

3
②

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT 1604457

On this 8-18-16 before me personally appeared Joyce A. Rossman
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is Owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Gerald J. Rossman and Joyce A. Rossman; and Christopher J. Rossman
- Said Gerald J. Rossman
(fill in name of co-tenant who died)
died on 4-14-15
leaving _____ will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:

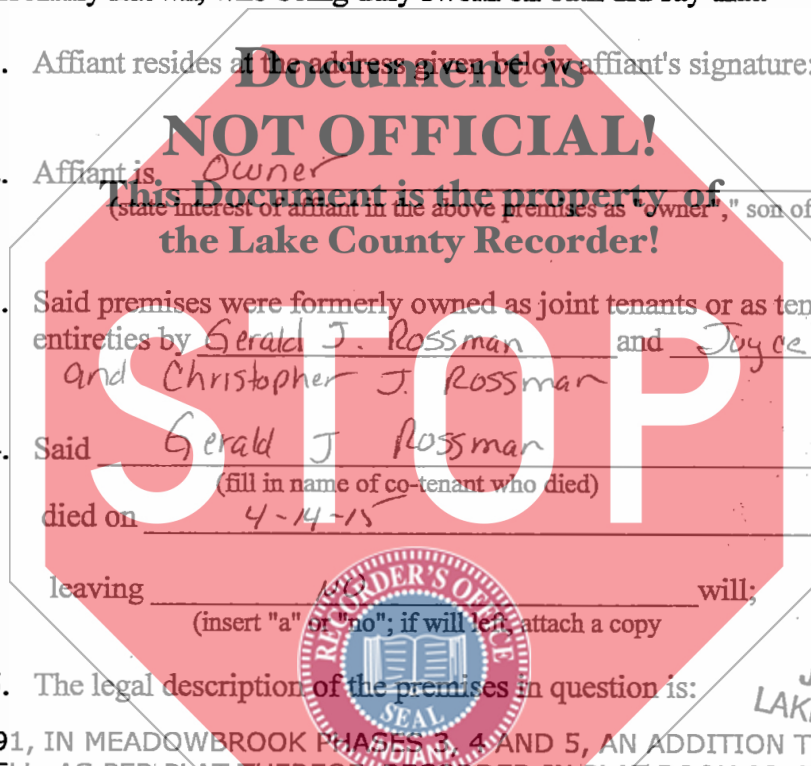
LOT 91, IN MEADOWBROOK PHASES 3, 4 AND 5, AN ADDITION TO THE TOWNSHIP OF LOWELL, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 80, PAGE 90, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Tax ID: 45-19-27-280-007.006-038

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..



CHICAGO TITLE INSURANCE COMPANY

Chicago Title Insurance Company

2016 059102

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
AUG 29 2016
MICHAEL B. BROWN
RECORDER

JOHN E. PETALAS
LAKE COUNTY AUDITOR

1604457

014895

\$16
CA
NOA
CONF

Oct 18 20501078

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes" , identify the divorce proceedings:

None):

8. Affiant's relationship to the deceased was Spouse

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder

Signature: Joyce A. Rossman
Printed Name: Joyce A. Rossman
Address: 541 Meadow Brook Dr
Lowell, In 46356

Subscribed and sworn to before me by the affiant

This 8-18-16
(insert date)

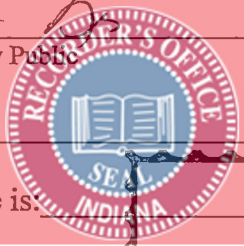
[Signature]
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____



DEBRA LEWIS
Notary Public - Seal
State of Indiana
La Porte County
My Commission Expires Aug 21, 2022

This instrument prepared by Joyce A Rossman

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. Deb Lewis



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 51543

Local No 001311

EDR No 000000443690

State No 018702

1. Decedent's Legal Name (First, Middle, Last) GERALD JOHN ROSSMAN		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 01:24 PM	4. Date Of Death (Month/Day/Year) 04/14/2015	
5. Social Security Number [REDACTED]	5a. Age - Yrs 68	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 01/23/1947	
8. Birthplace (City and State or Foreign Country) CHICAGO, IL		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			
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT		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 JOYCE ROSSMAN		15a. (If W/o) Give Maiden Last Name VENTIMIGLIA		16. Decedent's Usual Occupation TRUCK DRIVER		17. Kind Of Business/Industry UNION	
16. Residence - State INDIANA		16a. County LAKE		16b. City Or Town LOWELL		16c. Apt. No.	
16d. Street And Number 541. MEADOWBROOK DRIVE		16e. Zip Code 46356		16f. 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) HARRY ROSSMAN		23. Mother's Maiden Last Name SCHEEF	
24. Informant's Name JOYCE ROSSMAN		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 541 MEADOWBROOK DRIVE, LOWELL, IN 46356		25. Place Of Disposition GEISEN CREMATION CENTRE CROWN POINT, IN	
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)		25c. Location - City, Town, And State			
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		27b. Signature Of Indiana Funeral Service Licensee JENNIFER LYNN OSBURN, BY ELECTRONIC SIGNATURE	
27c. License Number Of Licensee FD21300013		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. ACUTE RESPIRATORY FAILURE DUE TO CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND PULMONARY HYPERTENSION		Approximate Interval: Onset To Death DAYS		29. Cause Of Death (See Instructions And Examples) THIS IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT APR 27 2015	
30. Part II - Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Specify In Part I) CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE, OBSTRUCTIVE SLEEP APNEA		31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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"/> Unknown If Pregnant Within The Past Year		33. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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	
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.	
36d. 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) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: ASRAR AHMED SHEIKH, BY ELECTRONIC SIGNATURE		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: ASRAR AHMED SHEIKH - 17648 MORSE STREET, LOWELL, IN 46356		44. License Number 01060322A	
45. Additional Funeral Service Provider:		46. Date Certified 04/17/2015		47. Sign:		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	
49. For Registrar Only - Date Filed (Month/Day/Year) APR 17 2015		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

