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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 013115

2019 MAR -4 PM 3:32

MICHAEL B. BROWN  
RECORDER

Send Tax Bills to:  
4316 Annandale Ln.  
Crown Point, IN 46307

Parcel No. 45-17-09-401-006.000-044

**SURVIVORSHIP AFFIDAVIT**

Randal A. Peterson, being first duly sworn upon oath, states as follows:

1. Affiant is the son of Lee A. Peterson a/k/a Lee Peterson ("Decedent") and is qualified to make this Affidavit.
2. Decedent died a resident of Lake County, Indiana, on February 27, 2016. A copy of Decedent's death certificate is attached hereto as Exhibit A.
3. At the time of his death, Lee A. Peterson a/k/a Lee Peterson and Karen J. Peterson a/k/a Karen Peterson were husband and wife and were not legally separated.
4. At the time of his death, Decedent had an interest in real estate legally described as follows:  

Lot 161, in Lakes of the Four Searsons, Unit No. 2, as shown in Plat in Plat Book 37, page 76, in the Recorder's Office of Lake County, Indiana.  
Commonly known as 4316 Annandale Lane, Crown Point, Indiana 46307 ("Real Estate").
5. The assets of Decedent's gross estate, as defined for federal estate tax purposes, were either not sufficient to necessitate the payment of federal estate tax or such federal estate tax has been paid.
6. Karen J. Peterson a/k/a Karen Peterson, surviving spouse of Decedent and surviving joint owner of the Real Estate, pursuant to Indiana law, is the owner of all right, title, and interest to the Real Estate.



Dated this 4<sup>th</sup> day of March, 2019.

  
 RANDAL A. PETERSON

**FILED**

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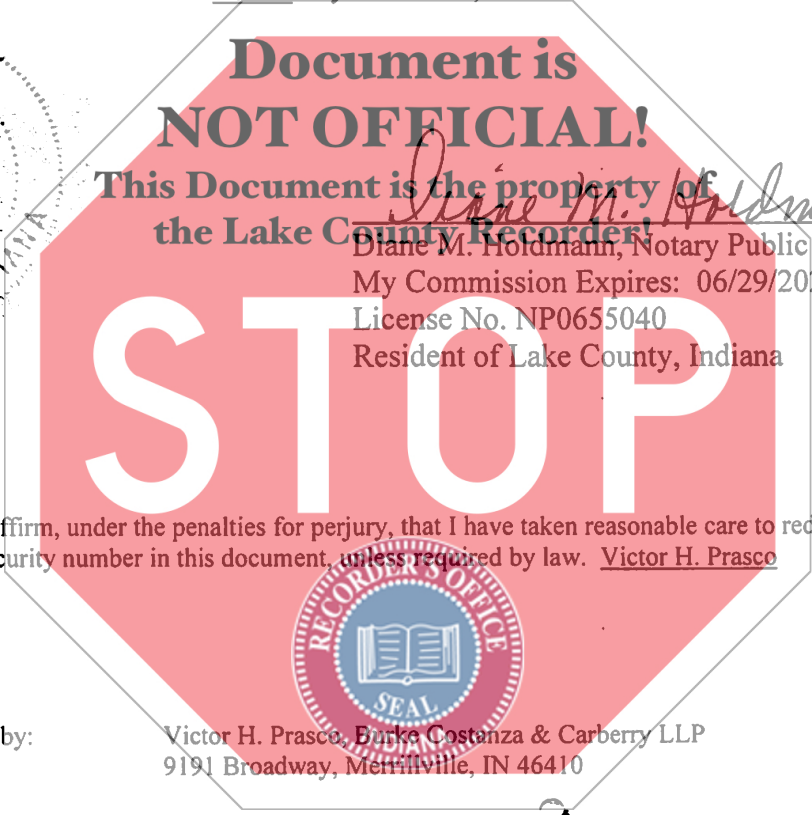
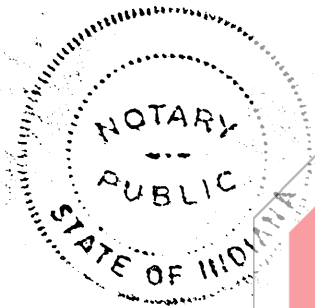
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25-  
11055

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STATE OF INDIANA        )  
                                  ) SS:  
COUNTY OF LAKE        )

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Randal A. Peterson and he, being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true this 4th day of March, 2019.



**Document is NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

*Diane M. Holdmann*  
Diane M. Holdmann, Notary Public  
My Commission Expires: 06/29/2022  
License No. NP0655040  
Resident of Lake County, Indiana

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. Victor H. Prasco



Document Prepared by:

Victor H. Prasco, Burke Costanza & Carberry LLP  
9191 Broadway, Merrillville, IN 46410



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 81096

Local No 000674

EDR No 00000498260

State No 009635

1. Decedent's Legal Name (First, Middle, Last) <b>LEE PETERSON</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>12:47 AM</b>		4. Date Of Death (Month/Day/Year) <b>02/27/2016</b>			
5. Social Security Number		6a. Age - Yrs <b>71</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
		Months		Days		Hours		Minutes		7. Date of Birth (Month/Day/Year) <b>03/22/1944</b>			
										8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>			
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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>203 FRANCISCAN DR</b>													
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</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>KAREN PETERSON</b>				15a. (If Wife) Give Maiden Last Name <b>DENESUK</b>				16. Decedent's Usual Occupation <b>MILLWRIGHT</b>		17. Kind Of Business/Industry <b>STEEL</b>			
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>CROWN POINT</b>			18c. Street And Number <b>4316 ANNANDALE LANE</b>		18d. Apt. No.	18e. Zip Code <b>46307</b>	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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>							
22. Father's Name (First, Middle, Last) <b>LENORD PETERSON</b>						23. Mother's Name (First, Middle, Last) <b>MILDRED PETERSON</b>			23a. Mother's Maiden Last Name <b>WOLFE</b>				
24. Informant's Name <b>KAREN PETERSON</b>				24a. Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4316 ANNANDALE LANE, CROWN POINT, IN 46307</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>GEISEN CREMATION CENTRE</b>			25c. Location - City, Town, And State <b>CROWN POINT, IN</b>							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GEISEN FUNERAL, CREMATION &amp; RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number: <b>FH10700031</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>MICHELLE KATSAROS, BY ELECTRONIC SIGNATURE</b>								27c. License Number (Of Licensee): <b>FD29700007</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>GUNSHOT WOUND TO THE HEAD</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. Due to (Or As A Consequence Of): 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 (From Part I)  Approximate Interval: Onset To Death													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year) <b>02/27/2016</b>			35. Time Of Injury <b>12:47 AM</b>			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>RESIDENCE</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. Location Of Injury - State <b>INDIANA</b>			38a. City Or Town <b>CROWN POINT</b>			38b. Street & Number <b>4136 ANNANDALE LANE</b>			38c. Apt. No.	38d. Zip Code <b>46307-0000</b>			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other			41. Signature, Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY, BY ELECTRONIC SIGNATURE</b>				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307</b>						44. License Number			45. Date Certified <b>03/01/2016</b>				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 01 2016</b>							



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
**NOT VALID UNLESS**

**MAR 01 2016**

RAISED SEAL AFFIXED