

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 072149

2015 OCT 23 AM 11:21

MICHAEL B. BROWN  
RECORDER

3

STATE OF INDIANA )

COUNTY OF LAKE )

) SS:  
)

**AFFIDAVIT OF SURVIVORSHIP**

I, Charlotte Westcott, 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, along with Charles C. Westcott, of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 78 IN BRIAR CROSSING SUBDIVISION PHASE 1, AN ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 89, PAGE 82, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Tax Key No.: 45-11-07-178-019,000-034

Commonly known as 1434 Schaller Lane, Dyer, IN 46311

Affiant's Address: 1434 Schaller Lane, Dyer, IN 46311

3. The decedent, Charles C. Westcott and I acquired title as husband and wife to said real estate by deed of conveyance on the 1<sup>st</sup> day of May, 2015, and recorded in the Office of the Lake County Recorder on the 5th of May, 2015, as Document No. 2015 027212.

4. The decedent, Charles C. Westcott, and I jointly held title to said real estate until the death of Charles C. Westcott on the 17th day of May, 2015, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Charles C. Westcott.

**FILED**

OCT 23 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

016163

15-  
CASE #  
DN

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.

Charlotte Westcott  
Charlotte Westcott, Affiant

STATE OF INDIANA

COUNTY OF LAKE

**Document is  
NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

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

Signed and sealed this 23<sup>rd</sup> day of October, 2015.

My commission expires: 2/13/18

Resident: Lake County, Indiana



Lesa A. Potacki

Lesa A. Potacki,



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.

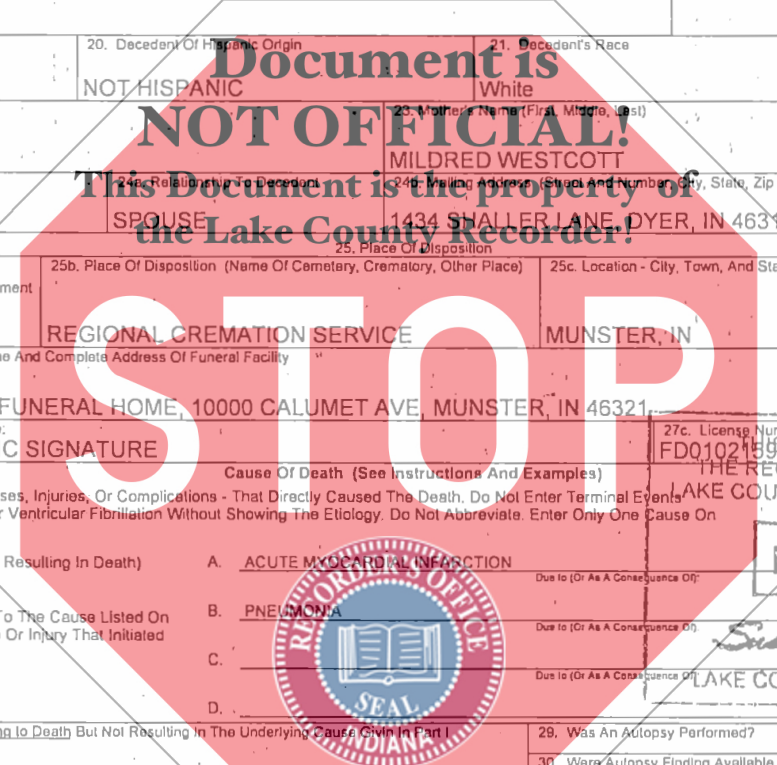
54210

Local No 001718

EDR No 000000449439

State No 024227

1. Decedent's Legal Name (First, Middle, Last) <b>CHARLES C WESTCOTT</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>09:03 AM</b>		4. Date Of Death (Month/Day/Year) <b>05/17/2015</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>82</b>		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) <b>02/21/1933</b>				8. Birthplace (City and State or Foreign Country) <b>EVERGREEN PARK, IL</b>							
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) <b>COMMUNITY HOSPITAL</b>											
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>						13. County Of Death <b>LAKE</b>			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 <b>CHARLOTTE WESTCOTT</b>				15a. (If Wife) Give Maiden Last Name <b>HAASE</b>				16. Decedent's Usual Occupation <b>TOLLMAN</b>		17. Kind Of Business/Industry <b>ILLINOIS BELL</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>DYER</b>			18d. Apt. No.		18e. Zip Code <b>46311</b>
18c. Street And Number <b>1434 SHALLER LANE</b>									18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>FRED WESTCOTT</b>				23. Mother's Name (First, Middle, Last) <b>MILDRED WESTCOTT</b>				23a. Mother's Maiden Last Name <b>BOYSEN</b>			
24. Informant's Name <b>CHARLOTTE WESTCOTT</b>				24a. Relationship To Decedent <b>SPOUSE</b>				24b. Mailing Address (Street and Number, City, State, Zip Code) <b>1434 SHALLER LANE, DYER, IN 46311</b>			
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) <b>REGIONAL CREMATION SERVICE</b>			25c. Location - City, Town, And State <b>MUNSTER, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321</b>						27a. Funeral Home License Number <b>FH10700038</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>KEVIN W. KISH, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>FD01021890</b>				27d. IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT <b>MAY 20 2015</b> <i>Susan W Best, es</i> <b>LAKE COUNTY HEALTH OFFICER</b>			
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. <b>ACUTE MYOCARDIAL INFARCTION</b> Due to (Or As A Consequence Of): 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. <b>PNEUMONIA</b> Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D.											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.								28. 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 42 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 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"/> Other			
41. Signature, Of Person Certifying Cause Of Death: <b>SATISH PATEL, BY ELECTRONIC SIGNATURE</b>						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: <b>SATISH PATEL, 9108 COLUMBIA AVENUE, SUITE B, MUNSTER, IN 46321</b>						44. License Number <b>01042343A</b>		45. Date Certified <b>05/19/2015</b>			
46. Additional Funeral Service Provider: <b>HICKEY MEMORIAL CHAPEL</b>						47. *Alias:					
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 20 2015</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>											



**NOT VALID UNLESS**