

2016 055841

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 AUG 17 PM 1:00

SURVIVORSHIP AFFIDAVIT

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
COUNTY OF LAKE )

Parcel No.: 45-20-23-152-008.000-012

On this 29<sup>th</sup> day of April, 2016 before me personally appeared Paula J. Shapley, 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 Paula J. Shapley, who is the owner of said real property/premises;
- 3. Said premises described as follows: (legal description)

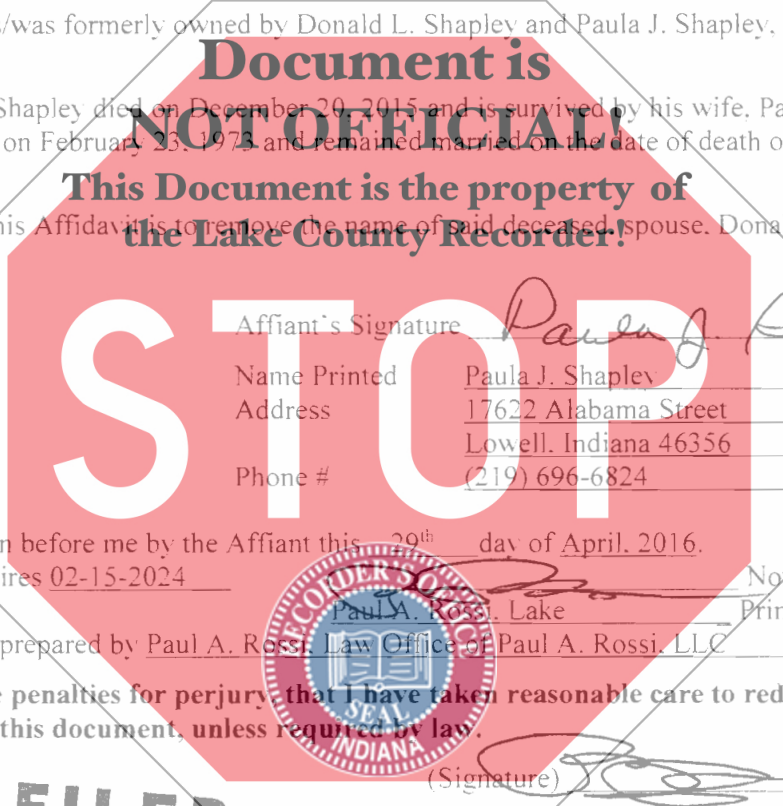
**Lot 9, in Eagle Creek Estates as per plat thereof, recorded in Plat Book 44, page 47 in the Office of the Recorder of Lake County, Indiana.**

**Commonly known as:** 17622 Alabama Street, Lowell, Indiana 46356.

4. Said properties is/was formerly owned by Donald L. Shapley and Paula J. Shapley, as Husband and Wife:

5. Said, Donald L. Shapley died on December 20, 2015 and is survived by his wife, Paula J. Shapley; the parties were married on February 23, 1973 and remained married on the date of death of Donald L. Shapley.

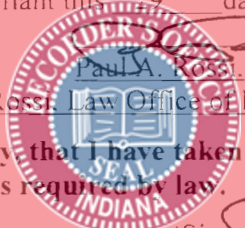
6. The purpose of this Affidavit is to remove the name of said deceased spouse, Donald L. Shapley.



Affiant's Signature *Paula J. Shapley*  
 Name Printed Paula J. Shapley  
 Address 17622 Alabama Street  
Lowell, Indiana 46356  
 Phone # (219) 696-6824

Subscribed and sworn before me by the Affiant this 29<sup>th</sup> day of April, 2016.

My Commission expires 02-15-2024



Notary Public  
Printed name & County

This instrument was prepared by Paul A. Rossi, Law Office of Paul A. Rossi, LLC

**\*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]*

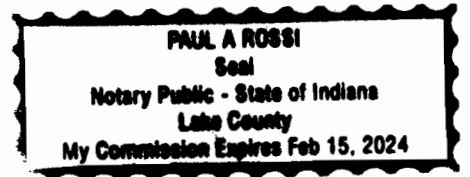
**FILED**

AUG 17 2016

014688

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

*SA 13.00  
M-E  
#7775*





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 74103

Local No 004208

EDR No 00000485368

State No 060048

1. Decedent's Legal Name (First, Middle, Last) <b>DONALD L SHAPLEY</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>07:10 PM</b>	4. Date Of Death (Month/Day/Year) <b>12/20/2015</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>67</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>03/30/1948</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) <b>ST ANTHONY MEDICAL CENTER OF CROWN POINT</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 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 <b>PAULA J SHAPLEY</b>				15a. (If Wife) Give Maiden Last Name <b>SEDLTA</b>		16. Decedent's Usual Occupation <b>CONTROL ROOM OPERATOR</b>		17. Kind Of Business/Industry <b>NIPSCO</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>LOWELL</b>		18c. Street And Number <b>17622 ALABAMA STREET</b>	18d. Apt. No.	18e. Zip Code <b>46356</b>	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</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>FRANCIS EDWARD SHAPLEY</b>				23. Mother's Name (First, Middle, Last) <b>MARCELLA MARGARET SHAPLEY</b>		23a. Mother's Maiden Last Name <b>WEHNER</b>			
24. Informant's Name <b>PAULA J SHAPLEY</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>17622 ALABAMA STREET, LOWELL, IN 46356</b>					
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) <b>KELLY CARROLL CREMATION SERVICE</b>			25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>PRUZIN &amp; LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307</b>					27a. Funeral Home License Number: <b>FH83001261</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD00009893</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>ACUTE TYPE A AORTIC DISSECTION</b> Due to (or As A Consequence Of) B. _____ Due to (or As A Consequence Of) C. _____ Due to (or As 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 <b>MONTH</b>	
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 checked="" 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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		30. Were All Causes Available To Complete The Cause Of Death? <input checked="" 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)				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 <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>NOT VALID UNLESS</b>			
41. Signature, Of Person Certifying Cause Of Death: <b>SUSAN W. BEST, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input checked="" type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>SUSAN W. BEST, 2293 N. MAIN STREET, CROWN POINT, IN 46307</b>						44. License Number <b>02002150A</b>		45. Date Certified <b>12/22/2015</b>	
46. Additional Funeral Service Provider:						47. *Alias:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 23 2015</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

