# Chicago Title Insurance Company

#### SURVIVORSHIP AFFIDAVIT

	On this 9/29/15 before me personally appeared										
	(nsert date)										
	Peter A. Nielsen										
	to me personally known, who being duly sworn on oath did say that:										
	1. Affiant resides at the address given below affiant's signature:										
4	2. Affiant is 321 NE DAIS AND CUTTE AN										
	thate interest of affiant in the above premises as "owner", son of owner", etc.  the Lake County Recorder!										
	Said premises were formerly owned as joint tenants or as tenants by the										
12.00 10.00	entireties by Martin J. Nielsen, Jr. and Elizabeth J. Nielsen										
	Said Martin J. Nielsen, Jr.  f(ll in name of co-tenant who died)										
S. D. Britten	f(ll in name of co-tenant who died) died on 10/16/26/3										
,	leaving 10 will;										
	insert "a" or "no"; if will left, affect a copy										
	5. The legal description of the premises in question is:										
	Lot 21 in Fairmeadow Seventh Addition, Block 3, to the Town of Munster, as per plat thereof, recorded in Plat Book 41 page 85,	1811									
	in the Office of the Recorder of Lake County, Indiana.										
	្រុក										
	6. Is there Federal or State inheritance tax liability by reason of the death of said										
	6. Is there Federal or State inheritance tax liability by reason of the death of said										
	decedent? Yes No										
	If yes, then estimated taxes due are \$										
	The taxes due are paid or unpaid OCT 0.9 2015										
-	JOHN E. PETALAS LAKE COUNTY AUDIT	OR									
	not T										

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever
divorced? No
(If answer is "Yes", identify the divorce proceedings:
8. Affiant's relationship to the deceased was  Document is  Signature:  NOT OFFICIAL!  This Document is the property of
the Lake County Reduced eff 71 DE BORIS AUE  KAUSAS CITY MO, GYII8  Subscribed and sworn to before me by the affiant
This (insert date)  Notary Public  Printed Name 132 15
My County of Residence is:  In the State of
My Commission Expires 10117-114
This instrument prepared by Peter A. Nielsen
TERRI L. BENNETT  Notary Public-Notary Seal  STATE OF MISSOURI  County of Platte  My Commission Expires: 10-17-2016  Commission #12517390
I affirm, under the penalties for perjuty, that I have taken reasonable care to redact each Social Security number in this document, unless required by law



### INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 0034	02	E	EDR No 00	0000	34882	22	:	State N	10 04 <u>80</u>	14	•
Decedent's Legal Name (First, Middle, Last)				n Name (If fer			2. Sex	3. Tim	ne Of Death	4. Date 0	of Death (Month/Day/Year)
MARTIN J NIELSEN JR							MALE		9:19 AM		10/16/2013
5. Social Security Number 6a. Age - Yrs 6b.	Under 1 Year	6c. Under 1 M	onth 6d. Under 1	Day 6e. L	Inder 1 Hour	7. Date of	Birth (Month/Da	y/Year)	8. Birthplace (City	y and State	or Foreign Country)
76 Moz		Days	Hours	Minut			8/28/1937		CHICAGO,	IL	
9. Ever in U.S. Armed Forces? 10. If Death Oc	urred in A Hosp	pital:		1	If Death Occur ospice Facility		here Other Than edent's Home		g Home/Long-tern	n Care Facil	lity
		epartment Outpa	tient 🔲 Dead on		ther (Specify)				<b>3</b> · · · · · · · · · · · · · · · · · · ·		
11. Facility Name (If Not Institution, Give Street and METHODIST HOSPITAL SOUTHL		RILLVILLE									
12. City Or Town, State, And Zip Code		VIVIEL VILLE			13. County C	of Death			14. Marital Sta	tus At Time	Of Death
MERRILLVILLE, IN, 46410-7099			•		IAVE				Married Widowed		ut Separated  Divorced er Married  Unknown
15. Surviving Spouse's Name			15a. (If Wife)Give	Maiden Last N	LAKE lame		16. Decedent's l	Isual Occup	1		Of Business/Industry
ELIZABETH NUCLOCAL			FOROTER		•					0	
ELIZABETH NIELSEN  18. Residence - State	18a.	County	FORSTER	18	b. City Or Tow		NGINEER			STEEL	
INDIANA	1 4 12	_		B.#1	INCTED						
18c. Street And Number	LAK	<u> </u>		IVIC	JNSTER		18d.	Apt. No.	18e. Zip	Code	18f. Inside City Limits?
9124 CHESTNUT LANE											⊠ Yes □ No
19. Decedent's Education	1 20	. Decedent Of H	ispanic Origin	HIM	(21. D	ecedent's R	ace		. 46	321	
DACHELORIO DEODEE (DA AD			DU			13					
BACHELOR'S DEGREE (BA, AB, 22. Father's Name (First, Middle, Last)	BS) [N	OT HISPA		23. Me	VVhite other's Name (	First, Middle	, Last)		23a, I	Mother's Ma	iden Last Name
<u></u>			O I V				L.				
MARTIN JOHN NIELSEN SR 24. Informant's Name		24a, Relations	hip To Decedent	ent MAF	RENIELS	SEN s (Street An	d Number, City.	State, Zip C	THO	MPSON	<u> </u>
ELIZABETH J NIELSEN			Lake			_					
LEIZABETTT S NIELSEN		, vvir acti		25. Place Of Di	•	NOUTE	METINIONS	TEIX, III	1 40321		
25a. Method Of Disposition ☐ Burial ☒ Cremation ☐ Donation ☐ Entomb		ace Of Disposition	(Name Of Cemet	ery, Crematory	, Other Place)	25c, Loc	ation - City, Tow	n, And State	В		
Removal From State	Ment										
Other (Specify): 26, Was Coroner Contacted? 27, Nam		Y CARROI e Address Of Fur	L CREMAT	ORY		GARY	, IN			1 272 Eur	neral Home License Number:
	H And Complet	e Address Of Pur	leral racility							27a. Tui	letal Florite License Munici.
☐ Yes ☒ No BURN	IS-KI <mark>SH F</mark>	UNERAL H	OME INC-M	UNSTER	8415 CA	ALUMET	AVE, MUI	NSTER	, IN 46321		004968
27b. Signature Of Indiana Funeral Service Licensee BRIAN T. BURNS, BY ELECTRO		ATURE						cense Num 601763	ber (Of Licensee): }		
29 Both Ester The Chair Of Franta Disease	la la la desar de	2-0	Cause Of Deat								Approximate Interval: Onset
28. Part I. Enter The <u>Chain Of Events</u> - Disea Such As Cardiac Arrest, Respiratory Arrest, O	r Ventr <mark>icular F</mark>	or Complication ibrillation Withou	s - That Directly C ut Showing The E	tioloav. Do No	ot Abbreviate.	Enter Term Enter Only	One Cause Or	1			To Death
A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition	Populting In I	)ooth)	A. CONGESTIX	CLUBER.							6 MONTHS
inimodiate Gadse (i inal bisease of Condition	resulting in E	really a	A. CONGLOTA	0		Due to (Or As	A Consequence Of):		/		
Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease	To The Cause	LISTED OF	B. <u>END STAGE</u>	RENAL DISE	EASE	Due to (Or As	A Consequence Of):				6 MONTHS
The Events Resulting In Death) Last	Of Injury The		c								
			E	SEA		Due to (Or As	A Consequence Oi):				
Part II. Enter Other Significant Conditions Contribution	ng to Death But	Not Resulting In	D. The Underlying Cal	use Givin In Re	dP	29. Was	An Autopsy Perio	rmed?			
		1			time		/		☐ Yes o Complete The C	⊠ No Cause Of De	
31. Did Tobacoo Use Contribute To Death?	32. If Fem							3. Manner			
☐ Yes ☐ Probably ☑ No ☐ Unknown			Pregnant At Time C Days To 1 year Before Dea	_	Pregnant, But Pregr nown if Pregnant W			-	☐ Homicide ☐☐ ☐ Could Not Be ☐		Pending Investigation
34. Date Of injury (Month/Day/Year)	35. Time								urant, Wooded Are		7. Injury At Work?
				1	THIS IS A						Yes No
38. Location Of Injury - State	38a. City C	Or Town					E WITH TH DEPARTM		38c. Apt. 1	No. 3	8d. Zip Code
				LANC	20014111						
39. Describe How Injury Occurred					CT	222	วการ 🏻 🖺	0. If Transp Driver/Open to	oortation Injury, Sp or Pessenger D	ecify: Pedestrian 🔲	Other (Specify)
41. Signature, Of Person Certifying Cause Of Deal	h:			<del> </del>	UCI		42. Certifier	(Chock Co	alu Ono)		
MAHER AJAM , BY ELECTRONIC	C SIGNAT			<u> </u>			Certifyin	g Physician	Corone		Heath Officer
43. Name, Address And Zip Code Of Person Certify	nng Cause Of D	leath:		1			11. DO.	'	ense Number	1	5. Date Certified
MAHER AJAM , 9229 TAFT STR	<u>EET, MER</u>	RILLVILLE	, IN 46410	LAK	E COUNT	LA HEYL	TH OFFICE	F0103	5956A		10/21/2013
				1				"			
46. Additional Funeral Service Provider:			48. Signature of Local Health Officer.						Date Filed (Month	/Day/Yearly	
48. Signature of Local Health Officer:	NIC SIGN	ATURE				ļ	49. For Registr	al Olly -			
	NIC SIGN		DMENT TO CER	TIFICATE OF	DEATH (EN			- Colly	OCT 22		
48. Signature of Local Health Officer:	NIC SIGN		DMENT TO CER	TIFICATE OF	DEATH (EN						
48. Signature of Local Health Officer:	NIC SIGN		DMENT TO CER	TIFICATE OF	DEATH (EN			an Only			
48. Signature of Local Health Officer:	NIC SIGN		DMENT TO CER	TIFICATE OF	DÉATH (EN			ar Only			
48. Signature of Local Health Officer:		AMEN				TRÝ ÓR ÓI	RIĞINAL)		OCT 22	2013	

