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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 073068

2015 OCT 29 AM 10: 25

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

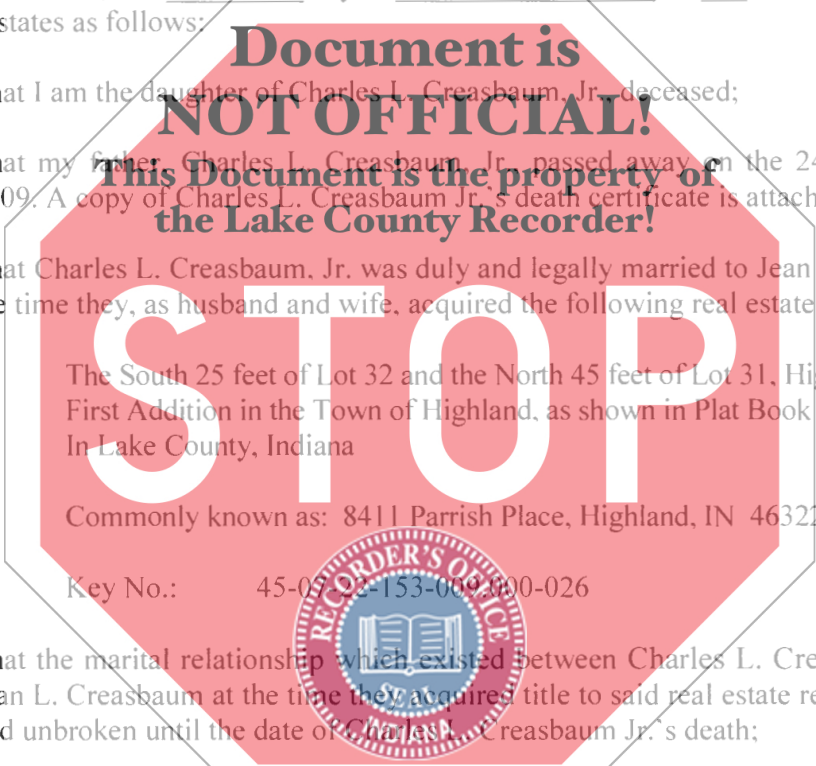
I, LINDA J. CHANDLER, this 16 day of OCTOBER, 2015, being first duly sworn upon oath, states as follows:

1. That I am the daughter of Charles L. Creasbaum, Jr., deceased;
2. That my father, Charles L. Creasbaum, Jr., passed away on the 24<sup>th</sup> day of April, 2009. A copy of Charles L. Creasbaum Jr.'s death certificate is attached hereto.
3. That Charles L. Creasbaum, Jr. was duly and legally married to Jean L. Creasbaum at the time they, as husband and wife, acquired the following real estate:  

The South 25 feet of Lot 32 and the North 45 feet of Lot 31, Highland Park First Addition in the Town of Highland, as shown in Plat Book 30, page 50, In Lake County, Indiana

Commonly known as: 8411 Parrish Place, Highland, IN 46322

Key No.: 45-09-22-153-009-000-026
4. That the marital relationship which existed between Charles L. Creasbaum, Jr. and Jean L. Creasbaum at the time they acquired title to said real estate remained in effect and unbroken until the date of Charles L. Creasbaum Jr.'s death;
5. That all funeral expenses in connection with the death of Charles L. Creasbaum, Jr. have been paid in full; and
6. That the estate of Charles L. Creasbaum, Jr. did not necessitate the filling of a Federal Estate Tax Return.



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004770  
RV

**FILED**

OCT 29 2015

**22710**

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

FURTHER AFFIANT SAYETH NOT.

*Linda L. Chandler*  
LINDA L. CHANDLER

STATE OF <sup>INDIANA</sup> INDIANA )  
COUNT OF <sup>COOK</sup> LAKE )

) SS:

Subscribed and sworn to before me a Notary Public in and for said County and State, this  
16 day of OCTOBER 2015

My commission expires: 8/11/2019 **This Document is the property of the Lake County Recorder!**  
Notary Public

Resident of COOK County

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. Robert F. Tweedle



Return Recorded Document to:  
Robert F. Tweedle  
2842 - 45<sup>th</sup> Street, Suite A  
Highland, IN 46322



This instrument prepared by:  
Robert F. Tweedle, #20411-45  
2842 - 45<sup>th</sup> Street, Suite A  
Highland, IN 46322 / 219-924-0770

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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

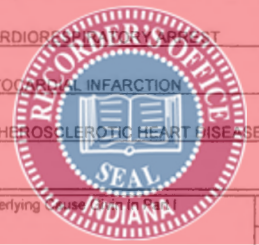
Tracking No. 63407

Local No 002859

EDR No 00000466310

State No

1. Decedent's Legal Name (First, Middle, Last) <b>JEAN L CREASBAUM</b>				1a. Maiden Name (If female) <b>MARTIN</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>20:23</b>	4. Date Of Death (Month/Day/Year) <b>08/29/2015</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>91</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>09/16/1923</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO HEIGHTS, IL</b>
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 type="checkbox"/> Inpatient <input checked="" 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 type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 <b>HOMEMAKER</b>			17. Kind Of Business/Industry <b>OWN HOME</b>			18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>	
18b. City Or Town <b>HIGHLAND</b>		18c. Street And Number <b>8411 PARRISH PLACE</b>		18d. Apt. No.	18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>HARRY MARTIN</b>		
23. Mother's Name (First, Middle, Last) <b>ELLA MARTIN</b>			23a. Mother's Maiden Last Name <b>OLSEN</b>			24. Informant's Name <b>LINDA J CHANDLER</b>			
25. 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):			25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>WOODLAWN CREMATORY</b>		25b. Location - City, Town, And State <b>FOREST PARK, IL</b>				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>				27a. Funeral Home License Number <b>FH10300021</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD08800305</b>						27d. File With The <b>LAKE COUNTY HEALTH DEPARTMENT</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) <b>A. CARDIOPULMONARY ARREST</b> <b>B. MYOCARDIAL INFARCTION</b> <b>C. ATHEROSCLEROTIC HEART DISEASE</b> <b>D.</b>								Approximate Interval: Onset To Death <b>AUG 31 2015</b> MINUTES MINUTES YEARS	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (List 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 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 43 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"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <b>MICHAEL KOVACICH, 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>MICHAEL KOVACICH, 9660 WICKER AVE, SAINT JOHN, IN 46373</b>						44. License Number <b>01033371A</b>	45. Date Certified <b>08/31/2015</b>		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>AUG 31 2015</b>			



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