

2017 OCT 17 AM 8:36

MICHAEL B. BROWN  
RECORDER

2017 069894

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

**AFFIDAVIT OF SURVIVORSHIP**

Mary E. Clouser, ("Affiant"), being first duly sworn upon her oath, states as follows:

1. Affiant is the daughter of the above-named decedent, David Lawrence Zeller, and has personal knowledge of all facts states herein.

2. On May 15, 2017, Affiant, Mary E. Clouser, was appointed Personal Representative of the Unsupervised Estate of David Lawrence Zeller, deceased, under Cause No. 45D02-1705-EU-00045, in the Lake Superior Court, Room 2, Probate, East Chicago, IN. A true and accurate copy of Letters Testamentary For Unsupervised Administration is attached hereto and made a part hereto as Exhibit A.

3. David Lawrence Zeller died intestate on April 26, 2017, while domiciled in the City of Hobart, Lake County, Indiana. A true accurate and complete copy (with his social security number redacted as required by law) of his duly issued Certificate of Death is attached hereto and made a part hereto as Exhibit B.

3. At the time of his death, David Lawrence Zeller was a widower.

4. David Lawrence Zeller and Jacquelyn Zeller were joined in marriage on January 29<sup>th</sup>, 1976, in the City of Crown Point, Lake County, IN. They lived together as husband and wife continuously in Lake County, Indiana until Jacquelyn Zeller died on September 13, 2007. A true accurate and complete copy (with her social security number redacted as required by law) of her duly issued Certificate of Death is attached hereto and made a part hereto as Exhibit C.

5. At and prior to the time of his death, David Lawrence Zeller and his wife, Jacquelyn Zeller, were owners as tenants by the entireties of a certain parcel of real estate improved with a single family dwelling located at 243 W. 8<sup>th</sup> Place, Hobart, IN and legally described as follows:

**Legal Description:**

Lot 40 in Lake Park Manor, in the City of Hobart, as per Plat thereof, recorded in Plat Book 20 Page 63, in the Office of the Recorder of Lake County, Indiana.

Property No.: 49-09-31-477-008.000-0180

-018 kpr

**FILED**

1

OCT 13 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

027933

25-  
MT  
RD

HOLD FOR MERIDIAN TITLE CORP

17 33124

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together with any fixtures or appurtenances thereto, such property being commonly described as 243 W. 8<sup>th</sup> Place, Hobart, IN

6. This affidavit is given to document the death of Jacquelyn Zeller upon the public record and to vest title to said real estate at the time of her death in David Lawrence Zeller, her widower, by operation of law.

FURTHER AFFIANT SAYETH NAUGHT.

*Mary E. Clouser*  
\_\_\_\_\_  
Mary E. Clouser (Affiant)

SUBSCRIBED and SWORN to before me, a duly appointed Notary Public in and for said county and state, on this 6 day of October, 2017.

*Laura J. Brasovan*  
\_\_\_\_\_  
LAKE County, Notary Public

My Commission Expires: \_\_\_\_\_  
Resident of Lake County

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. Heather A. McCarthy

*This instrument prepared by Heather A. McCarthy,*  
**ANTHONY DeBONIS JR. & ASSOCIATES, ATTORNEYS AT LAW, LLC**  
214 Main Street, Hobart, Indiana 46342, (219) 940-9963, (219) 940-9965 Facsimile.



