

B 4

2016 071884

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 OCT 26 AM 9:27

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-12-21-128-002.000-030

ROBERT YESH, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, SARAH JANE YESH aka SARAH J. YESH, died (without leaving a will) (leaving a will) on May 10th, 2016 at Merrillville, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

NOT OFFICIAL!
 This Document is the property of the Lake County Recorder
 PART OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 21, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2nd P.M., MORE PARTICULARLY DESCRIBED AS BEGINNING AT A POINT ON THE WEST LINE OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 21 AND 436.22 FEET NORTH OF THE SOUTHWEST CORNER THEREOF; THENCE NORTH ALONG THE WEST LINE OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 21, A DISTANCE OF 119.99 FEET; THENCE EAST WITH AN INTERIOR ANGLE OF 90 DEGREES A DISTANCE OF 220 FEET; THENCE SOUTH WITH AN INTERIOR ANGLE OF 90 DEGREES A DISTANCE OF 119.99 FEET; THENCE WEST WITH AN INTERIOR ANGLE OF 90 DEGREES A DISTANCE OF 220 FEET, TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA

see attached exhibit A

Commonly known as: 7836 TYLER STREET, MERRILLVILLE, IN 46410

*Re Record to Correct legal error

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

Robert Yesh
ROBERT YESH

OCT 24 2016

011304

JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED
MAR 29 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public this 20 day of October, 2016

My Commission Expires: 2/20/21 Signature: *Deanna Griggs*
 County of Residence: Lake Printed: Deanna Griggs, Notary Public

DEANNA L. GRIGGS
 Lake County
 My Commission Expires
 February 20, 2021

006178

Community Title Company
No. 1610655

1st -
cm
am
18⁰⁰
cm
am

This instrument prepared by

MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45.
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 of Preparer


Printed Name of Preparer

Document is

NOT OFFICIAL!

