

STATE OF INDIANA )  
 ) SS.  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 055441

2016 AUG 15 PM 3:39

**SURVIVORSHIP AFFIDAVIT**

**MICHAEL B. BROWN  
RECORDER**

Louis Ceaser , before me personally appeared and who after being duly sworn upon

his oath depose and state as follows:

1. That Louis Ceaser resides at 1426 Highgate Road, Kalamazoo, MI 49006 49006.
2. That Louis Ceaser survives Matrie Ceaser, deceased who died October 13, 2005 (said Death Certificate is attached as Exhibit "A").
3. That forty-five (45) days have elapsed since the death of the decedent.
4. That Louis Ceaser and Matrie Ceaser (husband and wife) were at the time of

Matrie Ceaser death owners of the following described real estate:

**Document is NOT OFFICIAL!**  
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Lot 32, Block 4 As marked and laid down on the recorded plat of Marshalltown Terrace, a subdivision in the City of Gary, Lake County, Indiana, as same appears of record in Plat Book Thirty (30) Page Twelve (12) in the Recorders Office of Lake County, Indiana

Key No: 45-08-14-231-010-000-004

More commonly known as 2662 East 22<sup>nd</sup> Place, Gary Indiana 46407

5. That Louis Ceaser and Matrie Ceaser, husband and wife acquired title to said real estate pursuant to a Warranty Deed filed on December 10, 1956 in the Office of the Lake County Recorder as document number 802781 in Book 982 Page 272. which was in effect up to and at the time of death of Matrie Ceaser.

6. That all funeral expenses in connection with the death of said Decedent have been paid in full.

1.

**FILED**

AUG 15 2016

**JOHN E. PETALAS  
LAKE COUNTY AUDITOR**

4533

16  
NON-CASH

8/15

3



voluntary and there will be no penalty for refusal.

Local No. 695

# CERTIFICATE OF DEATH

State IN Date Issued Oct 27 2005 Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>Matrie B. Geaser</b>				2. SEX <b>Female</b>		3a. TIME OF DEATH <b>10:00 P<sub>M</sub></b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>October 13, 2005</b>	
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) <b>76</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>June 1, 1929</b>	
7a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				7. BIRTHPLACE (City and State or Foreign Country) <b>Yazoo City, Mississippi</b>	
9b. FACILITY NAME (If not institution, give street and number) <b>Select Speciality Hospital</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>			9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Louis Geaser</b>		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>School Teacher</b>			12b. KIND OF BUSINESS/INDUSTRY <b>Gary Community School</b>		
13a. RESIDENCE—STATE <b>Michigan</b>		13b. COUNTY <b>Kalamazoo</b>		13c. CITY, TOWN, OR LOCATION <b>Kalamazoo</b>		13d. STREET AND NUMBER <b>21426 Highgate Road</b>			
13e. ZIP CODE <b>49006</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+) <b>years</b>		18. FATHER'S NAME (First, Middle, Last) <b>(Unknown)</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Flora Burks</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Louis Geaser</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>21426 Highgate Road Kalamazoo, Michigan 49006</b>			20c. Relationship <b>Husband</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>October 20, 2005 Evergreen Cemetery</b>			21c. LOCATION—City or Town, State <b>Hobart, Indiana</b>			
22a. EMBALMERS NAME <b>Roosevelt Allen Jr.</b>			22b. EMBALMERS LICENSE NO. <b>#01051701</b>			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licensee) <b>#08700646</b>			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Guy &amp; Allen Funeral Directors, Inc 8300704 2959 West 11th Avenue Gary, Indiana 46404</b>			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Immediate Cause (Final disease or condition resulting in death):</b> <i>Acute Esophageal Spasmodic Failure</i> <b>Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:</b> <i>Sepsis</i>								Approximate Interval Between Onset and Death	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29c. MEDICAL LICENSE NO. <b>01032657</b>		29d. DATE SIGNED (Month, Day, Year) <b>10/14/05</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Sirajuddin S. [Signature] 4250 [Signature] Parkway Munster IN 46321</b>								32. DATE FILED (Month, Day, Year) <b>October 27, 2005</b>	
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide							
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.							

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

