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AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:
Tax #45-07-33-403-009.000-026

2016 053823

Dennis J. Siegle, being first duly sworn upon oath, deposes and says:

1. That **Lillian G. Siegle**, died on the 1st day of December, 2014 at Munster, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest in the following described real estate:
LOT 359, LAKESIDE 11th ADDITION TO HIGHLAND, LAKE COUNTY, INDIANA.
3. That no Federal Estate Tax or Indiana Inheritance Tax was due as a result of the death of Lillian G. Siegle
4. That this Affiant's relationship to the Decedent was Son.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 AUG - 8 AM 9:38
MICHAEL B. BROUN
RECORDER

FURTHER, Affiant saith naught.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Subscribed and Sworn to before me, a Notary Public this 22 day of July, 2016

My Commission Expires: 5/9/17 Signature [Signature]
Resident of Lake County Printed [Signature], Notary Public

ELIZABETH R. KINZIE
Lake County
My Commission Expires
May 9, 2017
ID No. 27813-4

This instrument prepared by **Matthew W. Deulley**, Attorney at Law, Attorney ID No. 27813-4.
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
Elizabeth Kinzie
Printed Name of Preparer



FILED

014448

AUG 05 2016

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

COMMUNITY TITLE COMPANY
FILE NO 11010209

#14
CM
G
NON
CONF



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No: 37104

Local No 003815

EDR No 00000418110

State No 054442

1. Decedent's Legal Name (First, Middle, Last) LILLIAN G SIEGLE				1a. Maiden Name (If female) LASKA		2. Sex FEMALE	3. Time Of Death 03:23 PM	4. Date Of Death (Month/Day/Year) 12/01/2014							
5. Social Security Number ██████████		6a. Age - Yrs 87		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) 06/05/1927	8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN			
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) COMMUNITY HOSPITAL										12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		13. County Of Death LAKE		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 HOMEMAKER		17. Kind Of Business/Industry OWN HOME							
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HIGHLAND									
18c. Street And Number 10118 4TH PLACE						18d. Apt. No.	18e. Zip Code 46322	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) MICHAEL LASKA				23. Mother's Name (First, Middle, Last) KATHERINE LASKA		23a. Mother's Maiden Last Name NA									
24. Informant's Name KENNETH C SIEGLE			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 10108 4TH PLACE, HIGHLAND, IN 46322										
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) ST JOHN CEMETERY			25c. Location - City, Town, And State HAMMOND, IN									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC, DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375						27a. Funeral Home License Number FH10200037							
27b. Signature Of Indiana Funeral Service Licensee PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee 021100035													
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION ASPECT OF PNEUMONIA CONGESTIVE HEART FAILURE Due to (Or A Consequence Of): B. _____ Due to (Or A Consequence Of): C. _____ Due to (Or A Consequence Of): 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								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? LAKE COUNTY HEALTH OFFICER		30. Were Autopsy Findings 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 NOT VALID UNLESS									
41. Signature, Of Person Certifying Cause Of Death: MOHAN K. B. KESANI, BY ELECTRONIC SIGNATURE						42. Certifier (Check One) <input checked="" type="checkbox"/> Certifying Physician									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MOHAN K. B. KESANI, 10010 DONALD S. POWERS DRIVE, MUNSTER, IN 46321						44. License Number 0106									
46. Additional Funeral Service Provider:						47. *									
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only									

