

STATE OF INDIANA
COUNTY OF LAKE

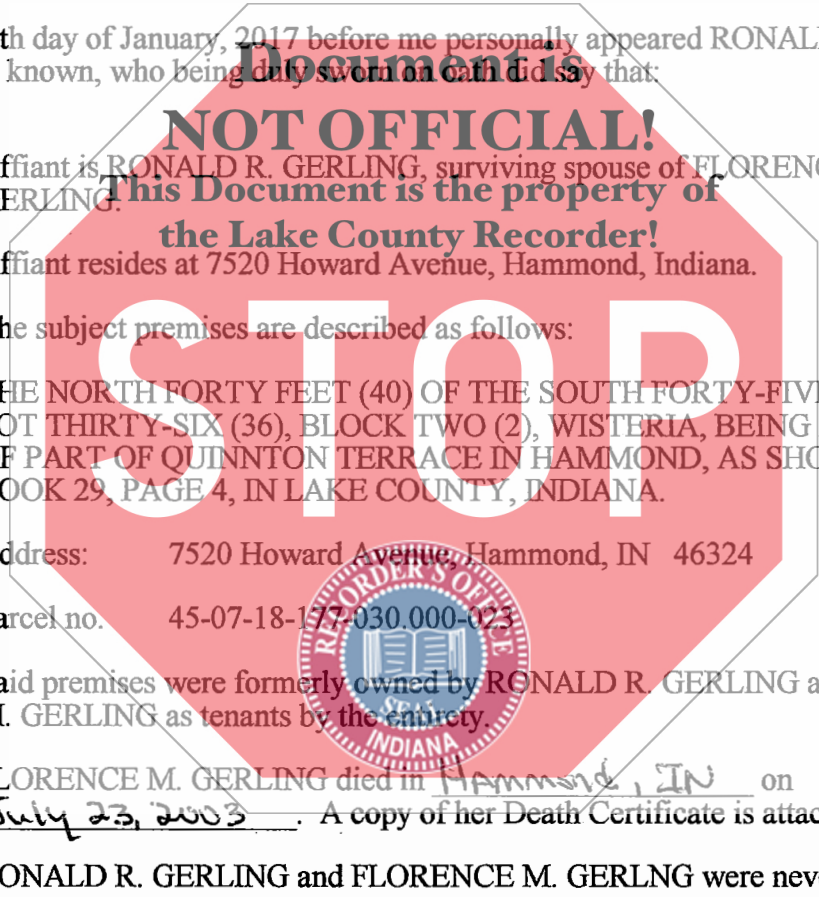
2017 009454

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 FEB 13 AM 10:26
MICHAEL B. BROWN
RECORDER

ESTATE OF
FLORENCE M. GERLING
DECEASED

SURVIVORSHIP AFFIDAVIT

On this 6th day of January, 2017 before me personally appeared RONALD R. GERLING to me personally known, who being duly sworn on oath did say that:



1. Affiant is RONALD R. GERLING, surviving spouse of FLORENCE M. GERLING.

2. Affiant resides at 7520 Howard Avenue, Hammond, Indiana.

3. The subject premises are described as follows:

THE NORTH FORTY FEET (40) OF THE SOUTH FORTY-FIVE (45) FEET OF LOT THIRTY-SIX (36), BLOCK TWO (2), WISTERIA, BEING A REDIVISION OF PART OF QUINNTON TERRACE IN HAMMOND, AS SHOWN IN PLAT BOOK 29, PAGE 4, IN LAKE COUNTY, INDIANA.

Address: 7520 Howard Avenue, Hammond, IN 46324

Parcel no. 45-07-18-177-030.000-023

4. Said premises were formerly owned by RONALD R. GERLING and FLORENCE M. GERLING as tenants by the entirety.

5. FLORENCE M. GERLING died in Hammond, IN on July 23, 2003. A copy of her Death Certificate is attached.

6. RONALD R. GERLING and FLORENCE M. GERLING were never divorced.

Affiant's Signature:
Printed Name:
Address:

Ronald R. Gerling
RONALD R. GERLING
7520 Howard Avenue, Hammond, Indiana

FILED

FEB 13 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

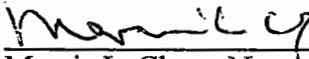
\$15.00
M.E.
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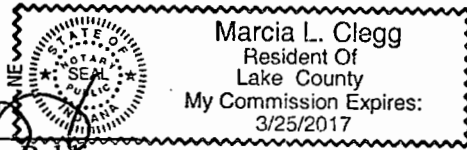
000774

SUBSCRIBED AND SWORN TO

BEFORE ME THIS 6TH DAY

OF JANUARY, 2017.


Marcia L. Clegg, Notary Public



I, Marcia L. Clegg, 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.



Document Prepared by and mail to:
Marcia L. Clegg
CLEGG & FAULKNER, P. C.
15 Lawndale Street,
Hammond, IN 46324
(219) 853-1851

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 581

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

552859
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Florence M. Gerling		2. SEX Female	3a. TIME OF DEATH 3:10A M	3b. DATE OF DEATH (Month, Day, Yr.) July 23, 2003	
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 63	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Dec. 5, 1939	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mary Hosp	9c. CITY, TOWN, OR LOCATION OF DEATH Hammond IN	9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Ronald R. Gerling Sr	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pres. G & F Leasing	12b. KIND OF BUSINESS/INDUSTRY Trucking Co		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 7520 Howard Street		
13a. ZIP CODE 46324	13i. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc)	16. RACE—American Indian, Black, White, etc. (Specify) White	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 12		18. FATHER'S NAME (First, Middle, Last) Jerome Biedrzycki		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Budz		20a. INFORMANT'S NAME (Type/Print) Ronald R. Gerling Sr.			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7520 Howard St. Hammond IN. 46324		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 26, 2003 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN 46410	
22a. EMBALMER'S NAME Anthony S. Rendina Jr		22b. EMBALMER'S LICENSE NO. FD01010402	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr</i>		24b. LICENSE NUMBER (of Licensee) FD01010402	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St Gary, IN 46408		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>cardiogenic shock</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>respiratory failure</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>renal failure</i> DUE TO (OR AS A CONSEQUENCE OF) d. <i>liver failure</i> Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT DEC 21 2016 LAKE COUNTY HEALTH OFFICER			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Hypertensive cardiovascular disease diabetes with peripheral neuropathy sepsis and foot ulcer</i>		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) no	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) no	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Evan Geussler MD</i>			
29c. MEDICAL LICENSE NO. 02000568		29d. DATE SIGNED (Month, Day, Year) July 25, 2003			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Geussler 7134 Calumet Ave. Hmd IN. 46324					
31. HEALTH OFFICER'S SIGNATURE <i>Franklin Premsela M.D.</i>				32. DATE FILED (Month, Day, Year) July 25, 2003	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc			

RAISED SEAL AFFIXED