STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 009228

2017 FEB 10 PM 2:52

## MICHAEL B. BROWN SURVIVORSHIP AFFIDAVIT

	TATE OF INDIANA COUNTY OF LAKE	) ) SS: _ )		en e			
$\frac{1}{b}$	TALMAGE F. DARNELL eing first duly sworn upon oath deposes and so.  That ALICES DARNELL (the "Decedent") died on the			n making affidavit], e of deceased person] 당시되고, 20 <u>14</u>			
at 1705 AUSTIN A VE SOITER ARVILLE IN 40375 and insert location of death.]							
2	That the Decedent pride TALMAGE  name of Decedent's spouse were duly and and-wife to the following desertibed re-	Entris the Bridge legally married Revialety Re	at the time they acque	ired title as husband-			
	Legal Description: PARK MANOR L	2 N.25FT.	& L. 3 BL. 3N	25FT, L.3BL.3			
T,D	· PARK MANOR LOT 2	EN DO		BLOCK 3			
	Parce # 45-11-15-1	28-002.0	00.036				
3	,	isted between the	em at the time they ac				
4	. That all funeral expenses in connection	n with the death	of the Decedent have	been paid in full.			
5	5. That all of the assets of the Decedent which would be includable for Federal State Tax purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax,						
F	Further affiant sayeth not.						
	FEB <b>1 0</b> 2017	Signa	LMAGE F. I				
	JOHN E. PETALAS LAKE COUNTY AUDITOR	AMOUNT \$ CASHCCHECK #COVERAGE		010914			
S	Survivorship Affidavit	COPY	pn	Page 1 of 2			

county of Lau	SS:	ACKNOWLEDGMENT				
Before me, a Notary Public in and for said County and State, personally appeared						
Resident of County, Ind  My Commission Expires:		Printed KONNO Melly				
the Lal	FOR SON-	He property of WAYLACHELOCINOTALLY Public Lake County, State of Indiana y Commission Expires July 6, 2023				

EDR No 00000402256 -Local No 002727 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) ALICE SUE DARNELL **PEIFER FEMALE** 07:25 AM 08/29/2014 8. Birthplace (City and State or Foreign Country) 6b. Under 1 Year 6a Age - Yrs 6c Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) 5. Social Security Number 68 Months Davs Hours Minutes 03/24/1946 SCHERERVILLE, IN 10, If Dea Occurred In A Hospital 10a. If Death Occurr ewhere Other Than A Hospita ☑ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Hospice Facility ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Yes ☒ No ☐ Unknown Other (Specify) 11. Facility Name (If Not Institution, Give Street and Number) 1705 AUSTIN AVENUE 14. Marital Status At Time Of Death 13. County Of Death 12. City Or Town, State, And Zip Code Married Married, But Separated Divorced Widowed Never Married Unknown SCHERERVILLE, IN, 46375 LAKE 17. Kind Of Business/Industry 15a. (If Wife)Give Maiden Last Name 16. Decedent's Usual Occupation 15. Surviving Spouse's Name TALMAGE F DARNELL JR CARRIER POST OFFICE 18. Residence - State 18a. County 18b. City Or Town INDIANA LAKE SCHERERVILLE 18c. Street And Number 18d. Apt. No. 18e. Zip Code 18f. Inside City Limits? ⊠ Yes □ No 1705 AUSTIN AVENUE 46375 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED HISPANIC COMPLETED 22. Father's Name (First, Middle, Last) 23a. Mother's Maiden Last Name ALFRED M PEIFER **GOVERT** 245 Relationship to Decement 1 246. We ting Address (Siver And Nymber) City, State, Zip Code) 24 Informant's Name HUSBANDAKE COULTED AUSTIN AVENUE SCHERERVIN, E, IN 46375 TALMAGE DARNELL 25a, Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c, Location - City, Town, And ☐ Burial ☐ Cremation ☐ Donation ☐ Entombrent Removal From State Other (Specify): KELLY-CARROLL CREMATION SERVICES GARY, IN 26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility 27a. Funeral Home License Number FAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 8580 WICKER AVENUE, SAINT ☐ Yes ☒ No FH10200006 JOHN, IN 46373 27b. Signature Of Indiana Funeral Service 27c. License Number (Of Licensee): LAWRENCE EUGENE MILLER | BY ELECTRONIC SIGNATURE RD01006015 Cause Of Death (See Instructions And Examples) THIS IS A TRUE COPY OF Approximate 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Eve Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Ca A Line. Add Additinal Lines If Necessary. THE RECORD ON FILE WITH THE Death PAKE COUNTY HEALTH DEPARTMENT Immediate Cause (Final Disease Or Condition Resulting In Death) CEREBRAL VASCULAR DISEAS HYPERTENSION YEARS 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 LAKE COUNTY HEALTH OFFICER Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying 29. Was An Acto Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No 31. Did Tobacoo Use Contribute To Death? 33. Manner Of Death: 33. Manner Of Death: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregna ☐ Yes ☐ Probably ☐ No ☒ Unknown Unknown If Pregnant Within The Past Year Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Suicide ☐ Could Not Be Determined 34. Date Of Injury (Month/Day/Year) 35. Time Of Injury 36. Place Of Injury (E.G., Decedent's Home, Construction Sito, Restaurant, Wooded Area) 37. Injury At Work? ☐ Yes ΠNo 38. Location Of Injury - State 38a. City Or Town 38b. Street & Numbe 38c:-Apt. No. 38d, Zip Code 1 39. Describe How Injury Occurred If Transportation Injury, Specify: 41. Signature, Of Person Certifying Cause Of Death 42. Certifier (Check Only One)

Certifying Physician Corone FADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE ☐ Heath Office 43. Name, Address And Zip Code Of Person Certifying Cause Of Death 44 License Number 45. Date Certified FADI ISSA ALZEIDAN , 311 E. 89TH AVE, MERRILLVILLE, IN 46410 01053003A 09/03/2014 48. Signature of Local Health Officer. 49. For Registrar Only - Date Filed (Month/Day/Year) SUSAN W. BEST, VIA ELECTRONIC SIGNATURE SEP 03 2014 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)