

2015 067746

2015 OCT 21 PM 1:31

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-12-05-328-018.000-030

PHYLLIS J. TEASDALE, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **JOHN ROBERT TEASDALE, a/k/a JOHN R. TEASDALE**, died (without leaving a will) (leaving a will) on August 25, 2014 at Hobart, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 13, IN PART BLOCK 8, IN BON AIRE SUBDIVISION, UNIT #2, AS SHOWN IN PLAT BOOK 31 PAGE 78, IN LAKE COUNTY, INDIANA.

Commonly known as: **5750 TAFT PLACE, MERRILLVILLE, INDIANA 46410**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

Phyllis J. Teasdale
PHYLLIS J. TEASDALE

STATE OF Indiana, COUNTY OF Lake SS:

Subscribed and sworn to before me, a Notary Public this 25th day of September, 2015.

My Commission Expires: 4-15-16 Signature *[Signature]*
County of Residence: Lake Printed: Matthew W. Deulley, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 278134-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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]
Signature of Preparer

[Signature]
Printed Name of Preparer

Patricia Ludington
Resident Of
Lake County
My Commission Expires:
4/15/2016

FILED

SEP 30 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

21946

Community Title Company
File No. 158477

*13
M
CM*

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

27454

Local No 002674

EDR No 00000401815

State No 038333

1. Decedent's Legal Name (First, Middle, Last) JOHN R TEASDALE				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 02:20 AM		4. Date Of Death (Month/Day/Year) 08/25/2014			
5. Social Security Number		6a. Age - Yrs 86		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) 05/23/1928		8. Birthplace (City and State or Foreign Country) BELLAIRE, OH											
9. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)													
10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival													
11. Facility Name (If Not Institution, Give Street and Number) BRENTWOOD AT HOBART													
12. City Or Town, State, And Zip Code HOBART, IN, 46342						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 PHYLLIS TEASDALE				15a. (If Wife) Give Maiden Last Name KUCHINKA				16. Decedent's Usual Occupation SALES AND SERVICE		17. Kind Of Business/Industry MACHINERY			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MERRILLVILLE			18d. Apt. No.		18e. Zip Code 46410		
18c. Street And Number 5750 TAFT PLACE													
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White							
22. Father's Name (First, Middle, Last) JOHN D TEASDALE				23. Mother's Name (First, Middle, Last) TRESSERA TEASDALE				23a. Mother's Maiden Last Name HUFF					
24. Informant's Name PHYLLIS TEASDALE				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 5750 TAFT PLACE, MERRILLVILLE, IN 46410					
25. Place Of Disposition 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) NORTHWEST INDIANA CREMATION SVS 25c. Location - City, Town, And State CROWN POINT, IN													
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number FH83002445					
27b. Signature Of Indiana Funeral Service Licensee JAMES E. BURNS, BY ELECTRONIC SIGNATURE										27c. License Number (Of Licensee) 000099			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter In That 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. CORONARY ARTERY DISEASE B. DEMENTIA C. ALZHEIMERS DISEASE D. HYPOTHYROIDISM 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 An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
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"/> 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 checked="" 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 NADEZDA DJUROVIC, 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 NADEZDA DJUROVIC, 8777 BROADWAY STE C, MERRILLVILLE, IN 46410						44. License Number 01028620A		45. Date Certified 08/27/2014					
46. Additional Funeral Service Provider													
48. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) AUG 28 2014							

