

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 071088

2015 OCT 20 AM 10:11

MICHAEL B. BROWN
RECORDER

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STATE OF INDIANA)
COUNTY OF LAKE)

)
) SS:
)

AFFIDAVIT

I, Robert E. Geisen, Jr., being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner, in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

This Document is the property of the Lake County Recorder.
The South 1/2 of Lot 62 in Briar Cove Subdivision Phase 2, in the Town of Schererville, as per plat thereof, recorded in Plat Book 92 page 80, in the Office of the Recorder of Lake County, Indiana.

Tax Key No.: 45-11-08-103-010.000-036

Commonly known as: 843 Manistee Avenue, Schererville, IN 46375

Affiant's Address: 334 Ruckel Drive, Niceville, FL 32578

3. I acquired title to said real estate by transfer on death deed of conveyance on the 13th day of July, 2015, and recorded in the Office of the Lake County Recorder on July 22, 2015, as Document No. 2015 045570.

4. That Dorothy G. Geisen (aka Dorothy Geneva Geisen) died on the 1st day of October, 2015, at which time I acquired title to said real estate pursuant to property law. See attached Death Certificate for Dorothy G. Geisen (aka Dorothy Geneva Geisen).

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Robert E. Geisen, Jr.
Robert E. Geisen, Jr., Affiant

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Robert E. Geisen, Jr., and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 15th day of October, 2015.

My commission expires: 02/03/2018



Signature: Lesla A. Potacki
Lesla A. Potacki
Resident of: Lake County, 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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

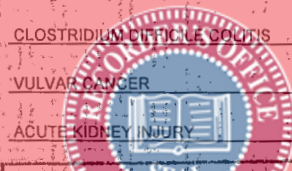
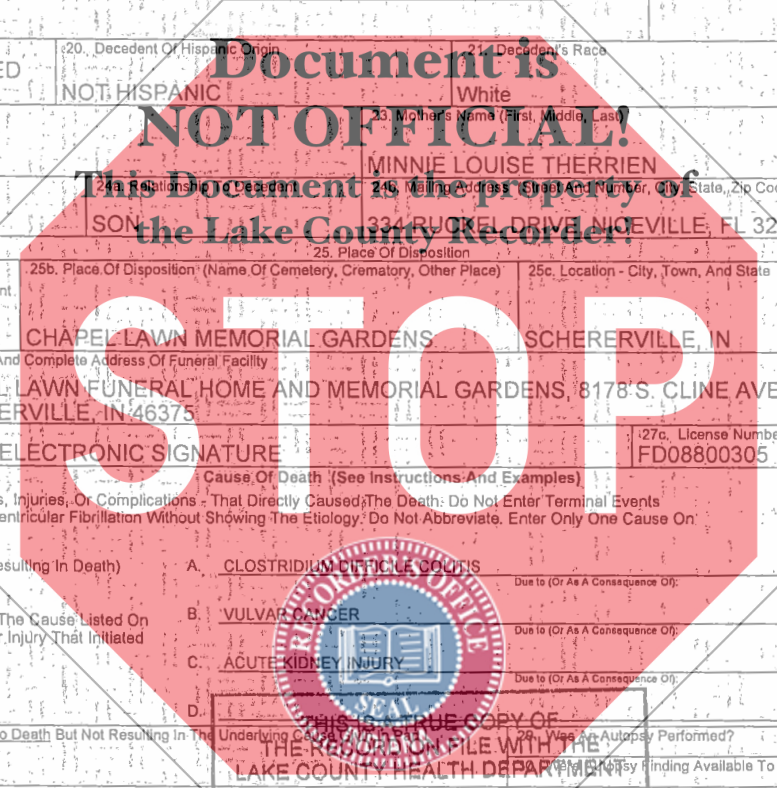
Tracking No. 67500

Local No 003363

EDR No: 00000471974

State No 048219

1. Decedent's Legal Name (First, Middle, Last) DOROTHY GENEVA GEISEN				1a. Maiden Name (If female) THERRIEN		2. Sex FEMALE	3. Time Of Death 03:01 PM	4. Date Of Death (Month/Day/Year) 10/01/2015						
5. Social Security Number		6a. Age - Yrs 85	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) 07/29/1930		8. Birthplace (City and State or Foreign Country) HAMMOND, 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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER										12. City Or Town, State, And Zip Code DYER, IN, 46311	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				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 SCHERERVILLE									
18c. Street And Number 843 MANISTEE AVENUE							18d. Apt. No.	18e. Zip Code 46375	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) ALEXANDER THERRIEN				23. Mother's Name (First, Middle, Last) MINNIE LOUISE THERRIEN				23a. Mother's Maiden Last Name THOREAU						
24. Informant's Name ROBERT E. GEISEN JR.			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 334 RUCKEL DRIVE, NICEVILLE, FL 32578									
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) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, IN								
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE. SCHERERVILLE, IN 46375									27a. Funeral Home License Number FH19900051			
27b. Signature Of Indiana Funeral Service Licensee: LEONARD G. GREGORCZYK, BY ELECTRONIC SIGNATURE							27c. License Number Of Licensee: FD08800305							
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. CLOSTRIDIUM DIFFICILE COLITIS Due to (Or As A Consequence Of):										2 WEEKS				
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. VULVAR CANCER Due to (Or As A Consequence Of):										1 YEAR				
C. ACUTE KIDNEY INJURY Due to (Or As A Consequence Of):										1 WEEK				
D.														
Part II: Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause. SEPTIC SHOCK										29. Was An Autopsy Performed? <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"/> Not 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 Or Pregnant Within The Past Year				
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		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: MOHAMAD HAZEM SAHLOL, 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: MOHAMAD HAZEM SAHLOL, 5454 HOHMAN DR., HAMMOND, IN 46320							44. License Number 01075458A		45. Date Certified 10/14/2015					
46. Additional Funeral Service Provider							47. AKA's							
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE							49. For Registrar Only - Date Filed (Month/Day/Year): OCT 14 2015							



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

OCT 15 2015

Susan W. Best, MD
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)