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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 070413

2017 OCT 18 AM 10:08

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now David E. Teeter, being duly sworn upon her oath and states as follows:

1. That Grace H. Teeter held a life estate in the following described real estate located in Lake County, Indiana, more particularly described as follows:

The East 20 feet of Lot No. Twenty-two (22) and the West 20 feet of Lot No. Twenty-one (21), in Block No. Seven (7), as marked and laid down on the recorded plat of Calumet Center 2nd Addition, in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 19 page 22, in the Recorder's Office of Lake County, Indiana.

Commonly known as 1025 River Drive, Hammond, Indiana 46324

Key No. 45-07-18-328-023.000-023

2. That the decedent, Grace H. Teeter held title to said real estate until her death on August 11, 2017.

3. At the time of her death Grace H. Teeter resided in Hammond, Lake County, Indiana.

4. That the gross value of the estate of the decedent, Grace H. Teeter, as determined for the purpose of Federal Estate Tax was less than the value required for the



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17-33225

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

David E Teeter

David E. Teeter

STATE OF INDIANA

COUNTY OF LAKE

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 6 day of October, 2017.



[Signature]

, Notary Public

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.



Mark S. Lucas

This document prepared by:

Mark S. Lucas
Lucas, Holcomb & Medrea, LLP
300 East 90th Drive
Merrillville, IN 46410



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

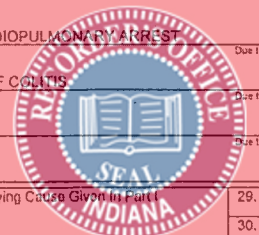
Tracking No. 132380

Local No 002807

EDR No 00000592821

State No 039719

1. Decedent's Legal Name (First, Middle, Last) GRACE H TEETER				1a. Maiden Name (If female) JUNKER		2. Sex FEMALE	3. Time Of Death 01:00 AM	4. Date Of Death (Month/Day/Year) 08/11/2017	
5. Social Security Number ██████████	6a. Age - Yrs 89	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) 09/21/1927		8. Birthplace (City and State or Foreign Country) PEKIN, IL	
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) CROWN POINT CHRISTIAN VILLAGE									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE		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				16a. Last Name Before First Marriage		16. Decedent's Usual Occupation SECRETARY		17. Kind Of Business/Industry INSURANCE COMPANY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 1025 RIVER DRIVE	18d. Apt. No.	18e. Zip Code 46324	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) GEORGE JUNKER		23a. Parent's Last Name Before First Marriage NA	
24. Informant's Name DAVID TEETER		24a. Relationship To Decedent STEPSON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1311 WEST 62ND AVENUE, MERRILLVILLE, IN 46410		25. Place Of Disposition CHapel LAWN MEMORIAL GARDENS SCHERERVILLE, IN		27a. Funeral Home License Number: FH19900051	
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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)		25c. Location - City, Town, And State		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27b. Signature Of Indiana Funeral Service Licensee: SHELIA C. KIRBY, BY ELECTRONIC SIGNATURE	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHapel LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375		27c. License Number (Of Licensee): FD29500088		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. CARDIOPULMONARY ARREST Due to (Or As A Consequence Of) _____ IMMEDIATE 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. COLIFF COLLITIS Due to (Or As A Consequence Of) _____ DAYS C. _____ Due to (Or As A Consequence Of) _____ D. _____ Due to (Or As A Consequence Of) _____			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. PATIENT HAD SUDDEN DEATH IN HER SLEEP						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> Suicido <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
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) LAKE COUNTY INDIANA DEPARTMENT OF HEALTH		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Location Of Injury - State LAKE	
38. Location Of Injury - State		38a. City Or Town		38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred AUG 15 2017	
41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 02002441A		45. Date Certified 08/14/2017		47. *Akas:	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307		48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): AUG 15 2017		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			



THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
LAKE COUNTY INDIANA DEPARTMENT OF HEALTH
AUG 15 2017

RAISED SEAL AFFIXED