TITLE COMPANY

92015-0158

22  
SREF  
AD  
FN

(Survivorship Affidavit Page 1 of 3)

FILED

APR 06 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

20268

4. Said real estate was formerly owned by Charles V. Pettersen and Mary J. Pettersen, as joint tenants with rights of survivorship, by virtue of the following deeds recorded in the Office of the Recorder of Lake County, Indiana:

Deed from Anna N. Anton, as Auditor of Lake County Indiana, dated October 25, 1989, and recorded October 27, 1989, as document number 0655595;

Tax Deed from Peggy Katona, as Auditor of Lake County Indiana, dated March 13, 2008, and recorded October 15, 2008, as document number 2008 070832;

Tax Deed from Peggy Katona, as Auditor of Lake County Indiana, dated March 13, 2008, and recorded October 15, 2008, as document number 2008 070833;

Tax Deed from Peggy Katona, as Auditor of Lake County Indiana, dated December 14, 2010, and recorded November 15, 2011, as document number 2011 063929; and

Tax Deed from Peggy Katona, as Auditor of Lake County Indiana, dated December 14, 2010, and recorded November 15, 2011, as document number 2011 063930.

5. Mary J. Pettersen, also known as Mary Jean Pettersen, died testate, on May 11, 2013, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Mary J. Pettersen is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.

6. The probate value of Mary J. Pettersen's probate estate did not exceed the sum of \$50,000.00. The Last Will and Testament of Mary J. Pettersen, under which Charles V. Pettersen was the sole devisee, was spread of record by the Order of Probate of Will Without Administration (Will Spread of Record), entered on July 3, 2013, by the Lake Superior Court, Probate Division, sitting at Hammond, Indiana, under Cause No. 45D05-1307-EM-00019.

7. There were no Federal Estate or State Inheritance taxes due by reason of Mary J. Pettersen's death.

8. All funeral expenses and the expenses of the last illness of Mary J. Pettersen have been paid.

9. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Charles V. Pettersen is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Charles V. Pettersen is the sole owner of said real estate.

Further Affiant saith not.

IN WITNESS WHEREOF, Charles V. Pettersen, the Affiant, has executed this Survivorship Affidavit this 6th day of February, 2015.

Signature: Charles V. Pettersen  
Charles V. Pettersen

State of Indiana )  
 ) SS:  
County of Lake )

Before me, the undersigned Notary Public in and for said County and State, personally appeared Charles V. Pettersen and acknowledged the execution of the foregoing Survivorship Affidavit, and having been duly sworn upon his oath, stated that the facts alleged therein are true.

Witness my hand and Notarial Seal this 6th day of February, 2015.



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Ellen K. Sturgell, Notary Public

Notary's County of Residence: Starke  
Notary's Commission Expires: August 7, 2021

**After Recording Return to:** Chris Fox  
Attorney at Law  
516 E. 86<sup>th</sup> Ave.  
Merrillville, IN 46410-6213

**Mailing address of Affiant:** Charles V. Pettersen  
7317 McCook Avenue  
Hammond, IN 46323-2629

The foregoing Survivorship Affidavit was prepared by Chris Fox, Attorney at Law, Indiana Bar License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366).

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. Chris Fox



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001677

EDR No 000000323160

State No 022735

Form fields including: 1. Decedent's Legal Name (MARY JEAN PETERSEN), 1a. Maiden Name (MILLER), 2. Sex (FEMALE), 3. Time Of Death (08:55 PM), 4. Date Of Death (05/11/2013), 5. Social Security Number, 6a. Age - Yrs (84), 6b. Under 1 Year, 6c. Under 1 Month, 6d. Under 1 Day, 6e. Under 1 Hour, 7. Date of Birth (12/28/1928), 8. Birthplace (SOUTH FORK TOWNSHIP IN MAQUOKETA, IA), 9. Ever in U.S. Armed Forces?, 10. If Death Occurred In A Hospital, 10a. If Death Occurred Somewhere Other Than A Hospital, 11. Facility Name (WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE), 12. City Or Town, State, And Zip Code (MUNSTER, IN, 46321), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death, 15. Surviving Spouse's Name, 15a. (If Wife) Give Maiden Last Name, 16. Decedent's Usual Occupation (TEACHER), 17. Kind Of Business/Industry (EDUCATION), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (HAMMOND), 18c. Street And Number (7317 MCCOOK AVENUE), 18d. Apt. No., 18e. Zip Code (46323), 18f. Inside City Limits?, 19. Decedent's Education (DOCTORATE(PHD,EDD), PROFESSIONAL(MD,DDS,DVM,LLB,JD)), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Father's Name (DEWEY SAMPSON MILLER), 23. Mother's Name (OPAL GENOVEVA MILLER), 23a. Mother's Maiden Last Name (BECKER), 24. Informant's Name (CHARLES VINCENT PETERSEN), 24a. Relationship To Decedent (SON), 24b. Mailing Address (7317 MCCOOK AVENUE, HAMMOND, IN 46323), 25. Place Of Disposition (MOUNT HOPE), 25c. Location - City, Town, And State (MAQUOKETA, IA), 26. Was Coroner Contacted?, 27. Name And Complete Address Of Funeral Facility (LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324), 27a. Funeral Home License Number (FH11100004), 27b. Signature Of Indiana Funeral Service Licensee (JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE), 27c. License Number (FD20900076), 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. INTRACRANIAL HEMORRHAGE, Due to (Or As A Consequence Of): B. C. D. 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. Cause Of Death (See Instructions And Examples) THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT, Approximate Interval: Onset To Death 7 DAYS, MAY 15 2013, Susan W. Best, M.D., LAKE COUNTY HEALTH OFFICER, 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?, 30. Were Autopsy Finding Available To Complete The Cause Of Death?, 31. Did Tobacco Use Contribute To Death?, 32. If Female: 33. Manner Of Death: 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), 37. Injury At Work?, 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: 41. Signature, Of Person Certifying Cause Of Death: LEONARD JOSEPH BUCCELLATO, BY ELECTRONIC SIGNATURE, 42. Certifier (Check Only One) [X] Certifying Physician [ ] Coroner [ ] Health Officer, 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LEONARD JOSEPH BUCCELLATO, 761 45TH STREET, 108, MUNSTER, IN 46321, 44. License Number (01058760A), 45. Date Certified (05/13/2013), 46. Additional Funeral Service Provider:, 47. \*Akas:, 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE, 49. For Registrar Only - Date Filed (Month/Day/Year): MAY 14 2013

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Survivorship Affidavit Exhibit A