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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 060067

2015 SEP -3 PM 1:41

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now **SARA L. MAYDEN**, a/k/a Sarah L. Mayden being duly sworn, and states as follows:

1. Sara L. Mayden is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 3 Section Number 4, Schererville Heights, Unit Number 3, Sections 2 and 4, as shown in Plat Book 46, Page 130 Lake County, Indiana

Common Address: 8267 Blaine Place, Crown Point, Indiana 46307

Parcel Number: 45-11-23-303-007.000-032

2. That John R. Mayden, now deceased, and Sara L. Mayden were husband and wife at the time they acquired title as tenants by the entireties to said real estate by Quitclaim Deed signed on March 7, 1981 and recorded on March 11, 1981.

3. The marital relationship which existed between this affiant and John R. Mayden, her husband, continued unbroken from the time they so acquired title to said real estate until the death of John R. Mayden on July 25, 2015, at which time this affiant acquired title to the said real estate by operation of law, as surviving spouse and surviving tenant by the entireties.

4. That, by virtue of spousal exemption, the said real estate was not subject to the Federal Estate Tax, and passed to your affiant by operation of law free from the lien thereof.

5. That the real estate described herein was not subject to Indiana Inheritance tax.

And further affiant sayeth not.



Sara L. Mayden
Sara L. Mayden

FILED
SEP 03 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

015041

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CMW
#4309

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Sara L. Mayden, who executed the above and foregoing document, and swore or affirmed that the representations of fact contained therein are true. Witness my hand and Notarial Seal this 1st day of September, 2015.



Marsha L. Henson
Marsha L. Henson, Notary Public

My Commission Expires: December 17, 2020
Resident of Porter County, State of Indiana

Pursuant to IC 36-2-11-15, 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.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
Signature: *David M. Kacmarik* Date signed: *9/1/15*
Printed: David M. Kacmarik

Mail this document to:

David M. Kacmarik
Sendak & Stamper
209 South Main Street
Crown Point, Indiana 46307



This document prepared by David M. Kacmarik, Attorney at Law
209 South Main Street, Crown Point, Indiana 46307





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

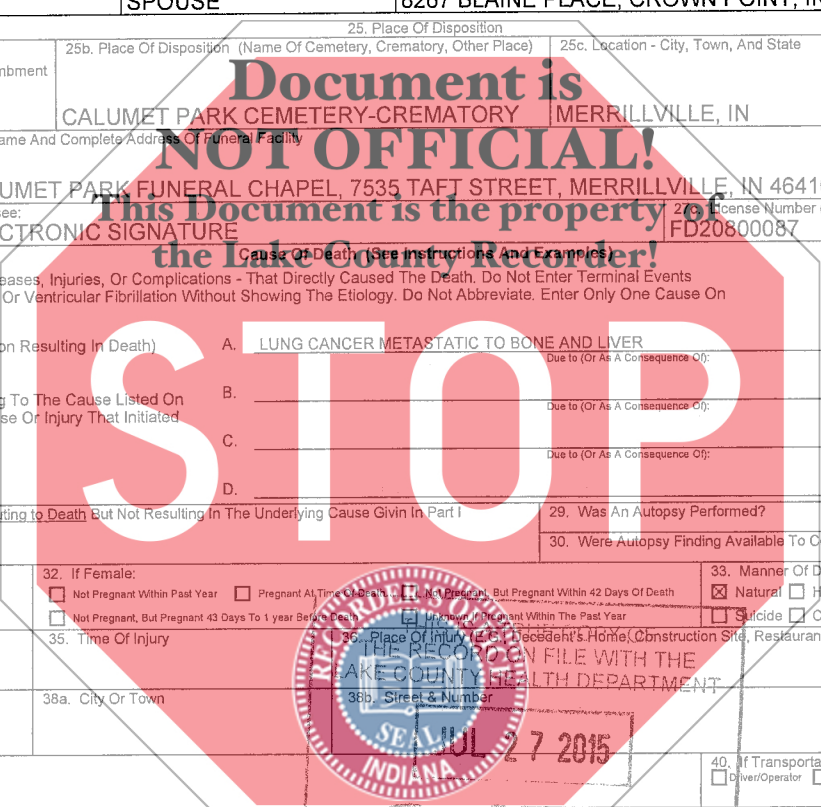
Tracking No. 60188

Local No 002470

EDR No 000000460534

State No 035037

1. Decedent's Legal Name (First, Middle, Last) JOHN R MAYDEN				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 05:49 PM	4. Date Of Death (Month/Day/Year) 07/25/2015	
5. Social Security Number [REDACTED]		6a. Age - Yrs 76	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) 02/15/1939		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
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) 8267 BLAINE PLACE									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE			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 SARA L MAYDEN			15a. (If Wife) Give Maiden Last Name HEAD			16. Decedent's Usual Occupation TRUCKDRIVER		17. Kind Of Business/Industry TRANSPORTATION	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307
18c. Street And Number 8267 BLAINE PLACE									
18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) JOSEPH R MAYDEN				23. Mother's Name (First, Middle, Last) AGNES MAYDEN			23a. Mother's Maiden Last Name GIRMAN		
24. Informant's Name SARA L MAYDEN			24a. Relationship To Decedent SPOUSE			24b. Mailing Address (Street And Number, City, State, Zip Code) 8267 BLAINE PLACE, CROWN POINT, IN 46307			
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) CALUMET PARK CEMETERY-CREMATORY			25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410					27a. Funeral Home License Number: FH10400032		
27b. Signature Of Indiana Funeral Service Licensee: KIMBERLY M. JONES, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20800087			
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. LUNG CANCER METASTATIC TO BONE AND LIVER 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. _____ C. _____ D. _____									
28. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death MONTHS	
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		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 (If Not Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT				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) NO VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE						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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383	
44. License Number 01031582A						45. Date Certified 07/27/2015			
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): JUL 27 2015			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



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