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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA **2016 058451**
COUNTY OF LAKE) SS:
)

2016 AUG 26 AM 10:15
MICHAEL B. BROWN
RECORDER

AFFIDAVIT

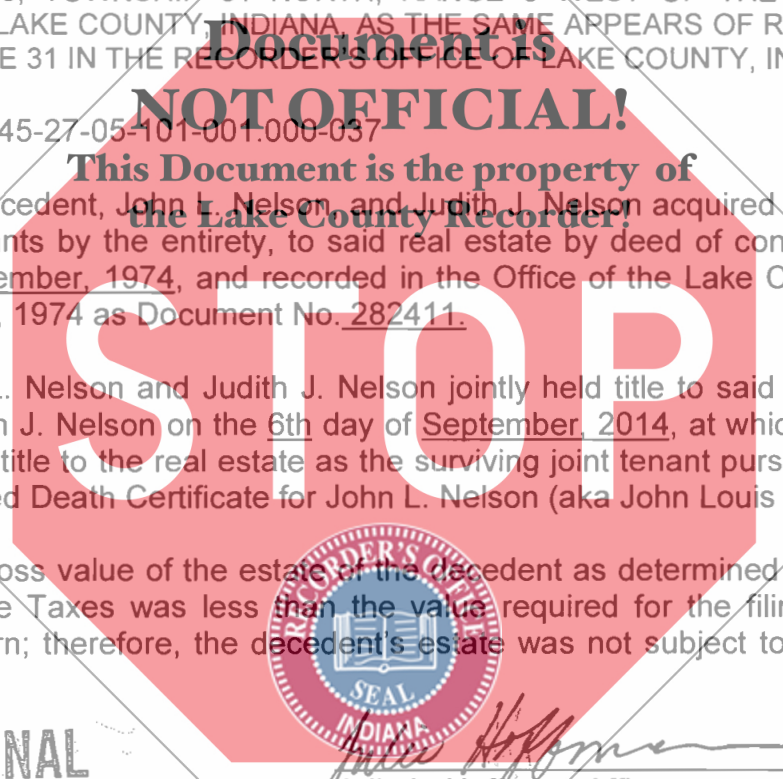
I, Julie L. Hoffman, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.

2. John L. Nelson (aka John Louis Nelson) and Judith J. Nelson are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT "B", AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF UNIT NO. 1 OF PON & CO'S RIVERSIDE FARMS, BEING A SUBDIVISION OF PART OF SECTION 32, TOWNSHIP 32 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, AND PART OF SECTION 5, TOWNSHIP 31 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 27, PAGE 31 IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

Tax Key No.: 45-27-05-101-001.000-037



3. The decedent, John L. Nelson, and Judith J. Nelson acquired title as husband and wife as tenants by the entirety, to said real estate by deed of conveyance on the 27th day of December, 1974, and recorded in the Office of the Lake County Recorder on December 27, 1974 as Document No. 282411.

4. John L. Nelson and Judith J. Nelson jointly held title to said real estate until the death of John J. Nelson on the 6th day of September, 2014, at which time Judith J. Nelson acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for John L. Nelson (aka John Louis Nelson).

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Julie L. Hoffman
Julie L. Hoffman, Affiant

215 Kimrich Circle N
Valparaiso, IN 46385

**FIDELITY NATIONAL
TITLE COMPANY**

92016-0920

FILED

AUG 22 2016

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

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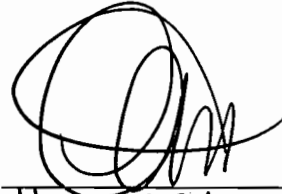
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Julie L. Hoffman, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 16th day of August, 2016.

My commission expires: 02/01/2024

Signature:



Lisa M. Matson
Resident of: Lake County, IN



"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." /s/Gary P. Bonk

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STOP

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 28609

Local No 002821

EDR No 000000403444

State No 040430

1. Decedent's Legal Name (First, Middle, Last) JOHN LOUIS NELSON		1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 03:35 AM	4. Date Of Death (Month/Day/Year) 09/06/2014
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5. Social Security Number	6a. Age - Yrs 75	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) 12/24/1938	8. Birthplace (City and State or Foreign Country) CHICAGO, IL
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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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)
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11. Facility Name (If Not Institution, Give Street and Number) 12905 WEST 245TH AVENUE	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
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15. Surviving Spouse's Name JUDITH NELSON	15a. (If Wife) Give Maiden Last Name JURS	16. Decedent's Usual Occupation FARMER	17. Kind Of Business/Industry FARMING
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town SCHNEIDER
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18c. Street And Number 12905 WEST 245TH AVENUE	18d. Apt. No.	18e. Zip Code 46376	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race White
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22. Father's Name (First, Middle, Last) WILBUR NELSON	23. Mother's Name (First, Middle, Last) LOUISE NELSON	23a. Mother's Maiden Last Name SAVAGE
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24. Informant's Name JUDITH NELSON	24a. Relationship To Decedent SPOUSE	24b. Mailing Address (Street And Number, City, State, Zip Code) 12905 WEST 245TH AVENUE, SCHNEIDER, IN 46376
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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) GEISEN CREMATION CENTRE	25c. Location - City, Town, And State CROWN POINT, IN
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356	27a. Funeral Home License Number: FH83004277
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27b. Signature Of Indiana Funeral Service Licensee: MOLLY E. TUCKER, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee): FD09200061
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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. FAILURE TO THRIVE SECONDARY TO NEURODEGENERATIVE DISORDER
Due to (C) As A Consequence Of:
B. DEMENTIA
Due to (C) As A Consequence Of:
C. PARKINSONS DISEASE
Due to (C) As A Consequence Of:
D. _____
Due to (C) As A Consequence Of:

Approximate Interval: Onset To Death
WEEKS
YEARS
YEARS

SEP 10 2014

Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

PATIENT WAS UNDER THE CARE OF HOSPICE AT THE TIME OF DEATH

29. Was An Autopsy Performed?
LAKE COUNTY HEALTH DEPARTMENT Yes No

30. Were Autopsy Findings Available To Complete The Cause Of Death?
 Yes No

31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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"/> 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
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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
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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39. Describe How Injury Occurred	40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian
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41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	44. License Number: 02002441A	45. Date Certified: 09/10/2014
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307	46. Additional Funeral Service Provider:	47. *Apex:	49. For Registrar Only - Date Filed (Month/Day/Year): SEP 10 2014
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and confidential. RAISED SEAL AFFIXED