

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 010244

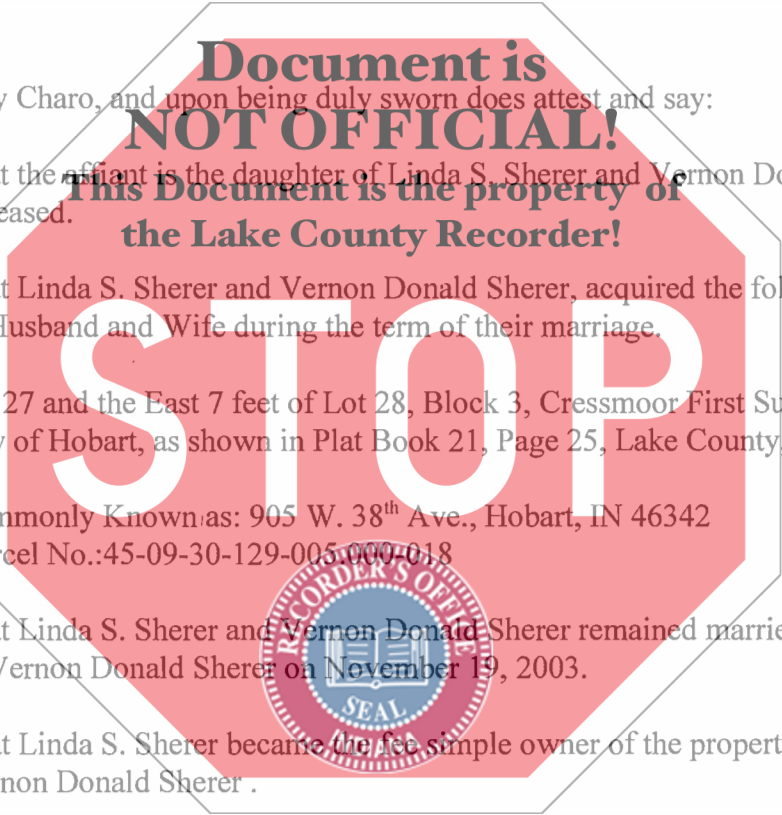
2017 FEB 16 AM 11:34

MICHAEL B. BROWN
RECORDER

4
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Mandy Charo, and upon being duly sworn does attest and say:



1. That the affiant is the daughter of Linda S. Sherer and Vernon Donald Sherer, deceased.
2. That Linda S. Sherer and Vernon Donald Sherer, acquired the following property as Husband and Wife during the term of their marriage.

Lot 27 and the East 7 feet of Lot 28, Block 3, Cressmoor First Subdivision in the City of Hobart, as shown in Plat Book 21, Page 25, Lake County, Indiana.

Commonly Known as: 905 W. 38th Ave., Hobart, IN 46342
Parcel No.: 45-09-30-129-005-000-018
3. That Linda S. Sherer and Vernon Donald Sherer remained married until the death of Vernon Donald Sherer on November 19, 2003.
4. That Linda S. Sherer became the fee simple owner of the property at the death of Vernon Donald Sherer .
5. That Linda S. Sherer passed away on March 10, 2016.

FILED
FEB 16 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

I affirm under the penalties for perjury that the foregoing statements are true.

011027

Mandy Lynn Charo

17.
ck-13900
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000291

EDR No 000000500538

State No

Form fields including: 1. Decedent's Legal Name (LINDA S SHERER), 1a. Maiden Name (ZINK), 2. Sex (FEMALE), 3. Time Of Death (17:49), 4. Date Of Death (03/10/2016), 5. Social Security Number, 6a. Age - Yrs (65), 6b. Under 1 Year, 6c. Under 1 Month, 6d. Under 1 Day, 6e. Under 1 Hour, 7. Date of Birth (12/08/1950), 8. Birthplace (CHICAGO, IL), 9. Ever in U.S. Armed Forces?, 10. If Death Occurred In A Hospital, 10a. If Death Occurred Somewhere Other Than A Hospital, 11. Facility Name (PORTER REGIONAL HOSPITAL), 12. City Or Town, State, And Zip Code (VALPARAISO, IN, 46383), 13. County Of Death (PORTER), 14. Marital Status At Time Of Death, 15. Surviving Spouse's Name, 15a. (If Wife) Give Maiden Last Name, 16. Decedent's Usual Occupation (OFFICE ADMINISTRATOR), 17. Kind Of Business/Industry (RELIGION), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (HOBART), 18c. Street And Number (905 WEST 38TH AVENUE), 18d. Apt. No., 18e. Zip Code (46342), 18f. Inside City Limits?, 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 (RICHARD ZINK), 23. Mother's Name (NORMA JEAN ZINK), 23a. Mother's Maiden Last Name (ANDERSON), 24. Informant's Name (MANDY CHARO), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (919 NORTH 100 WEST, CHESTERTON, IN 46304), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (ELMWOOD CEMETERY), 25c. Location - City, Town, And State (HAMMOND, IN), 26. Was Coroner Contacted?, 27. Name And Complete Address Of Funeral Facility (REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342), 27a. Funeral Home License Number (FH83003069), 27b. Signature Of Indiana Funeral Service Licensee (JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE), 27c. License Number Of Licensee (FD01006463), 28. Part I. Enter The Chain Of Events - Disease, 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. CARDIORESPIRATORY ARREST. Due to (Or As A Consequence Of): B. SEVERE BILATERAL PNEUMONIA, ACUTE RESPIRATORY DISTRESS SYNDROME. Due to (Or As A Consequence Of): C. ACUTE ON CHRONIC KIDNEY DISEASE REQUIRING HEMODIALYSIS. Due to (Or As A Consequence Of): D. ACUTE ISCHEMIC STROKE. Approximately Interval: Onset To Death - MINUTES, DAYS, WEEKS, DAYS. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. 29. Was An Autopsy Performed? No. 30. Were Autopsy Finding Available To Complete The Cause Of Death? No. 31. Did Tobacco Use Contribute To Death? No. 32. If Female: Not Pregnant Within Past Year. 33. Manner Of Death: Natural. 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? 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: Driver/Operator, Passenger, Pedestrian, Other (Specify), 41. Signature Of Person Certifying Cause Of Death (JAMES P ANTHONY, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (JAMES P ANTHONY, 1231 CUMBERLAND CROSSING, VALPARAISO, IN 46383), 44. License Number (01071016A), 45. Date Certified (03/14/2016), 46. Additional Funeral Service Provider, 47. Akas, 48. Signature of Local Health Officer (MARIA L STAMP, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (MAR 15 2016)

