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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 001989

2017 JAN 11 AM 10:24

STATE OF INDIANA)

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) SS:

COUNTY OF LAKE)

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MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Leroy Marsh, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Jack Marsh and Seigle Joyce Marsh are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The South 100 feet of the north 1900 feet of the East 1/2 of the Northwest 1/4 of Section 21, Township 34 North, Range 9, West of the 2nd Principal Meridian, (except the East 530 Feet thereof), and (except that part described as follows, beginning at the Northwest corner of the East 1/2 of the Northwest 1/4 of Section 21, Township 34 North, Range 9, West of the 2nd Principal Meridian, thence East 38.0 feet; thence Southerly to a point on the South line 280.5 feet East of the Southwest corner thereof; thence West 280.5 feet to the Southwest corner thereof; thence North along the West line thereof to the place of beginning), all in Lake County, Indiana. Subject to the rights of the public in and to the East 30 feet of the above described tract for highway purposes. Subject to easements and restrictions of record.

Affiant's Address/Commonly Known As:

12804 Alexander, Cedar Lake, IN 46303

Tax Key No.: 45-15-21-177-008.000-014

3. Jack Marsh and Seigle Joyce Marsh acquired title as husband and wife as tenants by entires to said real estate by deed of conveyance on the 11th day of May, 1970, and recorded in the Office of the Lake County Recorder as Document No. 57843.

4. Jack Marsh and Seigle Joyce Marsh jointly held title to said real estate until the death of Seigle Joyce Marsh on the 13th day of November, 2016, at which time Jack



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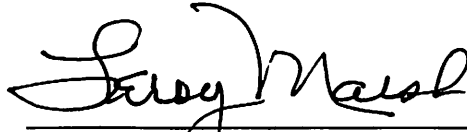
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Marsh acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Seigle Joyce Marsh.

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.



Leroy Marsh, Affiant

STATE OF INDIANA
COUNTY OF LAKE

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Leroy Marsh, 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 December, 2016.

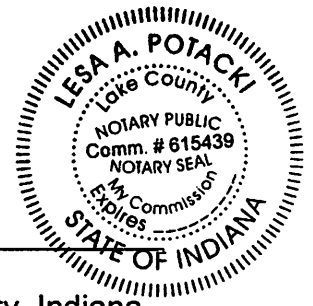
My commission expires: 02/03/2018



Signature: _____



Lesa A. Potacki
Resident of: Lake County, Indiana



"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." Gary P. Bonk

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. 104959

Local No 003673

EDR No 00000542413

State No 053316

1. Decedent's Legal Name (First, Middle, Last) SEIGLE JOYCE MARSH				1a. Maiden Name (If female) EMBRY		2. Sex FEMALE	3. Time Of Death 05:11 AM	4. Date Of Death (Month/Day/Year) 11/13/2016	
5. Social Security Number 401-40-3282		6a. Age - Yrs 84	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) 08/31/1932		8. Birthplace (City and State or Foreign Country) WHITESVILLE, KY
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 checked="" 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) RILEY HOSPICE CENTER							12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		
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 JACK MARSH		15a. Last Name Before First Marriage			16. Decedent's Usual Occupation BEAUTICIAN		17. Kind Of Business/Industry SERVICE		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CEDAR LAKE		18d. Apt. No.	18e. Zip Code 46303	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 12804 ALEXANDER STREET		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) HARVE EMBRY	
23. Parent's Last Name Before First Marriage UNKNOWN		24. Informant's Name LEROY MARSH		25. Place Of Disposition CHAPEL LAWN MEMORIAL GARDENS SCHERERVILLE, IN		25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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 BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303		27a. Funeral Home License Number FH83002461		27b. Signature Of Indiana Funeral Service Licensee: SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE	
27c. License Number Of Licensee: FD20700051		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. MALIGNANT DECELSION OF THE LUNG METASTATIC TO LIVER Due to (Or As A Consequence Of): B. _____ C. _____ 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		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. 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	
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. 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)		41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383	
44. License Number 01031582A		45. Date Certified 11/14/2016		46. Additional Funeral Service Provider:		47. *Axes:		48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE	
49. For Registrar Only - Date Filed (Month/Day/Year): NOV 15 2016		49. For Registrar Only - Date Filed (Month/Day/Year): NOV 15 2016		49. For Registrar Only - Date Filed (Month/Day/Year): NOV 15 2016		49. For Registrar Only - Date Filed (Month/Day/Year): NOV 15 2016		49. For Registrar Only - Date Filed (Month/Day/Year): NOV 15 2016	



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE HEALTH DEPARTMENT
NOV 17 2016

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