

SURVIVORSHIP AFFIDAVIT

State of Indiana)
) SS.
County of Lake)

2017 049039

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 AUG -7 AM 11:43

MICHAEL B. BROWN
RECORDER

✓ Jeffrey P. Ellis, being duly sworn states that he resides at 201 W. Green St., San Pierre, Indiana, 46374, that he was acquainted with Christine M. Ellis, deceased, who at the time of her death, was the owner of the land in Lake County, Indiana, described as follows:

CHICAGO TITLE INSURANCE COMPANY

1703375



LOT 499 IN SOUTHTOWN ESTATES 11TH ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 35, PAGE 35 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Tax ID Number: 45-07-27-377-033.000-026

Address of real estate: 3532 44th Place, Highland, IN 46322

That Christine M. Ellis died February 10, 2017, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

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: Russell T. Paarlberg

FILED

AUG 4 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS: **ACKNOWLEDGMENT**
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Jeffrey P. Ellis who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 5th day of July, 2017.

Lisa E. Thomas
Notary Public

"OFFICIAL SEAL"
LISA E. THOMAS, NOTARY PUBLIC
RESIDENT OF LAKE COUNTY
STATE OF INDIANA
MY COMMISSION EXPIRES NOV. 8, 2019

041093

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1820503570



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 114173

Local No 000512

EDR No 00000559965

State No 006853

1. Decedent's Legal Name (First, Middle, Last) CHRISTINE M ELLIS
1a Maiden Name (If female) CISAR
2 Sex FEMALE
3 Time Of Death 07:08 AM
4 Date Of Death (Month/Day/Year) 02/10/2017
5 Social Security Number [REDACTED]
6a Age - Yrs 72
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) 09/05/1944
8. Birthplace (City and State or Foreign Country) PEORIA, IL
9 Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) 3532 44TH PLACE
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322
13 County Of Death LAKE
14. Marital Status At Time Of Death
15 Surviving Spouse's Name
15a Last Name Before First Marriage
16 Decedent's Usual Occupation LIBRARIAN
17. Kind Of Business/Industry LAKE COUNTY INDIANA LIBRARY
18 Residence - State INDIANA
18a County LAKE
18b City Or Town HIGHLAND
18c Street And Number 3532 44TH PLACE
18d Apt. No
18e Zip Code 46322
18f. Inside City Limits?
19 Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22 Parent's Name (First, Middle, Last) OLDRICH CISAR
23. Parents Name (First, Middle, Last) ZORA CISAR
23a. Parent's Last Name Before First Marriage HARALOVICH
24 Informant's Name JEFFREY ELLIS
24a Relationship To Decedent SON
24b Mailing Address (Street And Number, City, State, Zip Code) PO BOX 200, SAN PIERRE, IN 46374
25a Method Of Disposition
25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) WOODLAWN CREMATORY
25c Location - City, Town, And State FOREST PARK, IL
26 Was Coroner Contacted?
27 Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322
27a Funeral Home License Number: FH10300021
27b Signature Of Indiana Funeral Service Licensee: LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE
27c License Number (Of Licensee): FD08800305
28 Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A ANGIOSARCOMA OF THE LIVER WITH EXTENSIVE BONE METASTASIS
29 Was An Autopsy Performed?
30 Were Autopsy Findings Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32 If Female:
33 Manner Of Death:
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?
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
41. Signature, Of Person Certifying Cause Of Death. LYLE R MUNN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
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 02/11/2017
46. Additional Funeral Service Provider
47 *Akas:
48 Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year) FEB 13 2017



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT FEB 13 2017 LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS