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2019-074993

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2019 Oct 31 8:44 AM

SURVIVOR'S AFFIDAVIT

GERALD B. CASHION, hereby referred to as the affiant, states under oath that the affiant was acquainted with MARLENE S. CASHION, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy/tenancy by the entirety deed, said property located in Lake County, State of Indiana, and legally described as follows:

THAT PART OF LOT 257 IN LAKE HILLS RESUBDIVISION UNIT 5, AN ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 96 PAGE 61, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 257; THENCE NORTH 12 DEGREES 17 MINUTES 02 SECONDS EAST, ON THE WEST LINE OF SAID LOT 257, A DISTANCE OF 169.40 FEET TO THE NORTHWEST CORNER OF SAID LOT 257; THENCE SOUTH 71 DEGREES 50 MINUTES 01 SECONDS EAST ON THE NORTH LINE OF SAID LOT 257, A DISTANCE OF 24.75 FEET TO A POINT; THENCE SOUTH 09 DEGREES 18 MINUTES 18 SECONDS EAST, A DISTANCE OF 161.50 FEET TO THE SOUTHERLY CURVED LINE OF SAID LOT 257; THENCE ON THE ARC OF A CIRCLE CONVEX TO THE SOUTH, SAID CURVE HAVING A RADIUS OF 220.00 FEET, ARC LENGTH OF 86.23 FEET, A CHORD BEARING OF NORTH 88 DEGREES 58 MINUTES 54 SECONDS WEST AND A CHORD LENGTH OF 85.68 FEET TO THE POINT OF BEGINNING, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO: 45-11-28-426-021.000-035

ADDRESS: 9920 PRAIRIE KNOLL CT., ST. JOHN, IN 46373

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein by the creation of interest to take effect in possession or enjoyment after death;

That affiant and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death;

That the decedent died on September 5, 2019, per attached Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

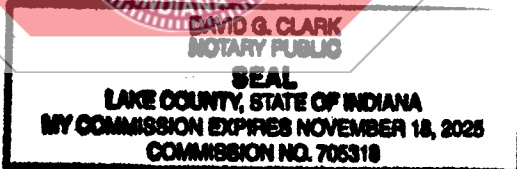
The affiant states no more.

Subscribed and sworn to before me this 30th day of September, 2019.

David G. Clark
Notary Public



Gerald B. Cashion
GERALD B. CASHION



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 - DAVID G. CLARK

PREPARED BY, RECORD AND RETURN TO:

004209

David G. Clark, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

FILED

OCT 30 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25.00
CK# 3442
AR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 207044

Local No 903241

EDR No 00000730061

State No 043492

1. Decedent's Legal Name (First, Middle, Last) MARLENE S CASHION				1a. Maiden Name (If female) KAVIS		2. Sex FEMALE	3. Time Of Death 10:12 AM	4. Date Of Death (Month/Day/Year) 09/05/2019			
5. Social Security Number [REDACTED]	6a. Age - Yrs 83	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) 06/28/1936		8. Birthplace (City and State or Foreign Country) HARVEY, 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 checked="" 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) 9920 PRAIRIE KNOLL COURT						12. City Or Town, State, And Zip Code SAINT JOHN, IN, 46373		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 GERALD CASHION			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SAINT JOHN			18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 9920 PRAIRIE KNOLL COURT		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) JOHN KAVIS				23. Parent's Name (First, Middle, Last) MARY KAVIS				23a. Parent's Last Name Before First Marriage MONDAK			
24. Informant's Name GERALD CASHION		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 9920 PRAIRIE KNOLL COURT, SAINT JOHN, IN 46373							
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) ASSUMPTION CEMETERY			25c. Location - City, Town, And State GLENWOOD, IL						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373					27a. Funeral Home License Number FH19900052				
27b. Signature Of Indiana Funeral Service Licensee JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD09260077		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. SENILE DEGENERATION OF THE BRAIN Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Approximate Interval: Onset To Death SEVERAL MONTHS							
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given 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 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				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)					
41. Signature, Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, BY ELECTRONIC SIGNATURE						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: TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385						44. License Number 01057042A		45. Date Certified 09/09/2019			
46. Additional Funeral Service Provider:						47. *Atas:					
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 09 2019					