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

Local No. 2825-03

State No. 041161

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

SPONSOR

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - FULL NAME (Print Name Last, First, Middle Initial)
VERNON DONALD SHERER

2. SEX: **Male**

3. TIME OF DEATH: **9:22 AM**

4. DATE OF DEATH (Month, Day, Year): **November 29, 2003**

5. SOCIAL SECURITY NUMBER: [REDACTED]

6. AGE - Last Birthday (Years, Months, Days): **58**

7. DATE OF BIRTH (Month, Day, Year): **December 11, 1944**

8. BIRTH PLACE (City and State or Foreign Country): **Wiltshire, England**

9. WAS DECEDENT A U.S. VETERAN? **No**

10. YEAR LAST SERVED IN U.S. ARMED FORCES: **N/A**

11. PLACE OF DEATH (Check only one box):
 HOSPITAL Home Nursing Home Other (Specify):
 Long-term Care OOA Residence

12. FACILITY NAME (If not residence give street and number): **St. Mary Medical Center**

13. CITY, TOWN, OR LOCATION OF DEATH: **Hobart**

14. COUNTY OF DEATH: **Lake**

15. MARITAL STATUS (Specify): **Married**

16. SURVIVING SPOUSE (If wife, give maiden name): **Linda Zink**

17. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): **Draftsman**

18. KIND OF BUSINESS/INDUSTRY: **Engineering**

19. RESIDENCE - STATE: **Indiana**

20. COUNTY: **Lake**

21. CITY, TOWN, OR LOCATION: **Hobart**

22. STREET AND NUMBER: **905 W. 38th Avenue**

23. ZIP CODE: **46342**

24. INSIDE CITY LIMITS? Yes No

25. CITIZENSHIP (What Country): **U.S.A.**

26. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (Specify Origin)

27. RACE - American Indian, Black, White, etc. (Specify): **White**

28. DECEDENT'S EDUCATION (Specify only highest grade completed):
 Elementary/Secondary (1-12): **2**
 College (11-4 or R+): **2**

29. FATHER'S NAME (First, Middle Last): **Vernon N. Sherer**

30. MOTHER'S NAME (First Middle, Maiden Surname): **Phyllis M. Donald**

31. SPONSOR NAME (Type, Print): **Linda S. Sherer**

32. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **905 W. 38th Avenue, Hobart, IN 46342**

33. RELATIONSHIP: **Wife**

34. METHOD OF DISPOSITION:
 Burial Cremation Removed from State Other (Specify):
 Donation Other (Specify):

35. DATE AND PLACE OF DISPOSITION (Name of cemetery, repository, or other place): **Dec 3, 2003 Elmwood Cemetery**

36. LOCATION - City or Town, State: **Hammond IN**

37. DEATH REPORTED TO CORONER? Yes No

38. SIGNATURE OF FUNERAL DIRECTOR: *[Signature]*

39. LICENSE NUMBER: **FD01006463**

40. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: **Rees Funeral Home, Inc. FH183003069 600 W. Old Ridge Road, Hobart, IN 46342-0488**

41. CAUSE OF DEATH: **Cause of death has been redacted.**

42. THE INFORMATION ON THIS FORM IS THE PROPERTY OF THE INDIANA STATE DEPARTMENT OF HEALTH - REGISTRAR'S OFFICE.

43. PART II - Other significant conditions - Conditions pertaining to death but not immediately related to Part I

44. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No): **No**

45. WAS AN AUTOPSY PERFORMED? (Yes or No): **No**

46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): **No**

47. CERTIFIER: STATIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and does so to the extent of my degree.
 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 condition as stated.
 CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the condition as stated.

48. SIGNATURE AND TITLE OF CERTIFIER: *[Signature]*

49. MEDICAL LICENSE NO.: **31026620**

50. DATE SIGNED (Month, Day, Year): **12-1-03**

51. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type, Print): **Nadezda Djurovic MD 155 W. 86th Avenue S.W.C. Merrillville, IN 46410**

52. HEALTH OFFICER'S SIGNATURE: *[Signature]*

53. DATE FILED (Month, Day, Year): **December 2, 2003**

54. MANNER OF DEATH:
 Natural Foreign Invasions Suicide Could not be Determined Homicide

55. DATE OF DEATH: (Month, Day, Year)

56. TIME OF DEATH

57. SEX AT BIRTH

58. PLACE OF BIRTH (At home, care, school, factory, etc.)

59. LOCATION (Street and Number or Rural Route Number, City or Town, State)

60. DATE PRONOUNCED DEAD (Month, Day, Year)

61. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes specify driver, passenger, pedestrian, etc.

SDH03-004, State Form 10110 (R5/1-89)



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

STATE REGISTRAR

CERTIFICATE State Form 26217 (R2 / 7-09)

396967

Not valid unless machine signed with multi-colored ribbon. It is unlawful to reproduce this record.