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**AFFIDAVIT OF TITLE**

Comes now DEBORAH LONGFELLOW, being duly sworn upon her oath, and states as follows:

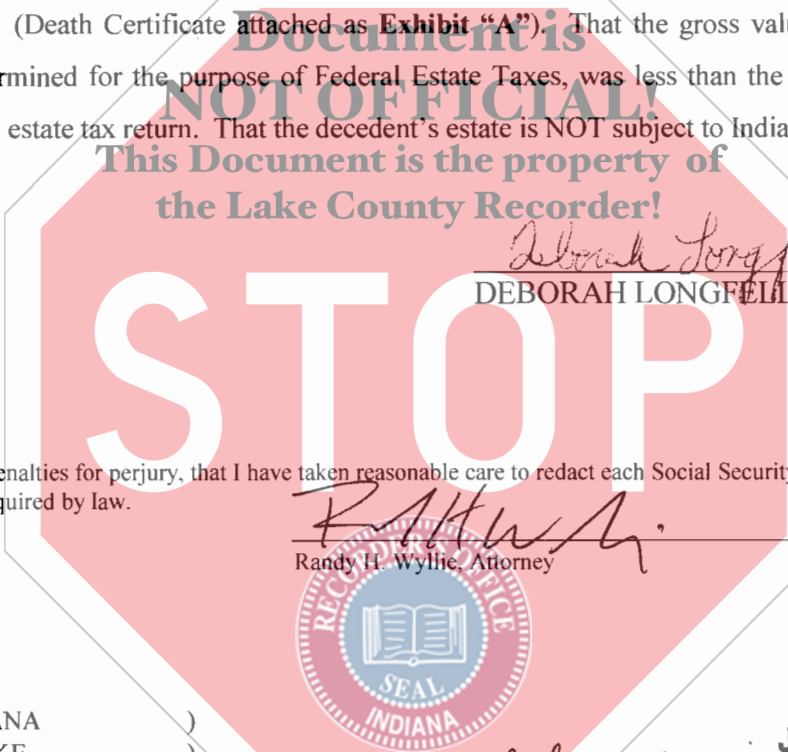
That the affiant is the court-appointed Personal Representative of the Estate of EUGENE H. AHLGRIM pending in Lake Superior Court under Cause No. 45D02-1412-ES-93 and at the time of EUGENE H. AHLGRIM's passing, on **October 7, 2014**, he was the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Number One (1), in Block Number Thirty-Two (32) as marked and laid Down on the recorded plat of Railroad Addition to the Town (now city), Except the East Sixty (60) feet thereof, of Crown Point, Lake County, Indiana. With buildings and improvements thereon.

**Parcel# 45-16-05-431-004.000-042**  
**Commonly Known As: 602 East Monitor Street, Crown Point, IN 46307**

2015 024051

That based upon the decedent's passing the parcel is presently owned and held by the Estate of Eugene H. Alhgrim with the affiant DEBORAH LONGFELLOW acting as Personal Representative of the pending Estate. (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.



*Deborah Longfellow*  
DEBORAH LONGFELLOW, 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

**FILED**

APR 22 2015

STATE OF INDIANA )  
COUNTY OF LAKE )

*Ruth A. Fagne*  
Notary Public

Subscribed and sworn to before me, a Notary Public, this 20<sup>th</sup> day of Apr 2015  
My Commission Expires: May 25, 2018

JOHN E. PETALAS  
LAKE COUNTY AUDITOR



Prepared By: Attorney Randy H. Wyllie, 429 West Lincoln Highway, Schererville, IN 46375

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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

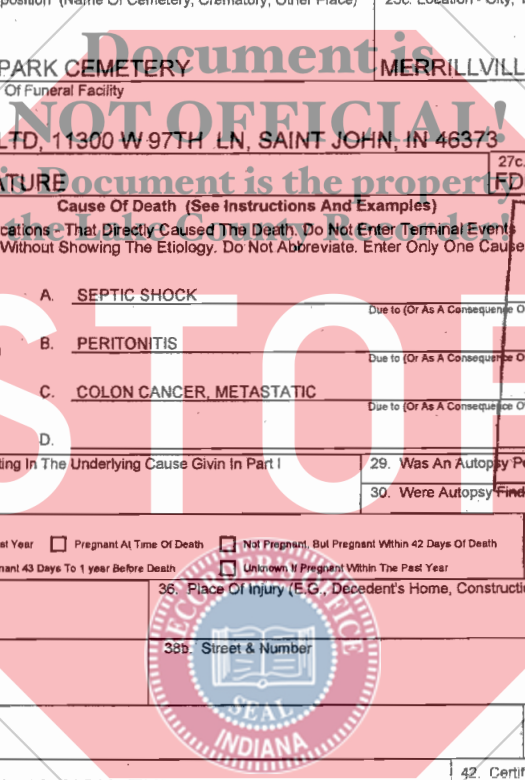
Tracking No. 32255

Local No 003236

EDR No 000000408947

State No 046159

1 Decedent's Legal Name (First, Middle, Last) <b>EUGENE H AHLGRIM</b>			1a Maiden Name (If female)			2 Sex <b>MALE</b>		3 Time Of Death <b>11:30 PM</b>		4 Date Of Death (Month/Day/Year) <b>10/07/2014</b>	
5 Social Security Number [REDACTED]		6a Age - Yrs <b>72</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>08/24/1942</b>			8 Birthplace (City and State or Foreign Country) <b>GARY, IN</b>								
9. If Decedent Served In 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 checked="" 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>WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE</b>											
12 City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</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 type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" 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>STOCKMAN</b>		17. Kind Of Business/Industry <b>NIPSCO</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>CROWN POINT</b>					
18c. Street And Number <b>602 E MONITOR</b>						18d. Apt. No.		18e. Zip Code <b>46307</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>WALTER AHLGRIM</b>				23. Mother's Name (First, Middle, Last) <b>TRILLA AHLGRIM</b>				23a. Mother's Maiden Last Name <b>SHERWOOD</b>			
24. Informant's Name <b>ELAINE O'DEA</b>			24a. Relationship To Decedent <b>SISTER</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>11425 W 131ST PLACE, CEDAR LAKE, IN 46303</b>					
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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>CALUMET PARK CEMETERY</b>			25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373</b>						27a. Funeral Home License Number: <b>FH19900052</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD09260077</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>SEPTIC SHOCK</b> Due to (Or As A Consequence Of):											
B. <b>PERITONITIS</b> Due to (Or As A Consequence Of):											
C. <b>COLON CANCER, METASTATIC</b> Due to (Or As A Consequence Of):											
D.											
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I											
NONE											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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>LEONARD JOSEPH BUCCELLATO, 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>LEONARD JOSEPH BUCCELLATO, 761 45TH STREET, 108, MUNSTER, IN 46321</b>						44. License Number <b>01058760A</b>		45. Date Certified <b>10/15/2014</b>			
46. Additional Funeral Service Provider:						47. *Aias:					
48. Signature of Local Health Officer <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>OCT 15 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

OCT 16 2014

Approximate Interval - Onset To Death  
2 WEEKS  
2 MONTHS

Susan W. Best

LAKE COUNTY HEALTH DEPARTMENT

RAISED SEAL AFFIXED