

2016 056156

2016 AUG 18 PM 12: 25

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

2

Comes now Linda G. Kortum, who being duly sworn upon her oath, deposes and says:

That, Linda G. Kortum is the surviving spouse of Danny L. Kortum, deceased who died domiciled in Lake County, Indiana, on July 26, 2016.

That Linda G. Kortum and Danny L. Kortum acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

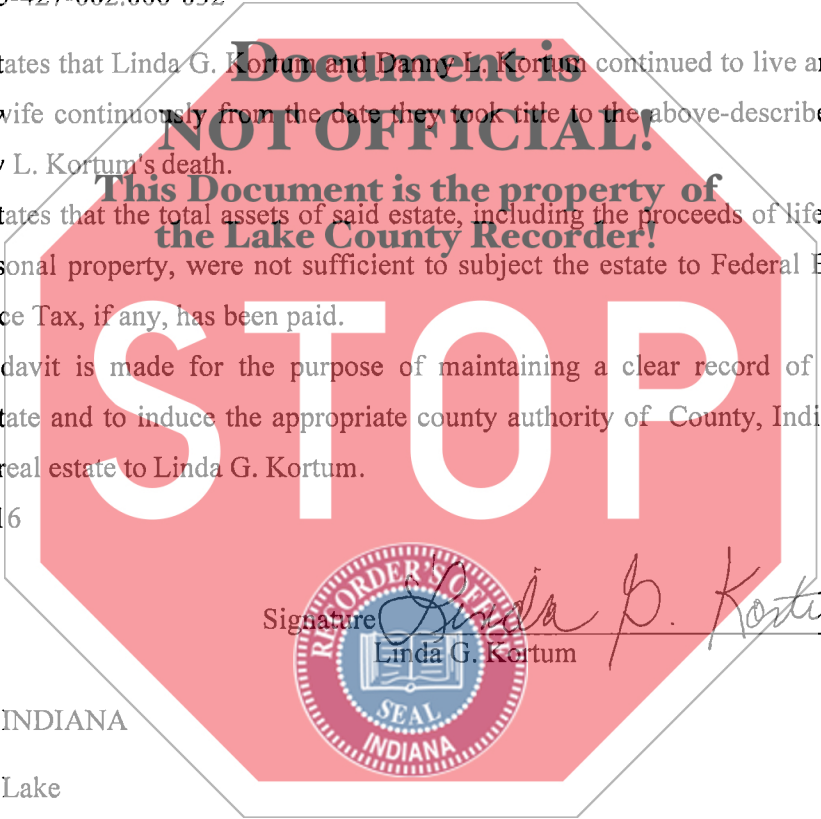
Lot 33 in Olde Hickory Estates Unit 4, as per plat thereof, recorded in Plat Book 42 page 60, in the Office of the Recorder of Lake County, Indiana.
Tax ID: 45-10-25-427-002.000-032

Affiant states that Linda G. Kortum and Danny L. Kortum continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Danny L. Kortum's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of County, Indiana, to transfer the above-described real estate to Linda G. Kortum.

Executed: 8-18-16



Signature Linda G. Kortum
Linda G. Kortum

STATE OF INDIANA
COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state this 18th day of August, 2016, personally appeared Linda G. Kortum who personally appeared and acknowledged the execution of the foregoing Affidavot

[Handwritten signature of Shannon Stiener]

Notary Public: Shannon Stiener
Resident of Lake County
My Commission expires: 3-14-23



Prepared by: Linda G. Kortum

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 Linda G. Kortum.

FILED

AUG 18 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

130
CASH
DW

004640



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 95615

Local No 002496

EDR No 00000523967

State No

1. Decedent's Legal Name (First, Middle, Last)
1a. Maiden Name (if female)
2. Sex
3. Time Of Death
4. Date Of Death (Month/Day/Year)

5. Social Security Number
6a. Age - Yrs
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year)
8. Birthplace (City and State or Foreign Country)

9. Ever in U.S. Armed Forces?
10. If Death Occurred in A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital

11. Facility Name (if Not Institution, Give Street and Number)
12. City Or Town, State, And Zip Code
13. County Of Death
14. Marital Status At Time Of Death

15. Surviving Spouse's Name
16a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation
17. Kind Of Business/Industry

18. Residence - State
18a. County
18b. City Or Town
18c. Street And Number
18d. Apt. No.
18e. Zip Code
18f. Inside City Limits?

19. Decedent's Education
20. Decedent Of Hispanic Origin
21. Decedent's Race
22. Father's Name (First, Middle, Last)
23. Mother's Name (First, Middle, Last)
23a. Mother's Maiden Last Name

24. Informant's Name
24a. Relationship To Decedent
24b. Mailing Address (Street And Number, City, State, Zip Code)
24c. Mother's Maiden Last Name

25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)
25c. Location - City, Town, And State

26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility
27a. Funeral Home License Number

27b. Signature Of Indiana Funeral Service Licensee:
27c. License Number (Of Licensee):

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.

29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?

31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death

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?

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:

41. Signature, Of Person Certifying Cause Of Death:
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:

44. License Number
45. Date Certified

46. Additional Funeral Service Provider:
47. Aka:

48. Signature Of Local Health Officer:
48. For Registrar Only - Date Filed (Month/Day/Year)

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED

State Form 53395; ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for failure to disclose.