Affidavit of Survivorship

STATE OF Indiana COUNTY OF Lake

Property Number: 45-16-05-328-002-000

Jonathan L. Forgey, being first duly sworn upon his oath, says:

That he is the surviving spouse of Florence V. Forgey.

That he and the decedent, Florence V. Forgey, owned as tenants by the entirety, the following described real estate in Lake County, Indiana.

(Legal Description) ordinen in the city of Crown Point, as per Document is The affiant further certifies that Florence V. Forgey, wife of Jonathan L. Forgey, died on December 8, 2010, and the maniage of Florence the Eorgey and Jonathan L. Forgey was terminated only by virtue of her death whereby Jonathan L. Forgey became the owner of said real estate as the survivor of a tenancy by the entirety. Jonathan L. Forgey (Printed Name of Affiant) OCTIO SWORN to and subscribe DITOR Sore me, this the 13th day of October, 2015 My Commission Expires: July 5, 2019 DEBRA MARIE PARIS Notary Public- Seal Document Prepared by: Jonathan L. Forgey State of Indiana My Commission Expires Jul 5, 2019 \$14.00 e CASM

4310810

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	EDR	EDR No 000000168150 DTP 3				State No							
Decedent's Legal Name (First, Middle, Last)		1a Maiden Last Name (If female)			2. Sex		3 Time Of Death 4. Date Of Death (Month)			ath (Month/Day/Year)			
FLORENCE V. FORGEY	ORENCE V. FORGEY			SCHEUER				FEMALE		м	12/08/2010		
Social Security Number 6a. Age - Yrs	6b. Under 1	Year	6c. Under 1 Mo	nth 6d. Under 1 Day	6e. Under 1	Hour 7. Date	of Birth (Mont	n/Day/Year)	8 Birthplac	e (City and Sta	te or Forei	gn Country)	
67	67 Months Days He						10/14/1	943	GARY.	INDIANA			
9. Ever in U.S. Armed Forces? 10. If Dea	th Occurred In A	Hospital:	:			h Occurred Somew							
Yes No Unknown Impatient Emergency Department Outpatient Dead on Arrival Other (Specify)													
11. Facility Name (If Not Institution, Give Street a METHODIST HOSPITAL SOUT 12. City Or Town, State, And Zip Code		ERRIV	/IL <u>LE</u>		112.6	County Of Death			14 14-	ital Status At Ti	ma Ol Dan		
TE. SILY SI TOTHI, CICIC, FEE ED SOLO											Marned Married, But Separated Divorced		
MERRILLVILLE ,INDIANA ,46410_7099					LAK						Widowed Never Married Unknown		
15. Surviving Spouse's Name				15a. (If Wife)Give Maiden L	ast Name		16. Decedent's Usual Occupation			17. Kind Of Business/Industry			
JONATHAN L. FORGEY				RESF			SPIRATORY THERAPIST			MEDICAL			
B. Residence - State . 18			County		18b. City Or Town								
INDIANA			E		CROW	N POINT	OINT						
												8f. Inside City Limits?	
818 NORTH WEST STREET									46307 ⊠Yes			⊠Yes No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED			. Decedent Of His	spanic Origin	21. Decedent's Race								
COMPLETED	t Hispanic			White									
22. Father's Name (First, Middle, Last)						3. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name			
CHARLES D. SCHEUER SR			GENEVI	NEVIEVE L. SCHEUER				BORNS					
24. Informant's Name	p To Decedent	24b. Mailing A	Address (Street An	d Number, City	State, Zip Code	e)							
JONATHAN L FORGEY			HUSBAND)	818 NOR	TH WEST S	TREET,	CROWN P	OINT,IND	DIANA ,46	307		
25a, Method Of Disposition	2	Sh Place	Of Disposition (25. Pla	ce Of Disposition								
