

3

STATE OF INDIANA

COUNTY OF LAKE

IN RE: CHERYL KIEL, DECEDENT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JUL -5 PM 3:11

MICHAEL B. BROWN
RECORDER

2017 041362

SURVIVORSHIP AFFIDAVIT

RICHARD M. KIEL, SR. a/k/a RICHARD KIEL being first duly sworn upon his oath, states:

He is the owner in fee simple of the real estate located in Lake County, Indiana, described as follows:

LOT 48, HIGHLAND HEIGHTS ADDITION TO THE TOWN OF HIGHLAND, AS SHOWN IN PLAT BOOK 34, PAGE 85, IN LAKE COUNTY, INDIANA.

Parcel No.: 45-07-28-479-009.000-026

Commonly known as: 3018 44th Street, Highland, IN 46322

RICHARD M. KIEL, SR. a/k/a RICHARD KIEL and CHERYL KIEL acquired title as joint tenants with rights of survivorship, by deed dated July 14, 2006 and recorded on July 21, 2006.

CHERYL KIEL died on November 26, 2014, a copy of her death certificate is attached. No federal estate tax return was required for her estate.



Richard M. Kiel Sr.
RICHARD M. KIEL, SR. a/k/a
RICHARD KIEL

FILED

JUL 05 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

025358

BDS100

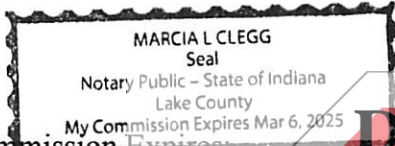
JTB

✓# 8738

State of Indiana, County of Lake

Before me, Marcia L. Clegg, a Notary Public in and for said County and State, on this 6th day of June, 2017, personally appeared RICHARD M. KIEL, SR. a/k/a RICHARD KIEL who acknowledged the execution of the foregoing Affidavit and who, having been sworn, stated that any representations therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year last above written.



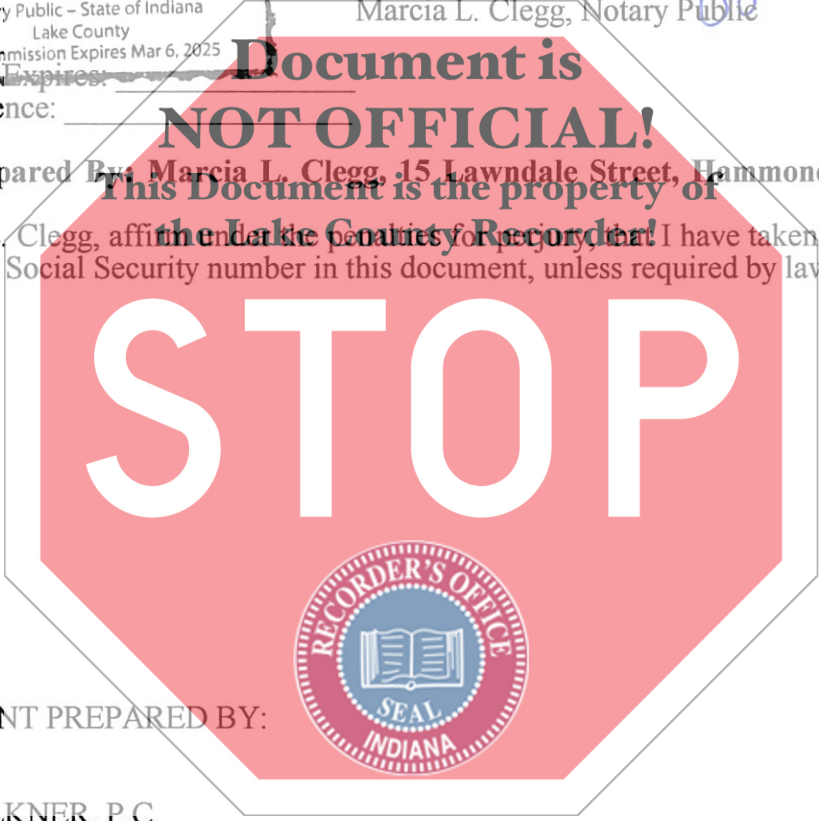
Marcia L. Clegg

Marcia L. Clegg, Notary Public

My Commission Expires: _____
County of Residence: _____

Instrument Prepared By: **Marcia L. Clegg, 15 Lawndale Street, Hammond, IN 46324**

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.



THIS DOCUMENT PREPARED BY:

Marcia L. Clegg
CLEGG & FAULKNER, P.C.
15 Lawndale Street
Hammond, IN 46324
(219) 853-1851
Attorney No. 15656-45



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

36182

Local No 003684

EDR No 000000416242

State No 052632

1. Decedent's Legal Name (First, Middle, Last) CHERYL J KIEL
1a. Maiden Name (if female) NEWMAN
2. Sex FEMALE
3. Time Of Death 01:55 AM
4. Date Of Death (Month/Day/Year) 11/20/2014
5. Social Security Number 27-46-8966
6a. Age - Yrs 62
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 01/05/1952
8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Ever in U.S. Armed Forces? No
10. If Death Occurred In A Hospital: Inpatient
10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death Divorced
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation ASSISTANT
17. Kind Of Business/Industry ENGINEERING
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town HIGHLAND
18c. Street And Number 3018 44TH STREET
18d. Apt. No.
18e. Zip Code 46322
18f. Inside City Limits? Yes
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) HARRY PETERSON
23. Mother's Name (First, Middle, Last) MARGARET PETERSON
23a. Mother's Maiden Last Name LEE
24. Informant's Name JENNIFER HOLDEN
24a. Relationship To Decedent DAUGHTER
24b. Address (Street, City, State, Zip Code) 430 E 63RD PLAGE, ALHAMBRA MET CITY, IL 60409
25a. Method Of Disposition Burial, Cremation, Donation, Entombment, Removal From State, Other
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HEIGHTS CREMATORY
25c. Location - City, Town, And State CHICAGO HEIGHTS, IL
26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311
27a. Funeral Home License Number. FH10900001
27b. Signature Of Indiana Funeral Service Licensee: CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD20700033
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. LUNG CANCER METASTATIC TO BRAIN
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
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? Unknown
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
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One): Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383
44. License Number 01031582A
45. Date Certified 11/22/2014
46. Additional Funeral Service Provider:
47. *Aka:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): NOV 24 2014



27c. License Number (Of Licensee): FD20700033 IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 01 2014
8 MONTHS
Susan W Best, MD
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

**Document is
NOT OFFICIAL!**

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

STOP

