2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 067738

2015 OCT -1 PM 1:30

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-19-25-231-004.000-008

SCOTT R. BEIER, being first duly sworn upon oath, deposes and says:

1. That **CARL E. BEIER**, died on the 5th day of March, 2015 at Demotte, Newton County, Indiana.

2. That at the time of his death, he held a Life Estate interest with Margery E. Beier in the following described real estate:

   LOT 41, EASTLAND ESTATES UNIT TWO, AN ADDITION TO THE TOWN OF LOWELL, AS SHOWN IN PLAT BOOK 70 PAGE 44, IN LAKE COUNTY, INDIANA.

   COMMONLY KNOWN AS: **307 EASTLAND CIRCLE, LOWELL, IN 46356**

3. That no Federal Estate Tax is due as a result of the death of Carl E. Beier.

4. That this Affiant's relationship to the Decedent was Son.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

FURTHER, your Affiant saith naught.

SCOTT R. BEIER

DEANNA L. GRIGGS
Lake County
My Commission Expires
February 20, 2021
NOTARY SEAL

STATE OF INDIANA, COUNTY OF LAKE) SS:

Subscribed and Sworn to before me, a Notary Public this 24 day of September, 2015.

My Commission Expires: 2-20-21 Signature ______
Resident of Lake County Printed DeAnna L Griggs, Notary Public

STOP

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45. No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

RECORDER'S OFFICE SEAL INDIANA

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.

Signature of Preparer

DeAnna L Griggs
Printed Name of Preparer

13
CM

FILED

SEP 29 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

21924

Community Title Company
File No. 158414

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No 000022 | EDR No 000000436379 | State No 011540

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
CARL E BEIER		MALE	07:30 PM	03/05/2015

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[illegible]	88	Months	Days	Hours	Minutes	08/13/1926	SCHNEIDER, IN

9. Ever In U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown
10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): APERION CARE OF DEMOTTE

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
DEMOTTE, IN, 46310	NEWTON	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
MARGERY BEIER	ASHTON	CONTRACTOR	CONSTRUCTION

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	LOWELL

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
307 EASTLAND CIRCLE		46356	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
ORVILLE BEIER	VESPER BEIER	MANSFIELD

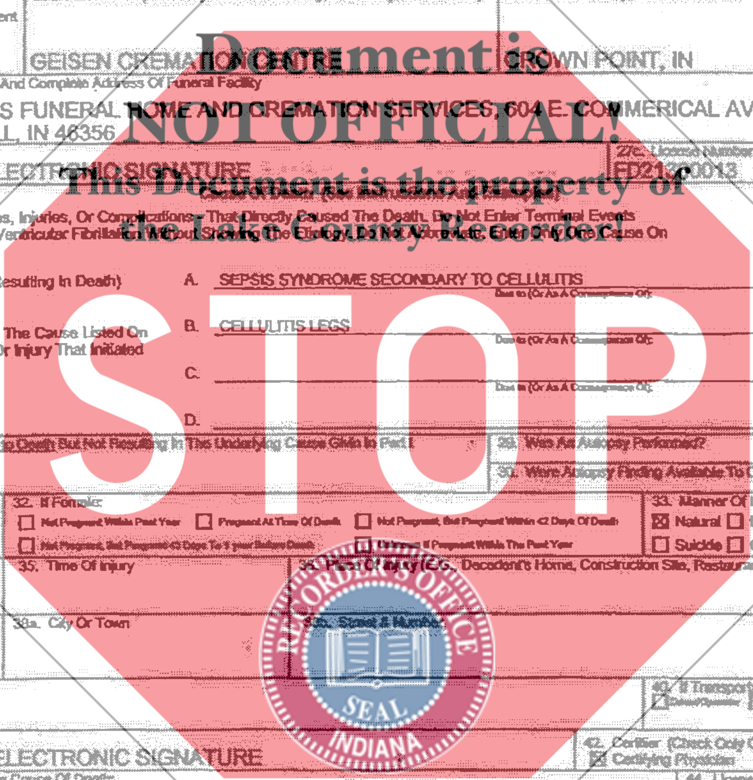
24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
SCOTT BEIER	SON	120 NORTH LIBERTY STREET, LOWELL, IN 46356

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	GEISEN CREMATION CENTRE	CROWN POINT, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☐ Yes ☒ No	SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERICAL AVENUE, LOWELL, IN 46356	FH83004277

27b. Signature Of Indiana Funeral Service Licensee	27c. License Number (Of Licensee)
JENNIFER LYNN OSBURN , BY ELECTRONIC SIGNATURE	FD21200013



Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

Cause Of Death (See Instructions And Examples)

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.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	SEPSIS SYNDROME SECONDARY TO CELLULITIS	ONE WEEK
		Due to (Or As A Consequence Of):	
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.	CELLULITIS LEGS	ONE WEEK
		Due to (Or As A Consequence Of):	
	C.		
		Due to (Or As A Consequence Of):	
	D.		

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? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death	42. Certifier (Check Only One)
KRISTINE MARIE TEODORI , BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death	44. License Number	45. Date Certified
KRISTINE MARIE TEODORI , 499 S. COURT ST., CROWN POINT, IN 46307	02002441A	03/07/2015

46. Additional Funeral Service Provider:
47. *Alias:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
GONZALO T FLORIDO, VIA ELECTRONIC SIGNATURE	MAR 10 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.