

2019-085181

2019 Dec 10

9:48 AM

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

SURVIVORSHIP AFFIDAVIT

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

On this 29th day of November, 2019, before me personally appeared Karen A. Merritt, who being duly sworn on her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

LOT 4 IN WICKER HEIGHTS, AN ADDITION TO THE TOWN OF CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 78 PAGE 36, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
KEY NO. 45-15-21-101-004.000-014

2. That said premises were formerly owned as tenants by the entireties by William L. Merritt and Karen A. Merritt, husband and wife.

3. That said William L. Merritt died on May 29, 2019 a resident of Lake County, Indiana.

4. That on the date of the death William L. Merritt and Karen A. Merritt were husband and wife and had not been divorced.

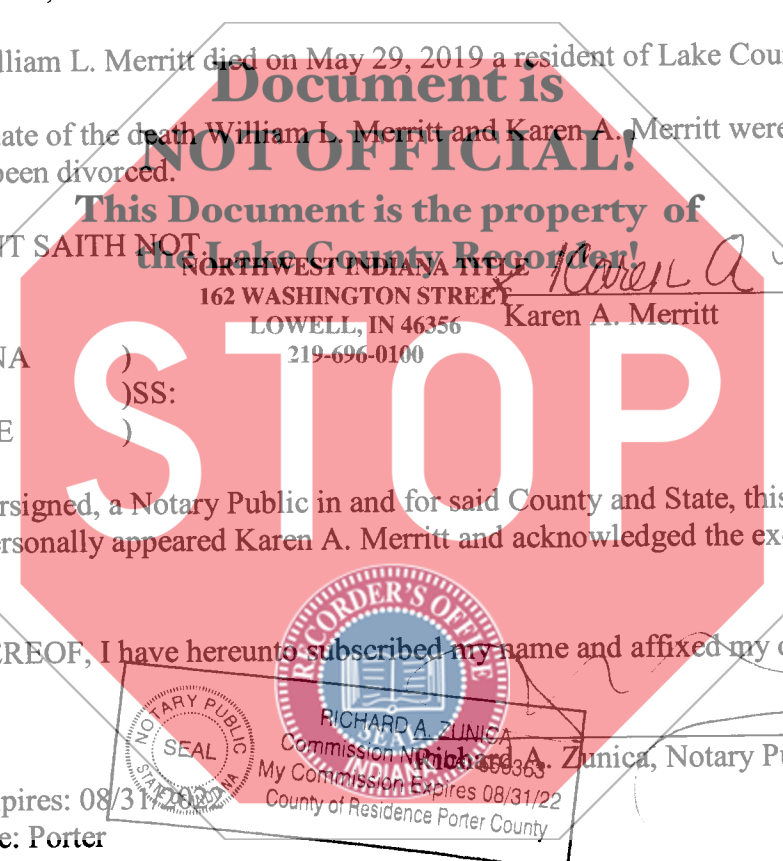
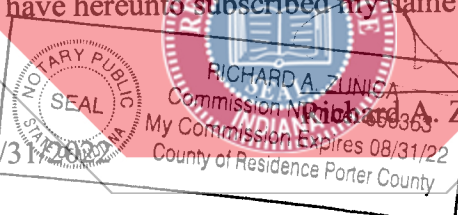
FURTHER AFFIANT SAITH NOT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 29th day of November, 2019, personally appeared Karen A. Merritt and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 08/31/2022
County of Residence: Porter



I affirm under the penalty for perjury that I have taken reasonable care to redact each social security number in this document unless required by law.

FILED

RICHARD A. ZUNICA

AMOUNT 295
CASH _____ CHARGE _____
CHECK # 2952
OVERAGE _____
COPY _____
NON-COM _____
CLERK D

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law, 162 Washington Street, Lowell IN 46356

JOHN E. PETALAS
LAKE COUNTY AUDITOR

31580

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 197354

Local No 902011

EDR No 00000713078

State No 027147

1. Decedent's Legal Name (First, Middle, Last) WILLIAM L MERRITT		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 01:12 AM	4. Date Of Death (Month/Day/Year) 05/29/2019
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5. Social Security Number	6a. Age - Yrs 63	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) 02/03/1956	8. Birthplace (City and State or Foreign Country) CHAMPAIGN, IL
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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)	
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11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL		12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		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	
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15. Surviving Spouse's Name KAREN A MERRITT		15a. Last Name Before First Marriage HILL	16. Decedent's Usual Occupation WATER TREATMENT SPECIALIST		17. Kind Of Business/Industry WATER DEPARTMENT
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town CEDAR LAKE	18c. Street And Number 11109 WEST 125TH AVENUE	18d. Apt. No.	18e. Zip Code 46303	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education ASSOCIATE DEGREE (AA, AS)	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race White	
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22. Parent's Name (First, Middle, Last) GLENN MERRITT		23. Parent's Name (First, Middle, Last) RUTH MERRITT		23a. Parent's Last Name Before First Marriage HAUSER	
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24. Informant's Name KAREN MERRITT		24a. Relationship To Decedent WIFE	24b. Mailing Address (Street And Number, City, State, Zip Code) 11109 WEST 125TH AVENUE, CEDAR LAKE, IN 46303	
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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) ELMWOOD CHAPEL CREMATORY		25c. Location - City, Town, And State CEDAR LAKE, IN	
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility ELMWOOD FUNERAL CHAPEL AND CREMATORY, 9931 LINCOLN PLAZA WAY, CEDAR LAKE, IN 46303		27a. Funeral Home License Number: FH11200028	27c. License Number (Of Licensee): FD09200077
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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. RESPIRATORY FAILURE		Approximate Interval: Onset To Death HOURS
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. LIVER CIRRHOSIS		YEARS
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	
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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 3 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	
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34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Location Of Injury (e.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)	37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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38. Location Of Injury - State		38a. City Or Town	38b. Street, Number, Apt. No.	38c. Apt. No.	38d. Zip Code
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39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger	
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41. Signature, Of Person Certifying Cause Of Death: GARY ALLEN MARCOTTE, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Other	
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GARY ALLEN MARCOTTE, 15900 W 101ST AVE, DYER, IN 46311		44. License Number: 02000603A	45. Date Certified: 05/07/2019
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48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Final (Month/Day/Year): JUN 04 2019	
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)