

2017 AUG 25 AM 11:34

MICHAEL B. BROWN  
RECORDER

CTNW1700218

2017 057821

# Chicago Title Insurance Company

## SURVIVORSHIP AFFIDAVIT

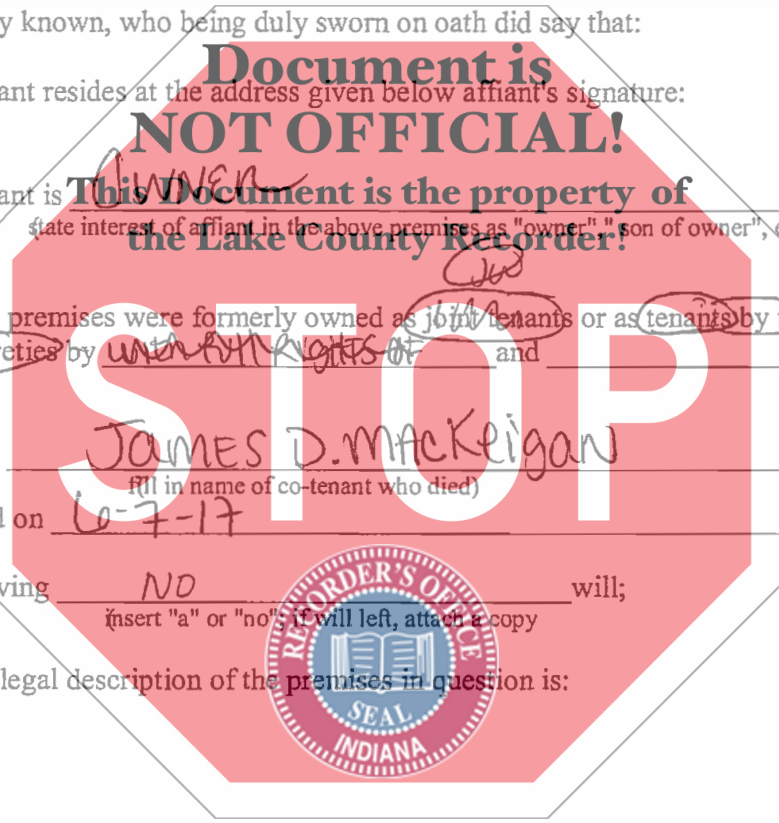
4

On this 8-15-17 before me personally appeared \_\_\_\_\_  
(insert date) Sheilia Hayden Mackeigan

to me personally known, who being duly sworn on oath did say that:

CHICAGO TITLE INSURANCE COMPANY

- Affiant resides at the address given below affiant's signature: \_\_\_\_\_
- Affiant is OWNER This Document is the property of the Lake County Recorder.  
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned as joint tenants or as tenants by the entireties by with full rights of \_\_\_\_\_ and \_\_\_\_\_;
- Said JAMES D. MACKEIGAN  
(fill in name of co-tenant who died)  
died on 6-7-17
- leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is: \_\_\_\_\_



6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

**FILED**

031459

AUG 24 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25.-  
cut# 1820503616

18

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

\_\_\_\_\_):

8. Affiant's relationship to the deceased was SPOUSE

**Document is NOT OFFICIAL**  
This Document is the property of the Lake County Recorder!  
\* Signature: Sheila Hayden MacKeigan  
\* Printed Name: Sheila Hayden MacKeigan  
\* Address: 1348 Elliott Ave. Munster, In 46321

Subscribed and sworn to before me by the affiant

This 8-15-17  
(insert date)

[Signature]

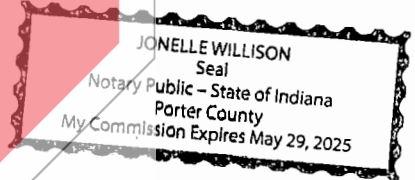
Notary Public

Printed Name JONELLE WILLISON

My County of Residence is: Porter

In the State of IN

My Commission Expires 5/29/25



This instrument prepared by Chicago Title

9732 Prairie Ave  
Highland, IN 46322

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 SW

**EXHIBIT A**

Order No.: CTNW1700218

For APN/Parcel ID(s): 45-07-30-202-016.000-027

LOT 1 AND THE EAST 1.5 FEET OF LOT 2 IN BLOCK 2 IN WHITE OAK MANOR THIRD ADDITION TO MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 34, PAGE 42, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

1348 Elliot Dr. Munster, IN 46321





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

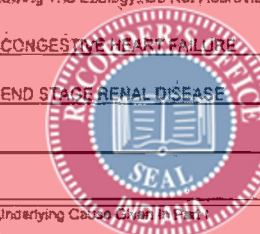
Tracking No. 126351

Local No 002050

EDR No 00000581899

State No 029145

1. Decedent's Legal Name (First, Middle, Last) <b>JAMES MACKEIGAN</b>				1a. Maiden Name (If Female)		2. Sex <b>MALE</b>		3. Time Of Death <b>03:33 AM</b>		4. Date Of Death (Month/Day/Year) <b>06/07/2017</b>					
5. Social Security Number		6a. Age - Yrs <b>79</b>		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) <b>05/03/1938</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>													
9. Ever in U.S. Armed Forces <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) <b>COMMUNITY HOSPITAL</b>															
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>						13. County Of Death <b>LAKE</b>			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 <b>SHEILIA MAE MACKEIGAN</b>				15a. Last Name Before First Marriage <b>VIRAG</b>				16. Decedent's Usual Occupation <b>MANAGEMENT</b>				17. Kind Of Business/Industry <b>STEEL INDUSTRY</b>			
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>MUNSTER</b>				18c. Street And Number <b>1348 ELLIOT DRIVE</b>			
18d. Apt. No.				18e. Zip Code <b>46321</b>				18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>							
22. Parent's Name (First, Middle, Last) <b>JAMES M MACKEIGAN</b>				23. Parent's Name (First, Middle, Last) <b>MABEL MACKEIGAN</b>				23a. Parent's Last Name Before First Marriage <b>UNKNOWN</b>							
24. Informant's Name <b>SHEILIA MACKEIGAN</b>				24a. Relationship To Decedent <b>SPOUSE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1348 ELLIOT DRIVE, MUNSTER, IN 46321</b>							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>HILLSIDE FUNERAL HOME AND CREMATION CENTER</b>				25c. Location - City, Town, And State <b>HIGHLAND, IN</b>							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>HILLSIDE FUNERAL HOME &amp; CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322</b>				27a. Funeral Home License Number <b>FH11700003</b>							
27b. Signature Of Indiana Funeral Service Licensee <b>KEVIN BRYANT NORDYKE, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee) <b>FD29600005</b>											
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. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of) _____ DAYS 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. <u>END STAGE RENAL DISEASE</u> Due to (Or As A Consequence Of) _____ DAYS C. _____ Due to (Or As A Consequence Of) _____ D. _____ Due to (Or As A Consequence Of) _____															
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. NA															
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State				38a. City Or Town				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"/> Bicyclist <input type="checkbox"/> Pedestrian (Specify)											
41. Signature, Of Person Certifying Cause Of Death <b>JOHN GILBERT DAVIS, BY ELECTRONIC SIGNATURE</b>				42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				44. License Number <b>01073739A</b>				45. Date Certified <b>06/12/2017</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JOHN GILBERT DAVIS, 901 MAG ARTHUR BLVD., MUNSTER, IN 46321</b>				46. Additional Funeral Service Provider: <b>LAKE COUNTY HEALTH OFFICER</b>				47. *Age							
49. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUN 13 2017</b>											



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
JUN 14 2017

NOT VALID UNLESS