	ntombment	Jo. r lace	o Disposition (Maine of Centerry, Cremato	ory, Other Flace	' 25c. L	ocation - City, 1	own, And State					
Removal From State	L/		CARRØLL	CREMATION SE	DVICES	CAR	YNDIAN	LA					
Other (Specify): 26. Was Coroner Contacted? 27	. Name And Con			Facility 11014 3E	MAT	1 1 C	INDIA	NA.		27a	Funeral H	lome License Number:	
	EES FUNE DINT,INDI <i>A</i>			NFIELD CHAPEL	10909 R/	ANDOLPH'S	TREET	ROWN		FH ⁻	105000)22	
27b. Signature Of Indiana Funeral Service License JAMES J. KRAUSE, BY ELECT		GNAT	URE	TOF		CIA	4 :	c. Dicense Num		see).			
			. D.	Cause Of Death (Se	e Instruction	ns And Exampl	es)	0					
 Part I. Enter The <u>Chain Of Events</u> - Such As Cardiac Arrest, Respiratory Arrest, Or V 	Complications out Showing The	That Directly Caused the Death, Do Not Enter Demina Events Diology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines				Lines	Approximate Interval: Onset To Death						
If Necessary.			the I	Lake Cou	nty I	Record	lenk 3	2			3 1	LAMAS	
Immediate Cause (Final Disease Or Condition R	esulting in Death)										<u> </u>	
Sequentially List Conditions, If Any, Leading To	The Cause Lister	d On Line	A Enter	HIZP A	1111		2				15	7,5009	
The Underlying Cause (Disease Or Injury That In Death) Last			Due To (Or As A C	onsequence Of)									
2,				<i>.</i>		Due To (Or As A C	onsequence Of)						
				o									
Part II. Enter Other Significant Conditions Contribu			ulting In The Und	erlying Cause Given In Part I		29. Wa	s An Autopsy F	Performed?		Yes X	No		
	Tich					30. We	re Autopsy Fin	dings Available	To Complete T	he Cause Of De	eath?	Yes X No	
31. Did Tobacco Use Contribute To Death?		If Female		Pregnant At Time Of Death	Not Pregnant	But Pregnant Within 42	Days Of Death		r Of Death: Hornicide	Acciden	t 🗆 P	ending Investigation	
Yes Probably No Unknown				ays To 1 year Before Death	Unknown If P	regnant Within The Past	Year	Suicide	Could No	1 Be Determine		The state of the s	
34. Date Of Injury (Month/Day/Year)	35.	Time Of	Injury	36. Place	Of Injury (E.G.	S CERTIFIC 1	Construction		Wooded Area			ury At Work? Yes No	
				TURDE	R'S	Un trickly	alleniale.	# DEATH ?		TEIL :	_],,,,	
38. Location Of Injury - State	38a.	City Or T	own	385. Str	eet & Number		Sign DEPA			Apt. No.	38d. Z	ip Code	
39. Describe How Injury Occurred					/الكبا		DEC 0	1000	portation Injury Operator	, Specify: Passenger	Pedest	rian Other (Specify)	
41. Signature, Of Person Certifying Cause Of Dea	10: - 0	my_	1	E 1.0	CAL	\$		fier (Check On ertifying Physici		Coroner		ealth Officer	
43. Name, Address And Zip Code Of Person Certi		eath	X	XXXIII NO	IANA	<i>y</i>	IAY C		cense Number			te Certified	
WILLIAM FORGEY MD, 10) 9 E. 89	th A	ive, MERI	RILLVILLE, IN	46410			0	(< 2 (736	12	12/2016	
46. Additional Funeral Service Provider:						no resultation of second		A7	Akas.				
48. Signature of Local Health Officer:					_		49 Far Pa	gistrar Only	- Date Filed (A	Ionth/DavNear)·		
Suscer of	0	Si	1 D	O.				2 Cen					
	-							1 Cerh	ser	1100	$\mathcal{I} \mathcal{I} \mathcal{O}$		
			AMEN	DMENT TO CERTIFICA	TE OF DEA	TH (ENTRY ON	ORIGINAL)						

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.