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STATE OF INDIANA)
COUNTY OF LAKE)

) SS: 2016 001464
)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 JAN 11 PM 12:43
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

J
Milton John Sweitzer, being first duly sworn upon oath, says:

1. On November 1, 2015, Milton John Sweitzer and Linda Sue Sweitzer owned the subject property by the entireties, as joint tenants with right of survivorship.
2. On November 1, 2015, as shown by the attached death certificate, Linda Sue Sweitzer died in Lake County, Indiana.
3. The address of the property owned as joint tenants with right of survivorship, in Lake County, Indiana, and legally described as follows:

45-12-26-300-003.000-030

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This Document is the property of the Lake County Recorder!

Part of the east Half of the Southwest Quarter of Section 26, Township 35 North, Range 8 West of the 2nd P.M. bounded and described as follows:
 Commencing at the Northwest corner of said half-quarter section; thence South on the West line thereof 14 rods; thence East 11.4285 rods; thence North 14 rods to the North line of said half-quarter section; thence West 11.4285 rods, thence South 14 rods to the true point of the beginning, in Lake County, Indiana. Old Key No. 15-125-10

Commonly known as 2011 E. 89th Avenue, Merrillville, IN 46410.

4. That on said date, Linda Sue Sweitzer became deceased in Lake County, Indiana, and that the said Milton John Sweitzer became the owner of said real estate pursuant to operation of law.
5. No estate was opened for the said Linda Sue Sweitzer and that no State or Federal Inheritance or Estate Tax is due or owing.



15.00
CASH
M-Z

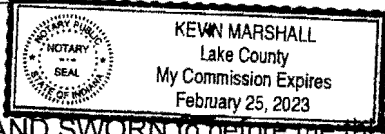
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FILED
JAN 11 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

6. That the purpose of the giving of this Affidavit is to establish a survivorship between and joint tenants with right of survivorship.

FURTHER AFFIANT SAYS NOT.

Date 11/11/16



Milton John Switzer
Milton John Switzer

SUBSCRIBED AND SWORN to before me this 11 day of January, 2016.

MY COMMISSION EXPIRES:
2-25-23

Kevin W. Marshall
NOTARY PUBLIC, Kevin W. Marshall
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.

Date 11/11/16

Kevin W. Marshall
Kevin W. Marshall





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 69294

Local No 003605

EDR No 00000476921

State No 051698

1. Decedent's Legal Name (First, Middle, Last) LINDA SUE SWEITZER				1a. Maiden Name (if female) SMITH		2. Sex FEMALE	3. Time Of Death 02:45 PM	4. Date Of Death (Month/Day/Year) 11/01/2015			
5. Social Security Number [REDACTED]		6a. Age - Yrs 68	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) 06/20/1947		8. Birthplace (City and State or Foreign Country) HAINES CITY, FL		
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) 8701 BROADWAY											
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099					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 MILTON JOHN SWEITZER				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation WAITRESS		17. Kind Of Business/Industry RESTAURANT			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town MERRILLVILLE			18c. Street And Number 2011 EAST 89TH AVENUE	18d. Apt. No.	18e. Zip Code 46410	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) CLARENCE T SMITH				23. Mother's Name (First, Middle, Last) ROBERTA SMITH			23a. Mother's Maiden Last Name ROBINSON				
24. Informant's Name MILTON JOHN SWEITZER		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 2011 EAST 89TH AVENUE, MERRILLVILLE, IN 46410							
25. Place Of Disposition											
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) NORTHWEST INDIANA CREMATION SVS			25c. Location - City, Town, And State CROWN POINT, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 40101 BROADWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number FH83002445				
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD61009461					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - that Directly Causes 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. <u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u> YEARS											
Due to (Or As A Consequence Of):											
B. <u>CONGESTIVE HEART FAILURE</u> YEARS											
Due to (Or As A Consequence Of):											
C. <u>DIABETES MELLITUS</u> YEARS											
Due to (Or As A Consequence Of):											
D. <u>HYPERTENSION</u> YEARS											
Due to (Or As A Consequence Of):											
Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given In Part I											
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 checked="" 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		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 NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: FADI ISSA ALZEIDAN, 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: FADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410						44. License Number 01053003A		45. Date Certified 11/04/2015			
46. Additional Funeral Service Provider:						47. *Atas:					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 04 2015					