LAURA J BRASOVAN  
Notary Public, State of Indiana  
Lake County  
Commission #655821  
My Commission Expires  
July 20, 2022



STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

SUPERIOR COURT OF LAKE COUNTY  
PROBATE DIVISION ROOM TWO  
SITTING AT EAST CHICAGO, INDIANA

IN THE MATTER OF THE UNSUPERVISED ESTATE OF  
DAVID LAWRENCE ZELLER, DECEASED

CAUSE NUMBER: 45D02-1705-EU-00045

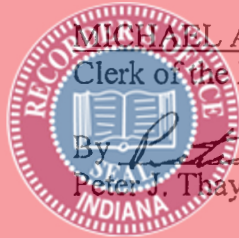
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LETTERS TESTAMENTARY FOR UNSUPERVISED ADMINISTRATION


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I, MICHAEL A. BROWN, Clerk of the Superior Court for the County of Lake, in the State of Indiana, do hereby certify that Letters Testamentary for Unsupervised Administration of the Estate of DAVID LAWRENCE ZELLER, late of Lake County, deceased, is granted to MARY E. CLOUSER, and said MARY E. CLOUSER, having qualified and given OATH as such Executrix, IS duly authorized to take upon HERSELF the administration of such Estate, according to law, for Unsupervised Administration.

WITNESS, my Hand and the Seal of said court, this 15th day of May, 2017.



MICHAEL A. BROWN,  
Clerk of the Lake Superior Court

By   
Peter J. Thayer, Deputy Clerk

EXHIBIT

A



embossed with raised seal  
of Porter County

155 Indiana Ave Suite 104  
Valparaiso IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

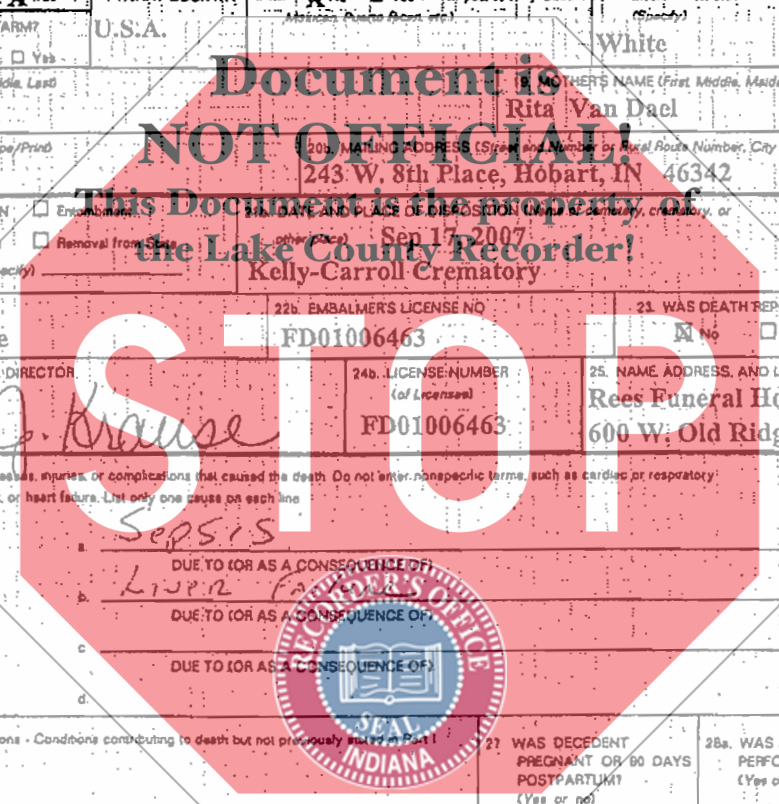
DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>JACQUELYN R. ZELLER</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>4:24 AM</b>	3b. DATE OF DEATH (Month, Day, Year) <b>September 13, 2007</b>	
4. *SOCIAL SECURITY NUMBER <b>5950</b>	5a. AGE—Last Birthday (Years) <b>60</b>	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) <b>August 24, 1947</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Gary Indiana</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one! See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>Porter - Valparaiso Campus</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Valparaiso</b>	9d. COUNTY OF DEATH <b>Porter</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>David Zeller</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Home</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Hobart</b>		13d. STREET AND NUMBER <b>243 W. 8th Place</b>	
13e. ZIP CODE <b>46342</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5 +) <input type="checkbox"/>			
18. FATHER'S NAME (First, Middle, Last) <b>Paul Robinson</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Rita Van Dael</b>			
20a. INFORMANT'S NAME (Type/Print) <b>David L. Zeller</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>243 W. 8th Place, Hobart, IN 46342</b>		20c. Relationship <b>Husband</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		21b. NAME AND PLACE OF DISPOSITION (Specify cemetery, crematory, or other place) <b>Sep 17, 2007 Kelly-Carroll Crematory</b>		21c. LOCATION—City or Town, State <b>Gary IN</b>	
22a. EMBALMER'S NAME <b>James J. Krause</b>		22b. EMBALMER'S LICENSE NO. <b>FD01006463</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01006463</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488</b>	
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>SEPSIS</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) <b>LIVER FAILURE</b> CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death			
PART II Other significant conditions - Conditions contributing to death but not previously listed in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel P. Linert MD</i>			
29c. MEDICAL LICENSE NO. <b>35134</b>		29d. DATE SIGNED (Month, Day, Year) <b>17 Sept 07</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Daniel P Linert MD, 2000 Roosevelt Road, Valparaiso, IN 46383</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Daniel P. Linert MD</i>				32. DATE FILED (Month, Day, Year) <b>September 17, 2007</b>	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc.			



