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2020-048925

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

2020 Jul 30 9:11 AM

AFFIDAVIT of SURVIVORSHIP

Tax: I.D. NO. 45-15-23-335-023.000-043

Danielle Seifert, being first duly sworn upon oath, deposes and says:

1. That Christopher Nielsen a/k/a Christopher Michael Nielsen, died on the 6th day of January, 2020 at Cedar Lake, Lake County, Indiana.

2. That at the time of his death, he was co-owner as Joint Tenant with Danielle Seifert in the following described real estate:

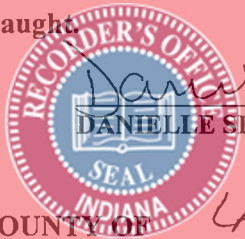
LOTS NUMBERED SEVENTEEN (17) TO TWENTY-THREE (23), BOTH INCLUSIVE, IN BLOCK 5, IN THE SHADES PLAT, H.H. IN CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 11, PAGE 28 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 12930 MORSE LANE, CEDAR LAKE, INDIANA 46303

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Christopher Nielsen a/k/a Christopher Michael Nielsen.

4. That this Affiant's relationship to the Decedent was Fiancé.

FURTHER, your Affiant saith naught



Danielle Seifert
DANIELLE SEIFERT

STATE OF IN COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 24 day of July, 2020, personally appeared: DANIELLE SEIFERT and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

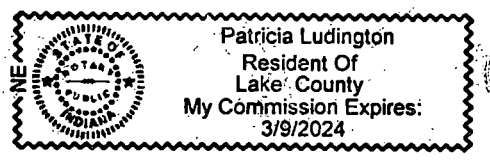
Commission Number: 681586
My commission expires: 3/9/24
Resident of Lake County
Public

Signature *Patricia Ludington*
Printed PATRICIA LUDINGTON, Notary

FILED

JUL 29 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR
COMMUNITY TITLE COMPANY
FILE NO. L2018535



024475

12380

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12380
LM

TAX: I.D. NO. 45-15-23-335-023.000-043
SEIFERT

EXECUTED AND DELIVERED IN MY PRESENCE:

[Signature] Witness Signature
VENESSA COUGHLIN Witness' Printed Name

STATE OF INDIANA) County of LAKE)

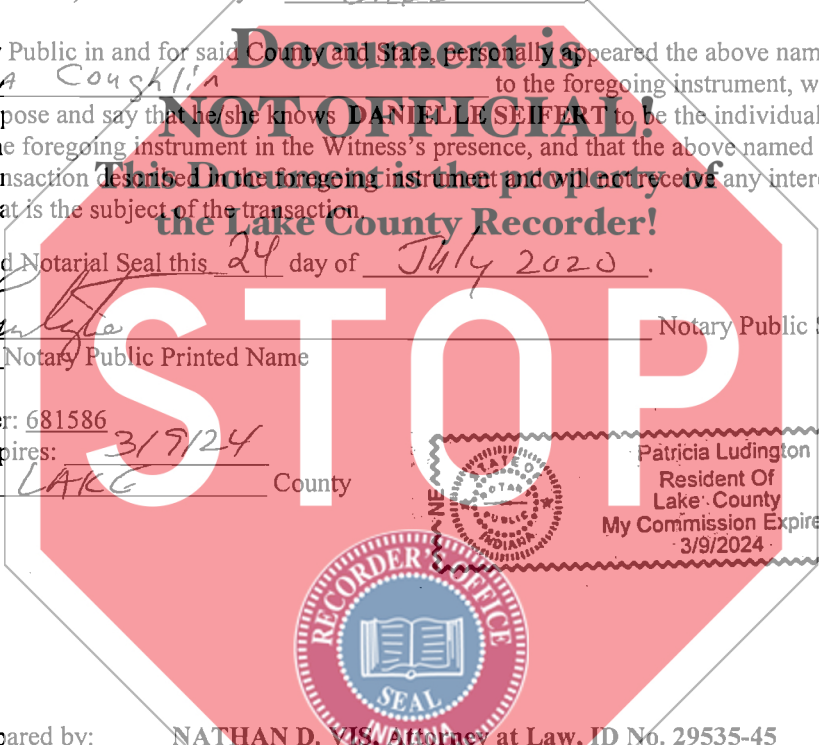
Before me, a Notary Public in and for said County and State, personally appeared the above named WITNESS Venessa Coughlin to the foregoing instrument, who, being duly sworn by me, did depose and say that he/she knows DANIELLE SEIFERT to be the individual(s) described herein and who executed the foregoing instrument in the Witness's presence, and that the above named described Witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 24 day of July 2020.

[Signature] Notary Public Signature
Patricia Ludington Notary Public Printed Name

Commission Number: 681586
My Commission Expires: 3/9/24
Resident of LAKE County

Patricia Ludington
Resident Of
Lake County
My Commission Expires:
3/9/2024



This instrument prepared by: NATHAN D. VIS, Attorney at Law, ID No. 29535-45
VIS LAW, LLC, P.O. BOX 980, Cedar Lake, IN 46303
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature]
Signature

Patricia Ludington
Typed Name



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 222003

Local No 000117

EDR No: 000000754443

State No 001470

1. Decedent's Legal Name (First, Middle, Last) CHRISTOPHER MICHAEL NIELSEN				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 07:26 PM		4. Date Of Death (Month/Day/Year) 01/06/2020		
5. Social Security Number		6a. Age - Yrs 36		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) 03/22/1983		8. Birthplace (City and State or Foreign Country) WAUKEGAN, 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) 12930 MORSE LANE												
12. City Or Town, State, And Zip Code CEDAR LAKE, IN, 46303						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation CARPENTER		17. Kind Of Business/Industry CONSTRUCTION		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CEDAR LAKE			18c. Apt. No.		18d. Zip Code 46303	
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE									
20. Decedent's Hispanic Origin NOT HISPANIC			21. Decedent's Race White			22. Parent's Name (First, Middle, Last) DALE NIELSEN			23. Parent's Name (First, Middle, Last) DELISE MARIE HUTCHESON			
23a. Parent's Last Name Before First Marriage JONAS			24. Informant's Name DELISE MARIE HUTCHESON									
24a. Informant's Relationship To Decedent MOTHER			24b. Informant's Complete Address (Street, City, State, Zip Code) 23415 84TH PLACE, SALEM, WI 53168									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)			25c. Location - City, Town, And State COMMUNITY CREMATION SERVICE SCHERERVILLE, IN						
25d. Removal From State <input type="checkbox"/> Other (Specify)			26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303			27a. Funeral Home License Number FH83002461									
27b. Signature Of Indiana Funeral Service Licensee KENNETH JOHN PUENT, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee) FD21600024									
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 Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIAC ARREST RECORD ON FILE WITH THE MEDICAL EXAMINER B. COMPLICATIONS OF CHRONIC ALCOHOLISM INTERMEDIATE C. D. Part II: Enter Other Significant Condition Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
29. Mark Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" 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) 01/06/2020			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 checked="" 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)						NOT VALID UNLESS						
41. Signature, Of Person Certifying Cause Of Death: MERRILEE D. FREY, 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: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307						44. License Number			45. Date Certified 01/23/2020			
46. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						47. Date For Registrar Only (Date First (Month/Day/Year)) JAN 23 2020						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
30. NO 281-Cause A: DEFERRED PENDING FURTHER INVESTIGATION 281-Cause B: 45: 1/14/2020 12:00:00 AM 281-Interval B: 33: PENDING INVESTIGATION 49: 01/15/2020 281-Interval A:												

