STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 072301

**2015 OCT 26** AM 10: 15

MICHAEL B. BROWN RECORDER

Case # 920152615

## SURVIVORSHIP AFFIDAVIT

Comes now Pier S. Smith, who being duly sworn upon her oath, deposes and says:

That Pier S. Smith is the surviving Joint Tenant of Juanita Slusher, deceased who died domiciled in LAKE County, Indiana, on 07/10/2015

That Juanita Slusher and Pier S. Smith acquired title to certain real estate as Joint Tenants, said real estate being described as follows:

Lot 27 in the Heritage, as per plat thereof, recorded in Plat Book 96, Page 95, recorded March 10, 2005 as Document No. 2005-017649 in Lake County, Indiana, EXCEPTING therefrom the West 41.00 feet thereof.

Tax ID No.: 45-12-29-103

Smith continued to live and cohabit together as Affiant states that Joint Tenants continuously from the date they took title to the above described real estate, until the date of Juanita Slusher's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the abovedescribed real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Pier S. Smith

Executed: October 19, 2015

Signature

STATE OF **COUNTY OF**  **INDIANA LAKE** 

Subscribed and sworn to before me, a Notary Public in and for said county and state this 1944 day

, 2015.

Notary Public Thomas G. Schiller

County of Residence: Lake

My Commission expires: 5/27/2016

Prepared by: Pier S. Smith

THOMAS G. SCHILLER Lake County My Commission Expires

OCT 23 2015

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Sogiother TALAS number in this document, unless required by law Thomas G Schiller.

Return to:

2050-45th Ave., Highland, IN 46322

fiscity Highland

22608

FIDELITY NATIONAL TITLE COMPANY

92015-2615

## INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

Tracking No. 59124

Local No O	EDR No 000000458231				State No 033192							
Decedent's Legal Name (First, Middle, Last)				Name (If fe			2. Sex			h 4. Dal	4. Date Of Death (Month/Day/Year)	
JUANITA SLUSHER			GOODMA						.10 A		07/10/2015	
5. Social Security Number 6a. Age - Yrs	6b. Under	1 Year 6c. Under 1	Month 6d. Under 1 D	Day 6e.	Under 1 Hour	7. Date	of Birth (Mor	nth/Day/Year) 8	3. Birthpla	ce (City and Sta	te or Foreign Country)	
9. Ever in U.S. Armed Forces? 10, If	Months	Days	Hours	Minu			09/11/19		MORE	HEAD, KY		
☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-term Care Facility												
Yes ⊠ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Armval ☐ Other (Specify)  11. Facility Name (If Not Institution, Give Street and Number)												
WITTENBERG LUTHERAN VILLAGE  12. City Or Town, State, And Zip Code  13. County Of Death  14. Manital Status At Time Of Death												
									□ ма	arried Married	, But Separated 🗵 Divorced	
CROWN POINT, IN, 46307 15. Surviving Spouse's Name			15a. (If Wife)Give N	Aaiden Last I	LAKE	<del></del>	16. Decede	ent's Usual Occupa			ever Married  Unknown nd Of Business/Industry	
			}			-		•	,		-	
18. Residence - State		18a. County		18	8b. City Or Tow		<u>HOMEM</u>	AKER		IOWN	I HOME	
INDIANA		LAKE		L/1	ERRILLVII	IE						
18c. Street And Number	<u>.</u>	ILAKE		Į IVI.	LIXIXILLVII	<u> </u>		18d. Apt No.	18	Be. Zip Code	18f. Inside City Limits?	
2785 WEST 84TH LANE										46410	⊠ Yes □ No	
19. Decedent's Education		20. Decedent Of	Hispanic Origin	ıım	214 De	ecedents	Race			10 110		
HIGH SCHOOL GRADUATE OR GED NOT HISPANIC White												
22. Father's Name (First, Middle, Last)		N	OTO	23. M	lother's Name (F	irst, Midd	le, Last)			23a. Mother's	Maiden Last Name	
HOLLIE GOODMAN	·		<b>\</b>		EL GOOD					BLACK		
24. Informant's Name			ship To Decedent C1				~	City State, Xip Co				
JACQUELINE FRANK		IDAUGH	ELake C	740 5. Place Of D		WFd	CROWN	POINT, IN	46307	<del></del>	<u> </u>	
25a. Method Of Disposition  Burial Cremation Donation		25b. Place Of Disposition				25c, Lo	ocation - City,	Town, And State				
Removal From State						L						
Other (Specify):  26. Was Coroner Contacted?		CHAPEL LAWN Complete Address Of Fi		GARDE	NS	SCH	ERERVI	LLE, IN		27a.	Funeral Home License Number:	
		JNERAL, CREM		CEPTIO	N CENTRI	E, 606	EAST 1	13TH AVE	νΨE,	EU1	0700031	
27b. Signature Of Indiana Funeral Service	Licensee	OINT, IN 46307						c. License Numb	er (Of Lic		0700031	
LARRY ALLEN GEISEN , B'			Cause Of Death				5)				Approximate	
Such As Cardiac Arrest, Respiratory A	ns - That Directly Car out Showing The Etic	at Directly Caused The Death. Do Not Enter Terminal Events owing The Etiology. Do Not Abbreviate. Enter Only One Caus				se On			Interval: Onset To Death			
A Line. Add Additinal Lines if Necess  Immediate Cause (Final Disease Or C		ing In Dogth)	A. CHRONIC KID	NEVELBE	NO PORTON						1-2YEARS	
	Solidition (Vesuit	ing in beauty	E C	N. C.			la A Consequence		/			
Sequentially List Conditions, If Any, L Line A. Enter The Underlying Cause	eading To The	Cause Listed On	B. CONGESTIVE	RIGHT HE	ART FAILURE		S A Consequence				<u>1-2YRS</u>	
The Events Resulting In Death) Last		, , , , , , , , ,	C	الحرار المالية		Due to (Or A	as A Consequence	OD:				
			D. [ 1	SEA								
Part II. Enter Other Significant Conditions C	Contributing to De	ath But Not Resulting In	The Underlying Caus	Givin In P	THIS IS	29 Was	An Autopsy	7 [		] Yes ⊠		
BILATERAL LOWER EXTREMITY VEN 31. Did Tobacoo Use Contribute To Death		IENCY If Female:	\	TAKE	COUNTY	30 Men	ACT AAIT	nding Available To		e The Cause Of	Death? ☐ Yes ☐ No	
☐ Yes ☐ Probably ☒ No ☐ Unknow	wn 🗆	Not Pregnant Within Past Year		1	l Pregnant_But <u>Pregna</u>		Days Of Death	⊠ Natural [	Homicid	_	Pending Investigation	
34. 'Date Of Injury (Month/Day/Year)		Not Pregnant, But Pregnant 43 . Time Of Injury	Days To 1 year Before Death		nown if Pregnant With njury (E.G. Dece			Suicide [_] ction Site, Restaur		ot Be Determine ded Area)	d 37. Injury At Work?	
					L						☐ Yes ☐ No	
38. Location Of Injury - State	38a	i. City Or Town	38	3b. Street &	dumber Diction u	ファ	Sort.	1	380	. Apt No.	38d. Zip Code	
39. Describe How Injury Occurred				<u> LA</u> K	E COUNTY	HEAL	aacet.	C GO V Transino	dation Ini	iuny Specifu:		
33. Describe 110w injury Occurred								「河吹 If Transpo □ Driver/Operator	Passes	VOI VA	ONLESS	
41. Signature, Of Person Certifying Cause RAJARAJESWARI MAJETY		TRONIC SIGN	ATURE				42. Ce	rtifier (Check Only rtifying Physician	One)	Coroner	Heath Officer	
43. Name, Address And Zip Code Of Pers			, IT OIL							per, 3	45. Date Certified	
RAJARAJESWARI MAJETY	, 2050 N.	MAIN STREET	SUITE F, CR	OWN P	OINT, IN 4	6307		01055			07/13/2015	
46. Additional Funeral Service Provider.								47. *Aķ	as:		The second of th	
48. Signature of Local Health Officer.	TPONIC (	SIGNATURE					49. For Re	egistrar Only - D	S 18 28 1	(Month/Day/Yea _ 14 2015)	~ 같 수 : ~~ > > ~ ~ ^ 볼 냠 ~~ > > ~ ~ ~ ~ ~ [ ] > ~ ~ ~ ~ ~ ~ ~ [	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
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