**EXHIBIT B**



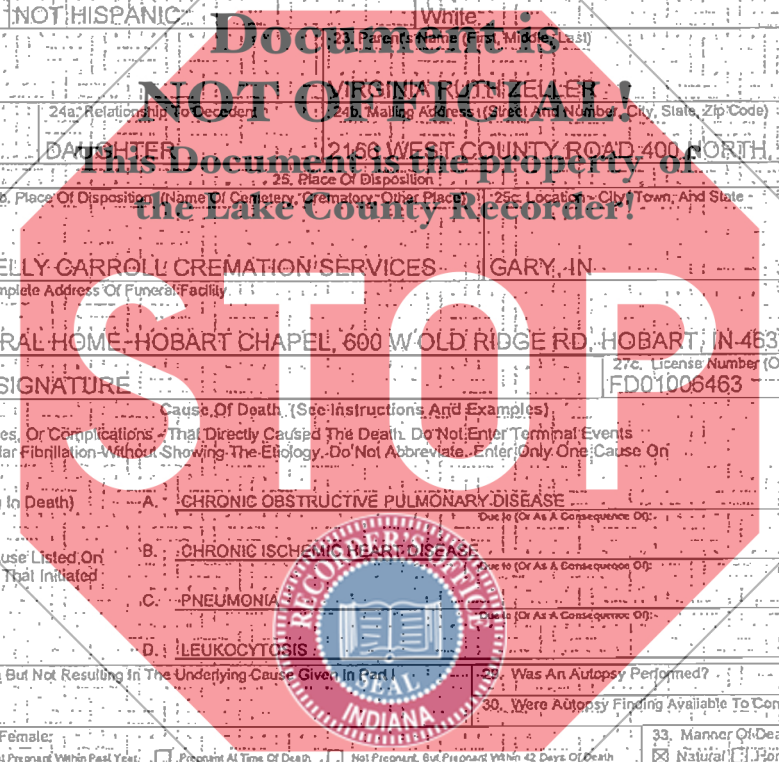
CERTIFICATE OF DEATH

Local No 000535

EDR No 000000574431

State No

Decedent's Legal Name (First, Middle, Last) <b>VID LAWRENCE ZELLER</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>01:00 AM</b>		4. Date Of Death (Month/Day/Year) <b>04/26/2017</b>			
Social Security Number <b>2879</b>		5a. Age - Yrs <b>72</b>		6b. Under 1 Year Months: Days:		6c. Under 1 Month Days:		6d. Under 1 Day Hours: Minutes:		7. Date of Birth (Month/Day/Year) <b>06/01/1944</b>			
8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify):				10b. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify):							
9. (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival)				13. County Of Death <b>PORTER</b>				14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
Facility Name (If Not Institution, Give Street and Number) <b>MPHONY OF CHESTERTON</b>				15. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>MILLWRIGHT</b>					
City Or Town, State, And Zip Code <b>ESTERTON, IN, 46304</b>				17. Kind Of Business/Industry <b>STEEL</b>									
Surviving Spouse's Name		18a. County <b>LAKE</b>		18b. City Or Town <b>HOBART</b>		18d. Apt. No.		18e. Zip Code <b>46342</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Residence - State <b>INDIANA</b>		Street And Number <b>WEST 8TH PLACE</b>		19a. Relationship To Decedent <b>DAUGHTER</b>		23. Parents Name (First, Middle, Last) <b>MARGINA RUTH ZELLER</b>		23a. Parent's Last Name Before First Marriage <b>DAGHY</b>					
Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street and Number, City, State, Zip Code) <b>2169 WEST COUNTY ROAD 400 NORTH, FRANKFORT, IN 46041</b>		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>KELLY CARROLL CREMATION SERVICES, GARY, IN</b>			
Parent's Name (First, Middle, Last) <b>MES H ZELLER</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street and Number, City, State, Zip Code) <b>2169 WEST COUNTY ROAD 400 NORTH, FRANKFORT, IN 46041</b>		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>KELLY CARROLL CREMATION SERVICES, GARY, IN</b>		25c. Location - City, Town, And State <b>GARY, IN</b>		27a. Funeral Home License Number <b>FH83003069</b>			
Method Of Disposition Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/>		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME - HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342</b>		27b. License Number (Of Licensee) <b>FD01006463</b>		27c. 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		27d. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27e. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Coroner Contacted? