2015 022209

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

SZUBY VOR SHUP ZAFIJODAVIT

2015 APR 15 PM 3: 00

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RNO

			,	
	STATE OF TNO (QNA)	SS:	MICE	IAEL B. BROWN RECORDER
	COUNTY OF LAKE			ES Same Ser March Street Street S
~	Sharon Louise	being first duly sworn up	on oath, deposes and says:	
1	1. That Stewart Doarts	5 D glied on 07-15 20 1 3at	CROWN POINT	IN 46367
4	2 That toward Istation	TEACand SULICON LUCSE	D were duly and legally	married at the time they
	acquired title as husband ar	nd wife to the following described real Lace, CROWN Poin	1t, IN 46307	
	115-16-16-2 Lots Eastrand April 20, 196	Heights as shown as	PLatofcorrect Record, Page 11	tion Recorded A Showke county Thinks This and
	3. That the martial relationship	, which existed between them at the	time, they acquired title to sai	d real estate remained in effect
	and unbroken until the date	of (his) (her) death. connection with the death of said de	cedent have been paid in full	
	 I hat all funeral expenses in That all assets of said dece 	dent which would be includable for F	ederal Estate Tax purposes,	ncluding joint bank accounts
		ent's life were not sufficient to neces		
	Further affiant sayeth not.	the Lake County Ro		(Ma / A) ex (Affiant Signature)
		APR 15		OFFICIAL SEAL REBECCA M. DYKSTRA
	STATE OF	AKEDOUNTY AUDITOR and for said County and State, person	EDGEMENT	NOTARY PUBLIC - INDIANA LAKE COUNTY My Comm. Expires Oct. 23, 2020
		AUDITOR	C/	Louise Dix
	Before me, a Notary Public in a	nd for said County and State, person on of the foregoing instrument, and w	ally appeared Anaron	
	who acknowledged the execution therein contained are true. With	ness my hand and Notary Seal this _	15th day of April	, 20 <u>15</u>
				Dikata
	Resident of Lake Coun	VOIANALITE	7)6	1 Duratra
	My Commission Expires: //	-23-2020 Print	ed / Kebecca I	11. OYKS 1120
™ ₂	! affirm, under the penalties for unless required by law.	perjury, that I have taken reasonable	care to redact each Social S	ecurity number in this document,
	dinous required by iden.	(Name)		14-
	This Instrument prepared by	Marion L. P.	/	nim con
		I		·

