AFFIDAVIT OF SURVIVORSHIP

STATE OF _____
COUNTY OF _____

2

I, Janine M. Smith, residing at 3643 St. Andrews Court Crown Point 46307 in the county of Lake in the state of Indiana and being duly sworn, do hereby depose and attest that:

1. The Decedent, Steven E. Smith, is named in the attached death certificate.
2. The Decedent died on July 29 2016 and {was/was not} legally married at the time.
3. The names of the Decedent's survivors are Janine M. Smith
4. My relationship to the Decedent was husband / wife
5. At the time of death, the Decedent was the joint owner of 3643 St. Andrews Ct. Crown Pt. In my home along with _____
6. The property is legally described as follows: Lot 607, Lake Four Seasons, Unit #2 3643 St Andrews Court Crown Point In. 46307-

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 JUL 28 AM 10:28
MICHAEL B. BROWN
RECORDER

2017 046991

Janine M. Smith
Affiant

7-28-2017
Date

Janine M. Smith

25.-
CASH
D

Subscribed and sworn to before me this 28 day of July 20 17
Cheryl Burns (Notary Public),
_____ County.

My commission expires _____ 20 _____

CHERYL J. BURNS
Notary Public, State of Indiana
Lake County
Commission # 634566
My Commission Expires
April 12, 2020

FILED
JUL 28 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

025876

"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: _____

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 95470

Local No 002458 EDR No 000000524429 State No 035935

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
STEVEN E SMITH		MALE	12:55 PM	07/29/2016

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	62					12/06/1953	CHICAGO, IL

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☒ 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 MARY MEDICAL CENTER INC

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
HOBART, IN, 46342	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
JANINE M SMITH	OLESTAD	SALES EXECUTIVE	TOYS

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	CROWN POINT

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
3643 ST. ANDREWS COURT		46307	☐ Yes ☒ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
WILBERT SMITH	ROSEMARIE SMITH	HAVNES

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
JANINE SMITH	WIFE	3643 ST. ANDREWS COURT, CROWN POINT, IN 46307

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	NORTHWEST INDIANA CREMATION SERVICES	CROWN POINT, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307	FH83002445

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
JAMES F. BURNS , BY ELECTRONIC SIGNATURE	FD01009461

Cause Of Death (See Instructions And Examples)

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.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death)	A. LUNG CANCER	Due to (Or As A Consequence Of):	1 YR
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. BRAIN METASTASIS	Due to (Or As A Consequence Of):	MONTHS
	C.	Due to (Or As A Consequence Of):	
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I: NO

28. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☒ Yes ☐ Probably ☐ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

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?
			☐ Yes ☐ 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: BRETT ALAN BRECHNER , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: BRETT ALAN BRECHNER , 9150 E. 109TH AVE. SUITE 2A, CROWN POINT, IN 46307

44. License Number: 02002495A

45. Date Certified: 08/02/2016

46. Additional Funeral Service Provider:

47. *Alias:

48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): AUG 03 2016

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and does not affect your estate for refusal.