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2017 011253

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 FEB 23 AM 9:33

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.
PREPARED BY: Amber DeLong

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

CERTIFIED as true and exact copy of this original document.

Community Title Co.
By: Amber DeLong

TAX: I.D. NO. 45-19-24-351-006.000-008

RITA C. HOUSE, being first duly sworn upon oath, deposes and says:

1. That DENNIE L. HOUSE, died on the 25th day of November, 2009 at Crown Point County, Indiana.
2. That at the time of her death, she held a Life Estate interest with RITA C. HOUSE in the following described real estate:

LOT NO. 4, IN KOCSIS ADDITION, IN THE TOWN OF LOWELL, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 47, PAGE 68, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 1242 HARRISON, LOWELL, INDIANA 46356

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of DENNIE L. HOUSE.
4. That this Affiant's relationship to the Decedent was HUSBAND.

FURTHER, your Affiant saith naught.

STATE OF IN
COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said county and state this 29 day of December, 2016, personally appeared RITA C. HOUSE, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 5/9/17 Signature [Signature]
Resident of Lake County Printed _____, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature]
Signature of Preparer

Elizabeth Kinzie
Printed Name of Preparer

COMMUNITY TITLE COMPANY
FILE NO _____

FILED

FEB 21 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

000892

13-
CM
am



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 406209

State No.

Decedent's Legal Name (First, Middle, Last) DENNIE L. HOUSE
1a. Maiden Last Name (If Female) N/A
2. Sex Male
3. Time Of Death 4:10 PM
4. Date Of Death (Month/Day/Year) November 25, 2009

5. Social Security Number [redacted]
6a. Age - Yrs 64
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date Of Birth (Month/Day/Year) March 8, 1945
8. Birthplace (City And State Or Foreign Country) Gary, Indiana

9. Ever In U.S. Armed Forces? [] Yes [x] No [] Unknown []
10. If Death Occurred In A Hospital: [x] Inpatient [] Emergency Department Outpatient [] Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: [] Hospice Facility [] Decedent's Home [] Nursing Home/Long-Term Care Facility [] Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number) St. Anthony Medical Center

12. City Or Town, State, And Zip Code Crown Point, Indiana 46307
13. County Of Death Lake
14. Marital Status At Time Of Death [x] Married [] Married, But Separated [] Divorced [] Widowed [] Never Married [] Unknown

15. (If Wife) Give Maiden Last Name Gregson
16. Decedent's Usual Occupation Machinist
17. Kind Of Business/Industry U.S. Steel Company

18a. City Or Town Lowell
18b. County Lake
18c. State Indiana

18d. Apt. No.
18e. Zip Code 46356
18f. Inside City Limits? [x] Yes [] No

19. Decedent's Education 2 years college
20. Decedent Of Hispanic Origin No
21. Decedent's Race White

22. Father's Name (First, Middle, Last) Julius House
25. Mother's Name (First, Middle, Last) Thelma House
23a. Mother's Maiden Last Name Garrett

24. Relationship To Decedent Wife
24b. Mailing Address (Street And Number, City, State, Zip Code) 1242 Harrison, Lowell, Indiana 46356

25. Place Of Disposition Kelly-Carroll Cremation Service, Gary, Indiana

26. Location (City, Town, And State) Gary, Indiana

27. Name And Complete Address Of Funeral Facility Pruzin & Little Funeral Service, 1242 Harrison, Lowell, Indiana 46307
27a. Funeral Home License Number: FH 83001261

28. Signature Of Indiana Funeral Service Licensed: [Signature]
28c. License Number (Of Licensee): 1009893

8. 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 Each Line. Add Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Respiratory Failure
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 B. Chronic obstructive pulmonary disease
C. morbid obesity

8. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. D. obstructive sleep apnea, diabetes mellitus
29. Was An Autopsy Performed? [] Yes [x] No
30. Were Autopsy Findings Available To Complete The Cause Of Death? [] Yes [x] No

31. Did Tobacco Use Contribute To Death? [] Yes [x] Probably [] No [] Unknown
32. If Female: [] Not Pregnant Within Past Year [] Pregnant At Time Of Death [] Not Pregnant, But Pregnant Within 2 Days Of Death [] Not Pregnant, But Pregnant 43 Days To 1 Year Before Death [] Unknown If Pregnant Within Past Year

33. Manner Of Death: [] Natural [] Homicide [] Accident [] Pending Investigation [] Suicide [] Could Not Be Determined
37. Injury At Work? [] Yes [] No

34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (If On Decedent's Premises, Construction Site, Restaurant, Wooded Area)
38a. City Or Town
38b. County
38c. State
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: [Signature]
42. Certifier (Check Only One) [x] Certifying Physician [] Coroner [] Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WAME LARBI-STAW, MD; 1205 S MAIN ST, CROWN POINT, INDIANA 46307
44. License Number 01067192A
45. Date Certified DEC. 1, 2009

46. Additional Funeral Service Provider
47. "Aks"
49. For Registrar Only - Date Filed (Month/Day/Year): December 2, 2009

Signature of Local Health Officer: Susan J Best D.O.