

2017 009083

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 FEB 10 AM 10: 07

MICHAEL B. BROWN RECORDER

SURVIVORSHIP AFFIDAVIT

Comes now Edward E. Malm, who being duly sworn upon his oath, deposes and says:

That, Edward E. Malm is the surviving spouse of Barbara L. Malm, deceased who died domiciled in Lake County, Indiana, on December 15, 2015.

That Edward E. Malm and Barbara L. Malm acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiant states that Edward E. Malm and Barbara L. Malm 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 Barbara L. Malm's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property sweep not sufficient so trubject the estate to federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid County Recorder!

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 Lake County, Indiana, to transfer the above-described real estate to Edward E. Malm.

Executed: February 200, 2017

Signature

Edward E. Malm

Lake County

My Commission Expires

STATE OF

INDIANA

COUNTY OF LAKE

Before me, a Notary Public in and for said County And State, personally appeared Edward E. Malm who acknowledged the execution of the foregoing affidavit. The 2nd days web many, 2017

Notary Public Lisa M. Matson

Resident of Lake County

My Commission expires: 2/1/2024

Prepared by: Timothy R. Kuiper

Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

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 Lisa M. Matson. File No. 920162883

Return to:

10700 Pack Pl. St. John IU46373

FIDELITY NATIONAL TITLE COMPANY

92016-2883

020981

FEB 0 8 2017

JOHN E. PETALAS. LAKE COUNTY AUDITOR

EXHIBIT "A"

Lot 5 in Schilling's Sixth Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 41, Page 20, in the Office of the Recorder of Lake County, Indiana.

Property Address: 815 Schilling Dr, Dyer, IN 46311

Parcel ID No.: 45-10-13-429-015.000-034



INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 73822 CERTIFICATE OF DEATH