**This Document is the property of
the Lake County Recorder!**

STOP





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

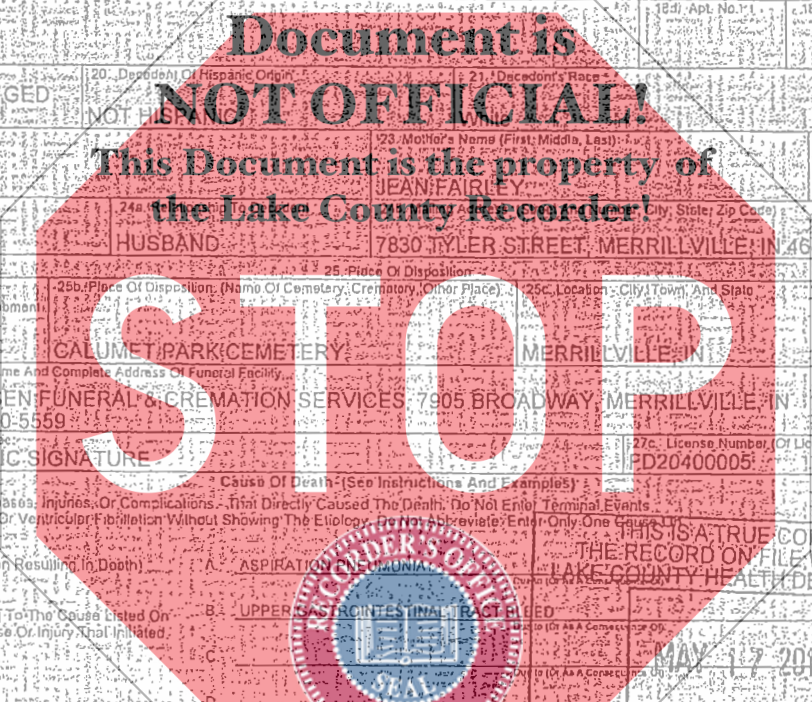
Tracking No. 88354

Local No. 001563

EDR No. 000000511568

State No. 022972

1. Decedent's Legal Name (First, Middle, Last) SARAH J. YESH		1a. Maiden Name (if female) FAIRLEY		2. Sex FEMALE		3. Time Of Death 04:25 PM		4. Date Of Death (Month/Day/Year) 05/10/2016	
5. Social Security Number [REDACTED]		6a. Age - Yrs 78		6b. Under 1 Year Months: Days:		6c. Under 1 Month Days:		6d. Under 1 Day Hours: Minutes:	
6e. Under 1 Hour Minutes:		7. Date of Birth (Month/Day/Year) 10/04/1929		8. Birthplace (City and State or Foreign Country) GARY, IN					
9. Death Occurred In A Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE									
12. City Or Town, State, And Zip Code MERRILLVILLE, IN 46410-7099				13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name ROBERT YESH		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence's State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE		18c. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18d. Street And Number 7830 TYLER STREET		18e. Apt. No.		18g. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent's Hispanic Origin NOT HISPANIC		21. Decedent's Race		22. Father's Name (First, Middle, Last) FRANK FAIRLEY			
22. Mother's Name (First, Middle, Last) JEAN FAIRLEY		23. Mother's Maiden Last Name LENNON		24. Informant's Name ROBERT YESH		24a. Relationship To Decedent HUSBAND		24b. City, State, Zip Code 7830 TYLER STREET, MERRILLVILLE, IN 46410	
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL & CREMATION SERVICES, 7905 BROADWAY, MERRILLVILLE, IN 46410-5559	
27a. Funeral Home License Number FB40800005		27b. Signature Of Indiana Funeral Service Licensee KEVIN KNAGA, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee FD20400005		28. 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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ASPIRATION OF PULMONARY SECRETIONS B. UPPER RESPIRATORY INFECTION C. PNEUMONIA D. SEPTICEMIA E. BACTEREMIA F. CELLULITIS G. FRACTURE RIGHT FEMORAL NECK H. METICILIN-RESISTANT STAPHYLOCOCCUS AUREUS I. BACTEREMIA J. BELOW-KNEE AMPUTATION RIGHT LEG, CORONARY ARTERY DISEASE			
28. Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Enter On Part II) FALL, FRACTURE RIGHT FEMORAL NECK, CELLULITIS LEFT LEG, METICILIN-RESISTANT STAPHYLOCOCCUS AUREUS, BACTEREMIA, BELOW-KNEE AMPUTATION RIGHT LEG, CORONARY ARTERY DISEASE		29. Cause Of Death (See Instructions And Examples) A. ASPIRATION OF PULMONARY SECRETIONS B. UPPER RESPIRATORY INFECTION C. PNEUMONIA D. SEPTICEMIA E. BACTEREMIA F. CELLULITIS G. FRACTURE RIGHT FEMORAL NECK H. METICILIN-RESISTANT STAPHYLOCOCCUS AUREUS I. BACTEREMIA J. BELOW-KNEE AMPUTATION RIGHT LEG, CORONARY ARTERY DISEASE		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown Of Pregnancy Within The Past Year	
33. Date Of Injury (Month/Day/Year)		34. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		36. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature Of Person Certifying Cause Of Death ZAFAR ULLAH KHALID, BY ELECTRONIC SIGNATURE					
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death ZAFAR ULLAH KHALID, 8550 BROADWAY, SUITE C, MERRILLVILLE, IN 46410		44. License Number 01034369A		45. Date Certified 05/16/2016			
46. Additional Funeral Service Provider		47. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		48. For Registrar Only - Date Filed (Month/Day/Year) MAY 16 2016					



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

APPROXIMATE INTERVAL: ONSET TO DEATH
12 HOUR
12 HOURS

LAKE COUNTY HEALTH DEPARTMENT OFFICER

NOT VALID UNLESS

**EXHIBIT "A"
LEGAL DESCRIPTION**

File No.: 1610655

PART OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 21,
TOWNSHIP
35 NORTH, RANGE 8 WEST OF THE 2nd P.M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:
BEGINNING AT A POINT ON THE WEST LINE OF THE NORTHEAST QUARTER OF THE
NORTHWEST
QUARTER OF SAID SECTION 21 AND 436.22 FEET NORTH OF THE SOUTHWEST CORNER
THEREOF;
THENCE NORTH ALONG THE WEST LINE OF THE NORTHEAST QUARTER OF THE NORTHWEST
QUARTER
OF SAID SECTION 21, A DISTANCE OF 119.99 FEET; THENCE EAST WITH AN INTERIOR ANGLE OF
90 DEGREES A DISTANCE OF 220 FEET; THENCE SOUTH WITH AN INTERIOR ANGLE OF 90
DEGREES
A DISTANCE OF 119.99 FEET; THENCE WEST WITH AN INTERIOR ANGLE OF 90 DEGREES A
DISTANCE OF 220 FEET, TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.

ALSO DESCRIBED AS: LOT 29 SOUTHMOOR PARK ADDITION TO THE TOWN OF MERRILLVILLE,
LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA.

