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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 081691

2017 DEC -1 AM 11:01

MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

STATE OF IN  
COUNTY OF Lake

File No.: CTNW1702422-KEA  
Case No.:

Comes now, who being duly sworn upon her oath, deposes and says:

That, Carol A Keilman is the survivor of the deceased Walter T Keilman who died domiciled in Lake County, Indiana, on 4/05/2015.

That Walter T Keilman and Carol A Keilamn acquired to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Property: 1100 Fran Lin Parkway, Munster, IN 46321

Affiant states the Parties acquired title to the premises by Deed recorded July 28, 1969 with instrument no 29241 in the Office of the Recorder of Lake County, Indiana.

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 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 .

IN WITNESS WHEREOF, the undersigned have executed this document on Nov. 27<sup>th</sup>, 2017.

Executed: 11/27/17

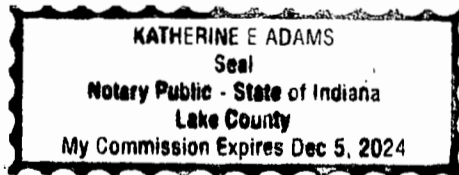
Carol A Keilman  
Carol A Keilamn



STATE OF IN  
COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Carol A Keilamn this 27<sup>th</sup> day of November, 2017.

Kath Air  
Notary Public \_\_\_\_\_  
Resident of \_\_\_\_\_ County  
My Commission expires: \_\_\_\_\_



**FILED**

NOV 30 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

006401

\$25100  
JAS

1820504142

CHICAGO TITLE INSURANCE COMPANY

**SURVIVORSHIP AFFIDAVIT**  
(continued)

Prepared by: *Carol A. Keilman*

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

Carol A Keilman.

Return to: Carol A. Keilman

*8220 Harrison Ave 302*  
*Munster IN 46321*



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): 45-07-30-328-001.000-027**

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LOT 16, FAIRMEADOW TWELFTH ADDITION TO THE TOWN OF MUNSTER, AS SHOWN IN PLAT BOOK 38, PAGE 86, IN LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 66958

Local No 001193

EDR No 000000442202

State No 016877

1. Decedent's Legal Name (First, Middle, Last) <b>WALTER T KEILMAN</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>21:21</b>	4. Date Of Death (Month/Day/Year) <b>04/05/2015</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>74</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>08/05/1940</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>CAROL KEILMAN</b>			15a. (If Wife) Give Maiden Last Name <b>ROTH</b>			16. Decedent's Usual Occupation <b>SALESMAN</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>		18d. Apt. No.	18e. Zip Code <b>46321</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>1100 FRANLIN PARKWAY</b>		19. 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>		23a. Mother's Maiden Last Name <b>DLUGOKINSKI</b>		
22. Father's Name (First, Middle, Last) <b>WILLIAM KEILMAN</b>				23. Mother's Name (First, Middle, Last) <b>ANN KEILMAN</b>			24. Informant's Name <b>CAROL KEILMAN</b>		
24a. Relationship To Decedent <b>SPOUSE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1100 FRANLIN PARKWAY, 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>KELLY CARROLL</b>			25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321</b>						27a. Funeral Home License Number: <b>FH83004968</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>APOLINARIO MORENO, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20600073</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. <b>CARDIOPULMONARY ARREST</b> 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 B. <b>VENTRICULAR TACHYCARDIA</b> Due to (Or As A Consequence Of): C. <b>SEVERE SYSTOLIC CONGESTIVE HEART FAILURE</b> Due to (Or As A Consequence Of): D.									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Give In Part I)						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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"/> 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		38b. Street & Number		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"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>NOT VALID UNLESS</b>			
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			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JOHN GILBERT DAVIS, 901 MAC ARTHUR BLVD., MUNSTER, IN 46321</b>						44. License Number <b>01073739A</b>		45. Date Certified <b>04/08/2015</b>	
46. Additional Funeral Service Provider:						47. *Aka:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 07 2015</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
24b-Zip: 43	49: 04/08/2015	18e-Zip: 43							