	No 004	138	E	DR No 0000		63			。 0591			
Decedent's Legal Name (First	, Middle, Last)			1a. Malden Nam	e (If female)		2. Sex		B Of Death	4. Date	Of Death (Month/Day/Year)	
BARBARA L MALM 5. Social Security Number 6a.	Age - Yrs	6b. Under 1 Ye	ar 8c. Under 1 M	LEWIS	6e. Under 1 Hour	7. Date	FEMA of Birth (Month		;43 PM i. Birthplace (Cit	y and State	12/15/2015 or Foreign Country)	
	82	Months	Days	Hours	Minutes		09/07/193	33	HARRISBL	JRG, IL		
9. Ever in U.S. Armed Forces?		h Occurred In A H	•		10a. If Death Occu		where Other T		Home/Long-ler	n Care Fac	dity	
☐ Yes ☑ No ☐ Unknown ☑ Inpallent ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify) 11. Facility Name (if Not Institution, Give Street and Number)												
ST MARGARET MER	CY HEAL	THCARE C	ENTERS-DY	'ER		=7-=				·		
	Code				13. County (Ji Deam			14. Marital St] Married,	Bul Separated Divorced	
DYER, IN, 46311 15. Surviving Spouse's Name				15a. (If Wife)Give Maide	LAKE 16. Decedent's Usual				☐ Widowed ☐ Never Married ☐ Unknown Coupation ☐ 17. Kind Of Business/Industry			
EDWARD MALM							SECRETA	N DV		SCHC	OL DISTRICT 149	
18, Residence - State		18	Ba, County	······································	18b. City Or To		OLOI(LI)	7171		100110	OL DIGITATO) 149	
INDIANA 180. Sireel And Number		LA	KE		DYER			and An blo	18e, Zip		18f. Inside City Limits?	
815 SCHILLING DRIV	<i>(</i> = .				4	•		18d. Apt. No.			Yes □ No	
19. Decedent's Education			20. Decedent OFH	Ispanie Origin	nent	Decedent's	Race		46	311	<u></u>	
HIGH SCHOOL GRAI	DUATE C		MOTMISPAN		Whit		T					
22. Faiher's Name (First, Middle,	, Last)		140	I UI	23. Mother's Name	(First, Mid	de Last)		23a.	Mother's M	aiden Last Name	
JAMES LEWIS 24. Informant's Name		T	his Do	cument i	OCROTHYL 24b. Malling Addres	EWIS	erty	of	BEF	.RY		
EDWARD MALM			tuse N	ake Cou	BIE SCHIEL							
25a, Method Of Disposition		25h.			ce Of Disposition			Town, And State				
☐ Burial ☑ Cremation ☐ De	onation 🔲 En		Troce of Dispositor	r (rights of outlierery, or	omatory, oater ridee,	200, 1	. a	Tarri, Filly Otato				
Other (Specify): 26. Was Coroner Contacted?		ELI	MWOOD CHA	APEL CREMATO	RY	CED	AR LAKE	, IN				
26. Yes ⊠ No	27.	Name And Comp	olele Address OI Fur	neral Facility						27a. Ft	neral Home License Number:	
27b. Signature Of Indiana Fune	ral Service Lice	ensee:		11300 W 97TH	LN, SAINT JC	H <mark>N, IN</mark>	1.270	: License Numb	er (Q) Licensee)	· Y.	900052	
JAMES F BETKOWS	KI, BY E	LECTRONI	C SIGNATUF	Cause Of Death (Se	Instructions And	Example	LED	09200077		-	Approximate	
28. Pert I. Enter The Chain Such As Cardiac Arrest, Ret A Line. Add Additinal Lines	Of Events - E	Olse <mark>ases, Inj</mark> urie: st, Or Ventricula	s, Or Complication or Fibrillation Withou	s - That Directly Caused at Showing The Etiology	The Death. Do Not.	Enter Tel	minal Evens	ECORD OF	FILE WIT	H THE	Interval: Onset To Death	
A Line. Add Additinal Lines Immediate Cause (Final Dis				A, RESPIRATORY		集	: Y	and are resident of a company of the State of	PILI DELY	KINEN	30 MINUTES	
			,	TURDE	R'S OFFE	Due lo (Or	As A Consequence	DEC 2	1 2015			
Sequentially List Conditions Line A. Enter The Underlyin The Events Resulting in De	ig Cause (Dis	ling To The Cau ease Or Injury T				Dua lợ (Or	As A Consequence	3));			_{;	
The Events Respiring in Det	aut) Last					Dueto (Or	As A Consequence	. /	Saft.	10.	- !	
Part II. Enter Other Significant C	onditions Cont	ribuling to Death E	But Not Resulting In	D. The Underlying Cause Ch	in In Part	1 29. Wa	S An Autopsy P	m 201311111E	ALTHOFE	71.00		
COPD, ATRIAL FIBRILLATION	1			Terre IND	IANA SILILIA	<u></u>			Complete The	Cause Of D		
31. Did Tobacoo Use Contribute ☐ Yes ☑ Probably ☐ No		32. [[F		Pregnant At Time Of Goath	No! Pregnant, 8vt Preg	nani Wilhin 41	2 Days Of Death	33. Manner C		Accident	Pending Investigation	
34. Date Of Injury (Month/Day/Y			Pregnant, But Pregnant & C ne Of Injury	Days To 1 year Before Goath 36. Pla	Unknown if Pregnant V				Could Not Be I		37. Injury At Work?	
											☐ Yes ☐ No	
38, Location Of Injury - State		38a, Cit	ly Or Town	38b. S	freel & Number	-			38c, Apt.	No.	38d, Zip Code	
39. Describe How Injury Occurr	eď							40, If Transpo	rtation Injury, Sr	ecify:		
41. Signature, Of Person Certif	vina Causa Of	Donth	 				,		presion injury. St	VÁLH	"UNLESS	
DAVID ALAN DESCH	IEPPER .	BY ELECT	RONIC SIGN	IATURE			42, Certi	lier (Check Onli ifying Physician	Coron		Heath Officer	
43. Name, Address And Zip Code Of Person Certifying Cause Of Deeth: 44. License Number .45. Date Certified												
DAVID ALAN DESCHEPPER, 10860 MAPLE LANE, SAINT JOHN, IN 46373 46. Additional Funeral Service Provider: 47. Akas:												
48. Signature of Local Health Officer: 49. For Regis									strar Only Date Filed (Monit/Day/Year):			
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									DEC 18 2015			
								l I			· 25 10 10 10 10 10 10 10 10 10 10 10 10 10	
									1. 1970 花花花色 2017年1日			
State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary RANGEID SEAL (QAREXED											W. ACEIVED	
DITENTIC	oiniti	o Guulai gecu	una un nomb tedn	cover by this state adel	by in order to pursu	e respons	אוווחייי. הוצכוסו	ann is voluntar	A dischart & AMI		タドルルセクトロ	