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 08422

Local No C	<u>/UU341</u> , Last)		ED		n Name (If fe	36703	<u>5U</u>	2. Sex	Sta	ate No 3. Time Of	00414 Death		of Death (Month/Day/Yea
ELIZABETH J NIELSEN				FORSTE	-R			FEMA	LE	12:45	5 AM		01/28/2014
5. Social Security Number 6a. Age - Y	rs 6b. Under	1 Year	6c. Under 1 Month			Under 1 Hour	7. Date o	f Birth (Monti				and State of	or Foreign Country)
65	Months		Days	Hours	Minu			09/20/19			TSBURG	S, PA	
	f Death Occurred I				□ ⊦	If Death Occur lospice Facility		vhere Other T cedent's Hom		•	me/Long-term	Care Facili	ity
			partment Outpatient	Dead on A	Arrival 🔲 C	Other (Specify)							
<ol> <li>Facility Name (If Not Institution, Give IJLLIAM J RILEY RESIDE</li> </ol>		er)											
2. City Or Town, State, And Zip Code						13. County O	of Death				. Marital Stat		Of Death ut Separated  Divorc
MUNSTER, IN, 46321						LAKE					Widowed	☐ Neve	r Married Unknown
5. Surviving Spouse's Name			15a	a. (If Wife)Give	Maiden Last i	Vame		16. Deceder	nt's Usua	1 Occupation		17. Kind	Of Business/Industry
	<u> </u>							EGAL S	ECRE	ETARY		LAW	
8. Residence - State		18a. C	county		18	Bb. City Or Tow	'n,		٠.				
NDIANA 18c. Street And Number		LAKE			MI	UNSTER			18d. Ap	· No	18e. Zip (	Podo.	18f. Inside City Limits
				/					160. Ap	t, No.	1 loe. Zip C	-ode	Yes □ No
9124 CHESTNUT LANE 19. Decedent's Education		20	Decedent Of Hispa			10304	000000000000000000000000000000000000000	2000			463	321	
HIGH SCHOOL GRADUAT	E OR GED				Cull	ICH	ecedent's F	ace /					
COMPLETED 22. Father's Name (First, Middle, Last)		INO	T HISPANIC	T	24. M	White	First, Middle	e, Last),	-		23a. N	lother's Mai	den Last Name
AUL LAM FOROTER			144										
VILLIAM FORSTER 24. Informant's Name		<u> </u>	24a, Relationship	OCUM O Decedent	en MA	RCARET F Mailing Address	ORST (Street Ar	nd Number, C	ity, State	Zip Oode)	NAU	GHTON	l
MICHELLE TURCHANY	/		DAUGHTER	Lake							IN 4632	3	
				2	25. Place Of D	isposition							
25a. Method Of Disposition ☐ Burial ☐ Cremation ☐ Donation		25b. Plac	e Of Disposition (N	ame Of Cemete	ery, Crematory	(, Other Place)	25c. Lo	cation - City,	Town, Ar	nd State			
Removal From State			DVIANEC	CMCTCD			CCLI	-D-C-D\/II	10	,			
Other (Specify): 6. Was Coroner Contacted?			RY LANE C Address Of Funeral				SUNI	ERERVIL	LE, 11			27a. Fun	eral Home License Numb
☐ Yes ☒ No	DI IDNO ZI	CH EH	NEDAL HON	AE INC MI	INCTED	0445.00	LUNATE	E 0.) /E N/	ALINIO:	TED IN	16221	ELIGAN	004069
27b. Signature Of Indiana Funeral Service	ce Licensee:		NERAL HON	VIE INC-IVI	UNSTER	, 8415 CA	LUIVIE	270	. Licens	e Number (C	f Licensee):	FH830	104908
BRIAN T. BURNS , BY ELI	-CTRONIC	SIGNA		ause Of Death	(See Instru	uctions And E	xamples		0860	1763			Approximate
28. Part I. Enter The <u>Chain Of Even</u> Such As Cardiac Arrest, Respiratory	ts - Diseases, In	juries, Or	Complications - T	hat Directly Co	aused The D	eath. Do Not E	Enter Term	ninal Events	n On				Interval: Onset To Death
A Line. Add Additinal Lines If Nece	ssary.				THILL	20	g						.0 50401
Immediate Cause (Final Disease Or	Condition Result	ting In De	ath) A.	ADENOCAR	ONOMA OF	THE COLON	METASTA Due lo (Or As	A Consequence (	क्ताऽाः	A TRUI	COPY	OF	YEARS
Sequentially List Conditions, If Any,	Leading To The	Cause Li	sted On B.		<b>7</b>			THE !	RECO	RD/ON	FILE WIT	H THE	_
Line A. Enter The Underlying Caus The Events Resulting In Death) Las	e (Disease Or Inj t	ury That I	nitiated			<b>]</b>    "	Due to (ORAS	ATCHN 40 CELL INCO.	MOIA I	YHEAL	H DEPA	KIMEN	''
			1	E	SE	V	Due to (Oc As	A Consequence C	JA	N 30	2014		
Part II. Enter Other Significant Conditions	Contributing to De	eath But N	ot Resulting to The	Noderlying Cau	ise Civin In b	MA	29 M/de	An Autopsy P	JA	114 3 0	2014		
			ar i i a a a a a a a a a a a a a a a a a	ondonying odd	Time to	Him		Autopsy Pto	ding Ava	ilable To Co	Yes	No ause Of Dea	ath? Yes No
31. Did Tobacco Use Contribute To Dea		If Female		<del></del>				L A LATE	33. M	anner Of De	ath:	<i>UO</i>	
☐ Yes ☐ Probably ☐ No 🖾 Unkr	lown	_	nt Wilhin Past Year 🔲 nt, But Pregnant 43 Days T			i Pregnant, But Pregni known if Pregnant Wit					AdiciPH ODF∉ <del>uid Net-B</del> e-De		☐ Pending Investigation
34. Date Of Injury (Month/Day/Year)	35	. Time Of	Injury	36	6. Place Of In	jury (E.G., Dece	edent's Hor	ne, Construct					7. Injury At Work?
38. Location Of Injury - State	120	a. City Or	Taura		one Clearly	Nimber					00- 4-4 1	- 20	Yes No
o. Escation of Injury - State	364	a. City Or	TOWN	'	38b. Street &	Number					38c. Apt. N	0.   30	Bd. Zip Code
39. Describe How Injury Occurred	L								40. If	Transportation	on Injury, Spe	cifv:	
									Drive	er/Operator	on Injury, Spe		ÎD ÜNLESS
<ol> <li>Signature, Of Person Certifying Cau YLE R MUNN, BY ELEC</li> </ol>	ISE Of Death:	TANE	IRF						ifier (Ch	eck Only On		,	Heath Officer
3. Name, Address And Zip Code Of Pe								_ M cen		14. License			5. Date Certified
YLE R MUNN , 85 E. US	HIGHWAY	6, MED	DICAL PLAZ	A, STE 23	5, VALPA	ARAISO, II	N 4638	3	la	103158	2A		01/30/2014
<ol><li>Additional Funeral Service Provider.</li></ol>										47. *Akas:			1
8. Signature of Local Health Officer:							Ţ	49. For Reg	gistrar O	-	iled (Month/		
SUSAN W. BEST, VIA ELE	CTRONIC S	SIGNA		NT TO CERT	IFICATE OF	DEATH (ENT	RY OP O	RIGINALL		1	JAN 30 2	2014	francis of the
			- CHILLIAN	JERT		Sec III (EIV)	OR O	- Island			1		46
										r" t			HT. HE.M.
										I			

5.20

STATE OF INDIANA	)	SUPERIOR COURT OF LAKE COUNTY
	)	PROBATE DIVISION ROOM TWO
COUNTY OF LAKE	)	SITTING AT EAST CHICAGO, INDIANA

IN THE MATTER OF THE UNSUPERVISED ESTATE OF ELIZABETH J. NIELSEN, DECEASED

CAUSE NUMBER: 45D02-1403-EU-00014

#### LETTERS TESTAMENTARY FOR UNSUPERVISED ADMINISTRATION

I, MICHAEL A. BROWN, Clerk of the Superior Court for the County of Lake, in the State of Indiana, do hereby certify that Letters Testamentary for Unsupervised Administration of the This Document is the property of Estate of ELIZABETH J. NIELSEN, late of Lake County, deceased, is granted to PETER A. NIELSEN, and said PETER A. NIELSEN, having qualified and given OATH as such SUCCESSOR PERSONAL REPRESENTATIVE, IS duly authorized to take upon HIMSELF the administration of such Estate, according to law, for Unsupervised Administration.

WITNESS, my Hand and the Seal of said court, this 12th day of February, 2015.

MICHAEL A. BROWN,
Clerk of the Lake Superior Court

By
The Percent Thayer, Deputy Clerk