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STATE OF INDIANA
LAKE COUNTY
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MICHAEL B. BROWN
RECORDER

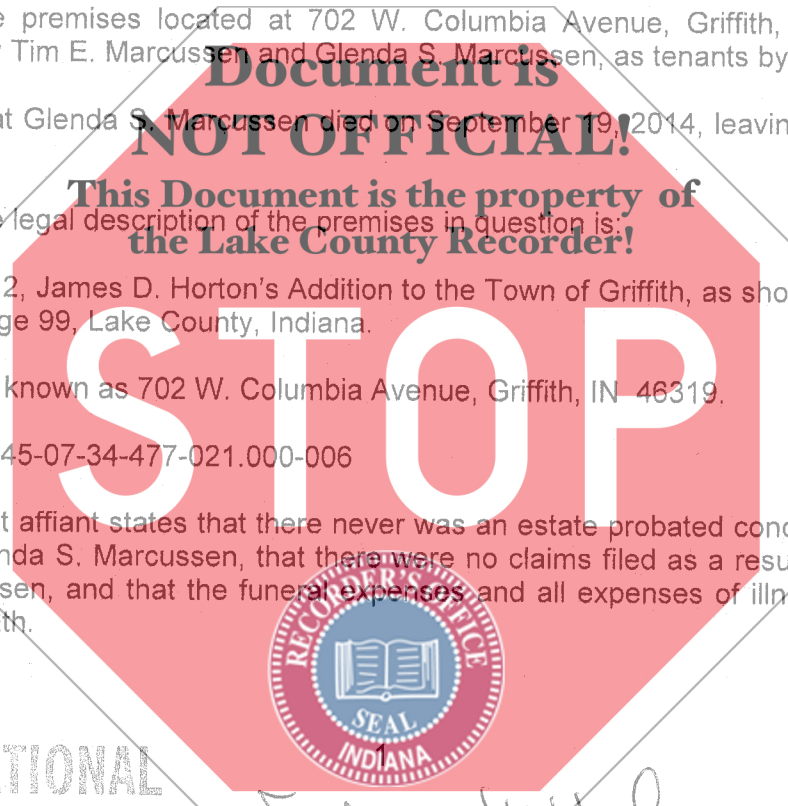
RETURN TO: John DeJesus Sr. and Gloria D. DeJesus
702 W. Columbia Avenue, Griffith, IN 46319

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this 28 day of August, 2015, before me personally appeared **JON R. OSBORNE**, to me personally known, who being duly sworn upon his oath, did say that:

1. Affiant resides at 9246 Embers Way, Indianapolis, IN 46250.
2. Affiant is the surviving adult son of Glenda S. Marcussen, deceased.
3. The premises located at 702 W. Columbia Avenue, Griffith, IN 46319, was formerly owned by Tim E. Marcussen and Glenda S. Marcussen, as tenants by entireties.
4. That Glenda S. Marcussen died on September 19, 2014, leaving a Last Will and Testament.
5. The legal description of the premises in question is:
Lots 1 and 2, James D. Horton's Addition to the Town of Griffith, as shown in Plat Book 2, page 99, Lake County, Indiana.
Commonly known as 702 W. Columbia Avenue, Griffith, IN 46319.
Parcel No. 45-07-34-477-021.000-006
6. That affiant states that there never was an estate probated concerning the death of his mother, Glenda S. Marcussen, that there were no claims filed as a result of the death of Glenda S. Marcussen, and that the funeral expenses and all expenses of illness were paid at the time of her death.



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FIDELITY NATIONAL
TITLE COMPANY
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JOHN E. PETALAS
LAKE COUNTY AUDITOR

7. That as a result of the death of Glenda S. Marcussen, there were no State of Indiana inheritance taxes or federal estate taxes due and owing.

8. Affiant further states that Glenda S. Marcussen and Tim E. Marcussen were husband and wife at the time of acquiring title to the premises and were never divorced and continued to be married until the time of her death.

9. Affiant's relationship to the decedent is that of surviving adult son.

Further, Affiant sayeth not.



JON R. OSBORNE

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared JON R. OSBORNE, and acknowledged the execution of said Survivorship Affidavit to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 20 day of August, 2015.



Notary Public

My Commission Expires: *10 20 2022*
County of Residence: *Madison*

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. (Jared R. Tauber, Esq.)

This instrument prepared by: Jared R. Tauber, Esq., #27417-45, Tauber Law Offices, 1415 Eagle Ridge Drive, Schererville, Indiana 46375 (219) 865-6666



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 30009

Local No 002945

EDR No 000000405659

State No 042151

1. Decedent's Legal Name (First, Middle, Last) GLENDA S MARCUSSEN		1a. Maiden Name (if female) CLINE		2. Sex FEMALE	3. Time Of Death 08:10 PM	4. Date Of Death (Month/Day/Year) 09/19/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 69	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) 10/21/1944	
8. Birthplace (City and State or Foreign Country) BLOOMINGTON, IL		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) 702 WEST COLUMBIA STREET				12. City Or Town, State, And Zip Code GRIFFITH, IN, 46319		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 TIM E MARCUSSEN		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation TEACHER	
17. Kind Of Business/Industry SCHOOL DISTRICT 150		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH	
19c. Street And Number 702 WEST COLUMBIA STREET		18d. Apt. No.		18e. Zip Code 46319		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) CHARLES WAYNE CLINE	
23. Mother's Name (First, Middle, Last) MILDRED CLINE		23a. Mother's Maiden Last Name RUTLEDGE		24. Informant's Name TIM E MARCUSSEN		24a. Relationship To Decedent HUSBAND	
24b. Mailing Address (Street And Number, City, State, Zip Code) 702 WEST COLUMBIA STREET, GRIFFITH, IN 46319		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) SOLAN PRUZIN CREMATORY		25c. Location - City, Town, And State SCHERERVILLE, IN	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC DBA SOLAN-PRUZIN 14 KENNEDY AVENUE SCHERERVILLE, IN 46375		27a. Funeral Home License Number FH10200037		27b. Signature Of Indiana Funeral Service Licensee PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE	
27c. License Number (Of Licensee) 000035		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Other Causes Contributing To Death, Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death): A. LUNG CANCER METASTATIC TO LIVER 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.		29. Was Autopsy Conducted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		30. Were Autopsy Findings 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 checked="" 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"/> 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. Location Of Injury - State		36a. City Or Town		36b. Apt No	
36c. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Describe How Injury Occurred		39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
40. Signature Of Person Certifying Cause Of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE		41. 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		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Date Certified 09/20/2014	
44. License Number 01031682A		45. Date Certified		46. Signature of Local Health Officer SUSAN W. BEST VIA ELECTRONIC SIGNATURE		47. For Registrar Only: Date Filed (Month/Day/Year) SEP 22 2014	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