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME - HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342</b>		27b. License Number (Of Licensee) <b>FD01006463</b>		27c. 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		27d. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27e. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Signature Of Indiana Funeral Service Licensee <b>MES J. KRAUSE, BY ELECTRONIC SIGNATURE</b>		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME - HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342</b>		27b. License Number (Of Licensee) <b>FD01006463</b>		27c. 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		27d. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27e. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		Cause Of Death (See Instructions And Examples) <b>A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		Due to (Or As A Consequence Of) <b>NA</b>		Approximate Interval: Onset To Death <b>NA</b>		Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. <b>B. CHRONIC ISCHEMIC HEART DISEASE</b>		Due to (Or As A Consequence Of) <b>NA</b>			
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>C. PNEUMONIA</b>		Cause Of Death (See Instructions And Examples) <b>C. PNEUMONIA</b>		Due to (Or As A Consequence Of) <b>NA</b>		Approximate Interval: Onset To Death <b>NA</b>		Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. <b>D. LEUKOCYTOSIS</b>		Due to (Or As A Consequence Of) <b>NA</b>			
Did Tobacco Use Contribute To Death? Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>		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 checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> No		38a. City Or Town		38b. Street & Number			
Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		Describe How Injury Occurred			
Signature, Of Person Certifying Cause Of Death: <b>DUS SAMAD LAKHANI, 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>01044934A</b>		45. Date Certified <b>04/28/2017</b>		47. Alias: <b>DAVE ZELLER</b>		49. For Registrar Only - Date Filed (Month/Day/Year) <b>APR 28 2017</b>			
Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>DUS SAMAD LAKHANI, 2701 LEONARD DR STE A, VALPARAISO, IN 46383</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>01044934A</b>		45. Date Certified <b>04/28/2017</b>		47. Alias: <b>DAVE ZELLER</b>		49. For Registrar Only - Date Filed (Month/Day/Year) <b>APR 28 2017</b>			
Signature Of Local Health Officer: <b>RIA L STAMP, VIA 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>01044934A</b>		45. Date Certified <b>04/28/2017</b>		47. Alias: <b>DAVE ZELLER</b>		49. For Registrar Only - Date Filed (Month/Day/Year) <b>APR 28 2017</b>			



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT