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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 070541

2015 OCT 16 AM 10:45

MICHAEL B. BROWN  
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )

) SS:

COUNTY OF LAKE)

RICHARD HISE, being first duly sworn upon oath, deposes and says:

1504764

1. That DONNA M. HISE died on JUNE 20, 2012 in MERRILLVILLE, INDIANA.
2. That RICHARD G. HISE a/k/a RICK HISE and DONNA M. HISE were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

THE SOUTH 1/2 OF THE NORTH 1/2 OF THE WEST 72 FEET OF THE FOLLOWING DESCRIBED TRACT: PART OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 4, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE 2ND P.M., IN THE CITY OF CROWN POINT, LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING ON THE SOUTH LINE OF SAID 1/4 1/4 SECTION AND 12 RODS EAST OF THE SOUTHWEST CORNER THEREOF; THENCE NORTH 40 RODS, MORE OR LESS, TO THE NORTH LINE OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SAID SECTION; THENCE EAST ALONG SAID NORTH LINE 12 RODS; THENCE SOUTH 40 RODS, MORE OR LESS, TO THE SOUTH LINE OF SAID SECTION; THENCE WEST ALONG SAID SOUTH LINE 12 RODS TO THE PLACE OF BEGINNING; EXCEPT THAT PART OF SAID TRACT DEEDED TO THE CITY OF CROWN POINT FOR STREET PURPOSE BY A QUIT CLAIM DEED RECORDED JUNE 13, 1953 IN DEED RECORD 940, PAGE 389, IN THE OFFICE OF THE LAKE COUNTY RECORDER.

Tax ID: 45-16-04-377-006.000-042

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 her death.
4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance in decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



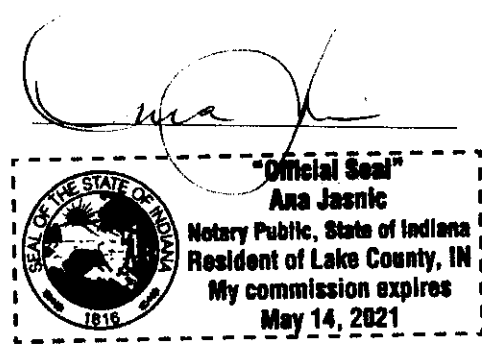
*Rick Hise*  
RICK HISE

Subscribed and sworn to before me, a Notary Public, this 3<sup>rd</sup> day of October, 2015.

Commission Expiration: 05/14/2021

County of Residence: Lake

This instrument was prepared by: Katherine F. Ruiz



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 (Katherine F. Ruiz, Loan Documentation Specialist).

\$13.00  
M.E.  
C.T.

22376

**FILED**  
OCT 14 2015  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 001949

EDR No 00000266284

State No 028039

1. Decedent's Legal Name (First, Middle, Last) DONNA M HISE				1a. Maiden Name (if female) PLANTS		2. Sex FEMALE	3. Time Of Death 04:48 AM	4. Date Of Death (Month/Day/Year) 06/20/2012	
5. Social Security Number [REDACTED]		6a. Age - Yrs 59	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) 01/11/1953		8. Birthplace (City and State or Foreign Country) GARY, IN
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 checked="" 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 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) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE									
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099					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 RICHARD HISE				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town CROWN POINT			18c. Street And Number 1212 EAST FARRAGUT STREET	18d. Apt. No.
18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) HERSHALL PLANTS				23. Mother's Name (First, Middle, Last) HAZEL PLANTS			23a. Mother's Maiden Last Name MARKWELL		
24. Informant's Name RICHARD HISE		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1212 EAST FARRAGUT STREET, CROWN POINT, IN 46307					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 806 EAST 113TH AVENUE, CROWN POINT, IN 46307					27a. Funeral Home License Number FH10700031		
27b. Signature Of Indiana Funeral Service Licensee KEVIN KNAGA, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20400005					27d. License Number (Of Licensee) FD20400005		
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.									
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. ADENOCARCINOMA COLON PRIMARY Due to (Or As A Consequence Of)				02-08-2012	
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. METASTATIC ADENOCARCINOMA OVARIAN Due to (Or As A Consequence Of)				02-08-2012	
				C. METASTATIC ADENOCARCINOMA LUNG DISEASE Due to (Or As A Consequence Of)				06-15-2012	
				D. CHF				02/08/2012	
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? <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 type="checkbox"/> No					31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death		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 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. # 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: JOHN S BROWN III, 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: JOHN S BROWN III, 8683 CONNECTICUT ST, STE. B, MERRILLVILLE, IN 46410		44. License Number 01026202A		45. Date Certified 06/26/2012
46. Additional Funeral Service Provider:					47. *Akas		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		
49. For Registrar Only - Date Filed (Month/Day/Year): JUN 26 2012					AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				