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

/616	Local N	lo 002	2389			EDR No 0000		000333783		3		Sta	ate No			
1. Decedent's Lega	/ Neme (First,	Middle, Last	1				a. Maiden Nar		-		2. Sex	4	3. Time O	f Death	4. Date C	of Death (Month/Day/Year
STEWART D								·				ALE		5 PM		07/15/2013
5. Social Security N	Number 6a. /	Age - Yrs	6b. Under	1 Year 6	c. Under 1	Month 6d.	Under 1 Day	6e. Under 1	Hour 7	. Date	of Birth (Mi	onth/Day/Ye	ar) 8. B	irthplace (Ci	ty and State o	or Foreign Country)
9. Ever in U.S. Arm	and Forces?	73	Months th Occurred In		ays .	Hou	rs	Minutes 10a. If Deat	Occurre		06/12/1			ARY, IN		
Yes □ No □		İ		•		tpatient 🔲 E	Dead on Arrival	☐ Hospice	Facility		ecedent's H			ome/Long-ter	m Care Facili	ty
11. Facility Name (et and Numbe	r)						•						
12. City Or Town, S					•			13. C	ounty Of E	Death			1		atus At Time (
CROWN POINT, IN, 46307 15. Surviving Spouse's Name 15a. (If Wif					/ife)Give Maide	LAK	Ē		16. Dece	dent's Usual	[Widowed	☐ Neve	it Separated ☐ Divorce r Married ☐ Unknown Of Business/industry		
CHADOMI D	NV.					COPLII	N.I			.	TDUCK	DDIVE	D		TDANC	PORTATION
SHARON L. D. 18. Residence - Sta				18a. Cou	inty	COPLI	IN	18b. City	Or Town		INUCK	DRIVE	Κ		ITANS	PORTATION
INDIANA				LAKE				CROW	N POIN	NΤ						
18c. Street And Nur	mber									•		18d. Apt.	No.	18e. Zip	Code	18f. Inside City Limits?
412 WEST 11	17TH PLA	CE												46	307	☐ Ye₃ ☐ No
19. Decedent's Edu		JATE O	R GED	20. De	cedent Of	Hispanic Orig	gin		21. Dece	edent's f	Race					
COMPLETED)			NOT	HISPA	NIC			Vhite							
22. Father's Name (f	rirst, Middle, La	ast)						23. Mother's N	iame (Firs	st, Middi	e, Last)			23a. 1	Mothers Maid	len Last Name
FERM DONO				1 64	- Deletie	abia Ta Dana	dout	HAZEL D 24b. Mailing A		Non ad A	- J No	Oit Ctata	7in Code)	SNC	K	
						iship To Dece	edent	_	,			•		- IN 400	207	
SHARON L D	NX			VV	IFE		25. Plac	412 WES		HPL	_ACE, (CROWN	POIN	I, IN 463	307	
25a. Method Of Disp ☐ Burial ☑ Cremi		ifion □ Enf		5b. Place C	f Disposition	on (Name Of		ematory, Other P		25c. Lo	cation - City	, Town, And	State			,
Removal From S						Do	CHI	neni	t ic							
Other (Specify): 26. Was Coroner Co	intacted?	27.	Name And Co	EISEN Implete Ado	CREM tress Of Fu	IATION C uneral Facility	CENTRE	ПСП		RO	WN PO	INT, IN			27a. Fune	ral Home License Number
☑ Yes ☐ No		GE CR	ISEN FU OWN PC	NERAL	CRE	MATION	-	TION CEI	NTRE,	606	4.			· .	FH1070	
27b. Signature Of In LARRY ALLE				NIC SI	SNATU	REUM	nent i	s the 1) ro1	ne1	rtv F	7c. License D0 9000		of Licensee):		
28. Part I. Enter T Such As Cardiac A Line. Add Addi	Arrest, Respir	atory Arres	seases, Injur t, Or Ventricu	ries, Or Co ular Fibrilla	mplication	T -1		Instructions The Death, Do Do Not Abbre			To E	HIS IS A	TRUE ON FI	COPY ()	F I THE	Approximate Interval: Onset To Death
Immediate Cause								RT FAILURE		L	AKE CO	NTY I	HEALT!	DEPAR	TMENT	5 YEARS
	(,								to (Or As	A Consequence	Oi):				
Sequentially List (Line A. Enter The The Events Resul	e Underlying C	ause (Dise	ng To The Ca ase Or Injury	ause Lister That Initia	ated	B. <u>CHRO</u>	NIC RENAL II	NSUFFICIENC	Due		A Consequence	onJUL		2013	· .	5 YEARS
						D.			Due	to (Or As	A Consequence	ipo):	04	est. L	10	
Part II. Enter Other Si	ignificant Condi	tions Contrib	uting to Deat	h But Not R			ng Cause Givir	ı İn Part I	29.	. Was A	Ar Allensy	eggina?	YHEAL	THORF	CER No	
															nuse Of Death	☐ Yes ☐ No
31. Did Tobacoo Use				Female: ot Pregnant Wit	hin Past Year	Pregnant A	At Time Of Death	Not Pregnant, Bu	t Pregnant Wi	fthin 42 Da	ys Of Death		ner Of Dea		Accident	Pending Investigation
Yes Probabi			□ No	ot Pregnant, Bu	Pregnant 43 I	Days To 1 year Bet	fore Death	Unknown if Preg	nant Within Th	he Past Ye	ar	☐ Suici	de 🔲 Çol	ild Not Be De	etermined	
34. Date Of Injury (M	ioniiivDay/19ar)		35.	Fime Of Inju	ry	A	ob. Place	Of Injury (E.G.	Deceden	irs Hom	ie, Construc	ction Site, Re	estaurant, 1	vooded Area	· _	Injury At Work? ☑ Yes ☐ No
38. Location Of Injury	y - State		38a. (City Or Tow	n		38b. Stre	eet & Number					T	38c. Apt. N		Zip Code
						E										
39. Describe How Inju						, T	Server INDI	ANA	7			40. If Tra	ansportation perator P	n Injury, Sper	cify: destrian ☐ Other	r (Specify)
41. Signature, Of Per EDUARDO FL 43. Name, Address A	ETES , B	Y ELEC	TRONIC		TURE		- Vin	muu				tifier (Check tifying Physi		Coroner		eath Officer Date Certified
DUARDO FLETES , 297 WEST FRANCISCAN LANE., SUITE 104, IN 46 6. Additional Funeral Service Provider:						16307				010	049249			07/17/2013		
													*Akas:			
8. Signature of Local Health Officer: USAN W. BEST, VIA ELECTRONIC SIGNATURE							49. For Registrar Only - Date Filed (Month/Day/Year):									
JOORIN VV. DE	AMENDMENT TO CERTIFICATE OF DEATH (ENTRY C	JUL 18 2013								
			,	. 	. ——											

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.