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2016 049856

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2016 AUG -3 AM 10:49  
MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT - JOINT TENANCY**

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Cheryl Zeese, being first duly sworn upon oath, deposes and says:

1. That Affiant's co-tenant, Violet M. Zeese aka Violet Mae Zeese died

(without leaving a will) (~~leaving a will~~) on November 4  
20 15 at 421 W. Walnut St., Crown Point, IN 46307

2. That the deceased and the affiant acquired title as joint tenants to the following described real estate:

LOT ONE (1) IN WALNUT GARDENS IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 28 PAGE 47, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- 3. That all of the assets of said decedent which would be included for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of inheritance taxes.
- 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 Affiant sayeth not.

Subscribed and sworn to before me, a Notary Public, this 27  
day of July

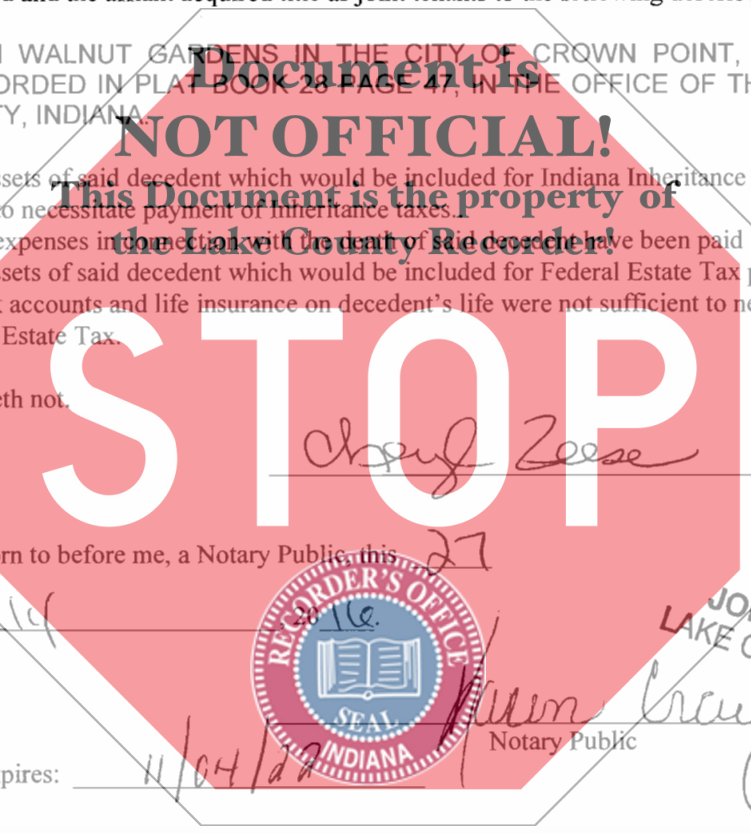
My Commission Expires: 11/04/22  
County of Residence: \_\_\_\_\_

This Instrument prepared by Cheryl Zeese



014268

CL# 1820501033



FILED  
AUG 01 2016  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

CHICAGO TITLE INSURANCE 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. Beverly Crapp

\$13,100-  
JAS



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 69802

Local No 003661

EDR No 00000477458

State No

1. Decedent's Legal Name (First, Middle, Last) <b>VIOLET MAE ZEESE</b>				1a. Maiden Name (if female) <b>CRANE</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>11:04 AM</b>	4. Date Of Death (Month/Day/Year) <b>11/04/2015</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>86</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>10/02/1929</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</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 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 checked="" 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>421 WEST WALNUT STREET</b>									
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</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>CASHIER</b>		17. Kind Of Business/Industry <b>RETAIL</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>CROWN POINT</b>				
18c. Street And Number <b>421 WEST WALNUT STREET</b>						18d. Apt. No.	18e. Zip Code <b>46307</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</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>JAMES CRANE</b>				23. Mother's Name (First, Middle, Last) <b>ELIZABETH CRANE</b>			23a. Mother's Maiden Last Name <b>LANKFORD</b>		
24. Informant's Name <b>ROBERTA WENDRICKX</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>878 RIDGEVILLE ROAD, THE VILLAGES, FL 32162</b>					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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>CALUMET PARK CEMETERY</b>			25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GEISEN FUNERAL, CREMATION &amp; RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307</b>					27a. Funeral Home License Number: <b>FH10700031</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>KEVIN KNAGA, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20400005</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>STROKE</b> 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. _____ C. _____ D. _____								Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)			38. Apt. No.		38d. Zip Code
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			
41. Signature, Of Person Certifying Cause Of Death: <b>VIJAY B DAVE, 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>VIJAY B DAVE, 200 EAST 86TH PLACE, MERRILLVILLE, IN 46410</b>						44. License Number <b>01026051A</b>		45. Date Certified <b>11/09/2015</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>NOV 10 2015</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



NOT VALID UNLESS

RAISED SEAL AFFIXED