

2016 054632

2016 AUG 11 AM 9:23

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 28th day of July, 2016 before me, personally appeared Barbara Spears to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is Barbara Spears
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Barbara Spears and Rosemarie Gergel.
- 4. Rosemarie Gergel died on February 22, 2010 leaving a will / no will (circle one);
- 5. The legal description of the premises in question is:

Lot 5 in Stratford Estates Unit 1, in the City of Crown Point, as per plat thereof, recorded in Plat Book 68 page 58, in the Office of the Recorder of Lake County, Indiana.

- 6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?
Yes / No (circle one)

If yes, then estimated taxes due are \$ _____
The taxes due are: _____ paid _____ unpaid

- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
Yes / No (circle one)

(If yes, identify the divorce proceedings: _____):

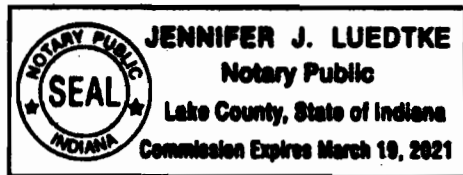
- 8. Affiant's relationship to the deceased was: Daughter



Subscribed and sworn to before me, a Notary Public, in and for said county and state this 28 day of July, 2016.

Jennifer J. Luedtke
Notary Public

(Print name)
My Commission Expires:
Residing in Lake County, IN.



I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Barbara Spears

Prepared by: Barbara Spears
Return to: 13605 Georgia St, Crown Point, IN 46307.

FILED

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AUG 11 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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on



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 92500

Local No 000575

EDR No 000000122536

State No 009040

1. Decedent's Legal Name (First, Middle, Last) ROSEMARIE GERGEL				1a. Maiden Name (if female) FRUEHAUF		2. Sex FEMALE	3. Time Of Death 08:10 AM	4. Date Of Death (Month/Day/Year) 02/22/2010	
5. Social Security Number		6a. Age - Yrs 74		6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 08/24/1935	
		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 type="checkbox"/> Nursing Home/Long-term Care Facility		10b. Other (Specify) <input checked="" type="checkbox"/> DAUGHTERS RESIDENCE			
11. Facility Name (if Not Institution, Give Street and Number) 1518 WEST 96TH PLACE									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307				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			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation SECRETARY		17. Kind Of Business/Industry OFFICE	
18. Residence - State ILLINOIS		18a. County COOK		18b. City Or Town SOUTH HOLLAND					
18c. Street And Number 16849 LANGLEY AVENUE						18d. Apt. No.	18e. Zip Code 60473	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) FERDINAND FRUEHAUF			23. Mother's Name (First, Middle, Last) PAULINE FRUEHAUF			23a. Mother's Maiden Last Name SCHOEN			
24. Informant's Name BARBARA SPEARS		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1518 WEST 96TH PLACE, CROWN POINT, IN 46307					
25. Place Of Disposition									
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. MARY CEMETERY			25c. Location - City, Town, And State EVERGREEN PARK, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITS DEYOUNG VROEGH FUNERAL HOME, 849 W 162ND ST, SOUTH HOLLAND, IL 60473					27a. Funeral Home License Number 10300021		
27b. Signature Of Indiana Funeral Service Licensee: TIMOTHY SMITS, SIGNATURE ON FILE						27c. License Number (Of Licensee) FD 0600101			
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. METASTATIC BREAST CANCER				Due to (Or As A Consequence Of)				Approximate Interval: Onset To Death	
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.		Due to (Or As A Consequence Of)			
C.				Due to (Or As A Consequence Of)					
D.				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						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 checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant Within Past Year <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		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)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury - State		38a. City Or Town		38c. Apt. 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: KATHRYN HENKLE MULLIGAN, SIGNATURE ON FILE						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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, DYER, IN 46311						44. License Number 01052342A		45. Date Certified 02/25/2010	
46. Additional Funeral Service Provider:						47. Akas			
48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 25 2010			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

