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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 048769

2017 AUG -4 AM 11:07

MICHAEL B. BROWN  
RECORDER

Case # 1701819

**SURVIVORSHIP AFFIDAVIT**

Comes now Raymond R Rowe, who being duly sworn upon his/her oath, deposes and says:

That, Raymond R Rowe is the surviving spouse of Dorothy N. Rowe, deceased who died domiciled in ~~LAKE~~ County, Indiana, on 4/26/14.

That Raymond R Rowe and Dorothy N. Rowe acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiant states that Raymond R Rowe and Dorothy N. Rowe continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Dorothy N. Rowe's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to .

Executed: May 1, 2017

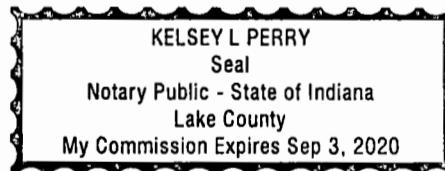
Signature Raymond R Rowe  
Raymond R Rowe

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 18th day of May, 2017

Notary Public Kelsey L Perry  
Resident of Lake County  
My Commission expires: 03 Sept 2020



Prepared by: Raymond R Rowe

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Raymond R Rowe  
Return to: 12303 McCook St., Cedar Lake, IN 46303

**FILED**

AUG 03 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25 PM

026041

CU# 18 20 50 35 68

CHICAGO TITLE INSURANCE COMPANY

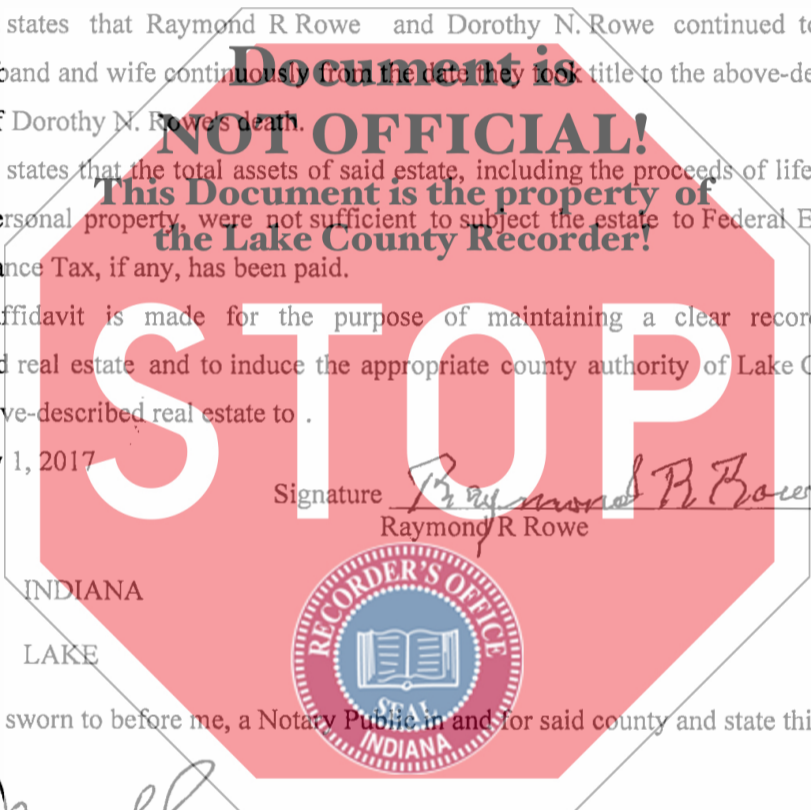


EXHIBIT "A"

LOT 26 IN SHERWOOD PARK UNIT 2, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 38 PAGE 59, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 12303 McCook St., Cedar Lake, IN 46303

45-15-16-377-006.000-013





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 16660

Local No 001309

EDR No 00000382146

State No

1. Decedent's Legal Name (First, Middle, Last) DOROTHY N ROWE
1a. Maiden Name (if female) GRASKE
2. Sex FEMALE
3. Time Of Death 01:45 PM
4. Date Of Death (Month/Day/Year) 04/26/2014

5. Social Security Number [REDACTED]
6a. Age - Yrs 86
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 10/15/1927
8. Birthplace (City and State or Foreign Country) CHICAGO, IL

9. Ever in U.S. Armed Forces? [X] No
10. If Death Occurred In A Hospital: [X] Inpatient
10a. If Death Occurred Somewhere Other Than A Hospital: [X] Decedent's Home

11. Facility Name (if Not Institution, Give Street and Number) 12303 MCCOOK STREET
12. City Or Town, State, And Zip Code CEDAR LAKE, IN, 46303
13. County Of Death LAKE
14. Marital Status At Time Of Death [X] Married

15. Surviving Spouse's Name RAYMOND ROWE
15a. (if Wife) Give Maiden Last Name
16. Decedent's Usual Occupation LIBRARIAN
17. Kind Of Business/Industry PUBLIC SERVICE

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

18c. Street And Number 12303 MCCOOK STREET
18d. Apt. No.
18e. Zip Code 46303
18f. Inside City Limits? [X] Yes [ ] No

19. Decedent's Education ASSOCIATE DEGREE (AA, AS)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White

22. Father's Name (First, Middle, Last) JOHN GRASKE
23. Mother's Name (First, Middle, Last) IRENE GRASKE
23a. Mother's Maiden Last Name MARKOWICZ

24. Informant's Name RAYMOND ROWE
24a. Relationship To Decedent HUSBAND
24b. Mailing Address (Street And Number, City, State, Zip Code) 12303 MCCOOK STREET, CEDAR LAKE, IN 46303

25a. Method Of Disposition [X] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal From State [ ] Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) COMMUNITY CREMATION SERVICE
25c. Location - City, Town, And State SCHERERVILLE, IN

26. Was Coroner Contacted? [X] Yes [ ] No
27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303
27a. Funeral Home License Number: FH83002461

27b. Signature Of Indiana Funeral Service Licensee: SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD20700051

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. BREAST CANCER METASTATIC TO LUNG
Due to (Or As A Consequence Of):

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

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? [ ] Yes [X] No
30. Were Autopsy Findings Available To Complete This Cause Of Death? [ ] Yes [X] No

31. Did Tobacco Use Contribute To Death? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. If Female: [ ] 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

33. Manner Of Death: [X] 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 [X] 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 [ ] Other (Specify)
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One) [X] Certifying Physician [ ] Coroner [ ] Health Officer

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 04/28/2014

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): APR 29 2014

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED