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MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-05-33-205-022.000-004

Gloria Seed, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Richard G. Seed**, died (without leaving a will) (leaving a will) on November 17, 2013 in Hobart, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT NUMBERED 48 IN BLOCK 4 AS SHOWN ON THE RECORDED PLAT OF LAKE SHORE ADDITION TO EAST CHICAGO, IN THE CITY OF GARY RECORDED IN PLAT BOOK 2 PAGE 17 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 1216 N. WARREN STREET, GARY, INDIANA 46403

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 his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

Gloria Seed

Gloria Seed

STATE OF INDIANA, COUNTY OF LAKE SS:

Subscribed and sworn to before me, a Notary Public this 28th day of December, 2015.

My Commission Expires: 5-10-17 Signature: *[Signature]*
County of Residence: 5-20-17 Printed: Darleen S. Bishop, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature] Signature of Preparer
158267 Printed Name of Preparer

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000013 JOHN E. PETALAS
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 01486

Local No 003781

EDR No 00000353848

State No 053141

1. Decedent's Legal Name (First, Middle, Last) RICHARD G. SEED				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 10:00 AM	4. Date Of Death (Month/Day/Year) 11/17/2013		
6. Social Security Number [REDACTED]		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) 05/22/1928		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) SEBO'S NURSING AND REHABILITATION CENTER								12. City Or Town, State, And Zip Code HOBART, IN, 46342		
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 GLORIA SEED			15a. (If Wife) Give Maiden Last Name ASHER			16. Decedent's Usual Occupation SCIENTIST		17. Kind Of Business/Industry SELF EMPLOYED		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 1216 NORTH WARREN STREET	18d. Apt. No.	18e. Zip Code 46403	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education DOCTORATE(PHD,EDD) PROFESSIONAL(MD,DDS,DVM,LLB,JD)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) LINDON SEED			23. Mother's Name (First, Middle, Last) FRANCES SEED			23a. Mother's Maiden Last Name CATHRO				
24. Informant's Name GLORIA SEED		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1216 NORTH WARREN STREET, GARY, IN 46403						
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) KELLY CARROLL CREMATION SERVICE, GARY, IN			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME OLSON CHAPEL, 5341 CENTRAL AVE, PORTAGE, IN 46368					27a. Funeral Home License Number FB41200016			
27b. Signature Of Indiana Funeral Service Licensee MELISA KATONA, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) 020800088		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - that Directly Caused The Death. 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. DEMENTIA B. TYPE 2 DIABETES MELLITUS C. FAILURE TO THRIVE D. 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. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. HOSPICE CARE						
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, 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) NOV 21 2013		35. Time Of Injury		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restroom, Mt. Wooded Area)
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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: SAKET SINHA, BY ELECTRONIC SIGNATURE						42. Certifier (Check 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: SAKET SINHA, 8300 BROADWAY STE D, MERRILLVILLE, IN 46410-3006		
44. Additional Funeral Service Provider:						45. License Number 01066090A		46. Date Certified 11/21/2013		
47. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						48. For Registrar Only - Date Filed (Month/Day/Year) NOV 21 2013				

