2020-063526

2020 Sep 14

8:34 AM

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



SURVIVORSHIP AFFIDAVIT

STATE OF IN)	SS:						
COUNTY OF Lake			*				
Joseph C Hager	, being first duly sworn upon oath, deposes and says:						
1. That Brenda Hager	died on July 7	,2018 at Crown Point, IN	(City/State)				
2. That Joseph C Hager acquired title as husband and wife	and Brenda Hager	were duly and legally ma	rried at the time they				
LOT 27 IN GRASSFIELD SUB	BDWISION, AS PERPLAT THE	REOF, RECORDED IN PLAT BOOK 49 PAG	SE 34 IN THE				
OFFICE OF THE RECORDER		FICIAL					
701	nis Document is	the property of					
		the propertie of aid real estate	e remained in effect and				
unbroken until the date of (his) (he 4. That all funeral expenses in connec	ction with the death of said d	ecedent have been paid in full.					
5. That all of the assets of said deced	ent which would be includab	le for Federal Estate Tax purposes, includ	ling joint bank accounts				
and life insurance on decedent's life	e were not sufficient to nece	ssitate payment of Federal Estate Tax.	1				
Further affiant sayeth not.			lali				
		Joseph C	Hager Affiant Signature				
4		7 Joseph C	Hager Agrant Signature				
STATE OF IN) SS:	ACKNOWI	EDGEMENT					
COUNTY OF Lake	TURDER	SOR					
Before me, a Notary Public in and for	mid Country and State Margar	The savent described Hagar					
who acknowledged the execution of the	foregoing instrument, and	who, having been duly sworn, stated that	any representations				
therein contained are true. Witness my	hand and Notary Seal this 4	th Jay of September , 2	0_20				
Resident of Lake	County, Indiana. WDIA	Mary Signature M. M. o	000				
Resident of	County, maiana.	p mas	C I I				
My Commission Expires: 8/7/22		Printed Susan Miedema					
I affirm, under the penalties for perjury	, that I have taken reasonabl	e care to redact each Social Security num	ber in this document,				
unless required by law. Susan Mieden	na	·					
	[Name]						
This instrument prepared by Joseph C	Hager 9361 Suilivan Ln Cro	own Point, IN 46307					
		* + + * * * * * * * * * * * * * * * * *	••				
	N all	"OFFICIAL SEAL" SUSAN MIEDEMA	•				
		NOTARY PUBLIC-INDIANA LAKE COUNTY - INDIANA	*				
	FILED	Commission No. 656281 My Commission Expires 08/07/202	*				
	SEP 1 1 2020	******************	* *				
	SEP 7 1 LULU	00-					

SEP 11 2020

JOHN E. PETALAS LAKE COUNTY AUDITOR

026133

25 AN

ACKNOWLEDGMENT PAGE TO BE ATTACHED TO THE FOLLOWING DOCUMENT: Survivorship Affidavit

CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:

Witness Signature

Witness Name (Debbie Noworyta)

PROOF:

State of Indiana

County of Lake

Document is NOT OFFICIAL!

Before me, a Notary Public In and or said County and State, on 09/04/2020 opersonally appeared the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows Joseph C Hager to be the individuallys) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Joseph C Hager execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.

Witness my hand and Notarial Seal this 4th day of September, 2020

Signature

Printed: Susan Miedema

Resident of: Lake County

State of: INDIANA

My Commission expires: August 7, 2022

"OFFICIAL SEAL"
SUSAN MIEDEMA
NOTARY PUBLIC-INDIANA
LAKE COUNTY - IMDIANA
Commission No. 656281
My Commission Expires 08/07/2022



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. **246285**

Local No 902	311	ED		0065398	30	1 2. Sex	State No	0340	78	Of Destin (Month/Day/Year)		
Docedent's Legal Namo (First, Middlo, Last)			1a. Maiden Name (if female)									
BRENDA HAGER 5. Social Security Number 64. Age - Yrs	6b. Under 1 Year 6c	Under 1 Month	RODEEN 6d. Under 1 Day	6e. Under 1 Hour	7. Date	FEMALE of Birth (MontivDa		02:01 PM 07/07/2018 8. Birthplaco (City and State or Foreign Country)				
	Months Da	ya	Hours	Minutes		07/26/1966		ORT TOV	VNSENE	D, WA		
8. Ever in U.S. Armed Forces? 10. if Death	Occurred in A Hospital:	-,		10a. If Death Occur Hospice Facility		where Other Than ecedent's Home		iome/Long-terr	n Care Facil	ity		
☐ Yos ☑ Np ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Doad on Arrivel ☐ Other (Specify)												
11. Facility Name (If Not Institution, Give Street and Number) 9361 SULLIVAN LANE 13. County Of Death 14. Marital Status At Time Of Death												
12. City Or Town, State, And Zip Code				13. County C) Death					ut Separated C Biveraed or Married C Unknown		
CROWN POINT, IN, 46307		1 186	ı. Last Name Before F	LAKE Int Marriage	 7	16. Decedents	Usual Cooupet			or Married D Unknown Of Businessindustry		
	"-				7		OWN HOME					
JOSEPH C. HAGER 18. Rasidonce - Siste	18a. Cou	nty		18b. City Or Tov	/n	HOMEMAK	EK		OVVN	IONE		
INDIANA	LAKE			CROWN PO	TAIC							
18c. Street And Number		7	,			160	l, Apt. No.	18e. Zip	Code	18f. Inside City Limits?		
9361 SULLIVAN LANE			Docu	ment	- 10			46	307	(J Yes & ND		
19. Decedent's Education SOME COLLEGE CREDIT, BU	TNOTA	codent Of Hispa		21, 0	locadant	Raco						
DEGREE 22. Parant's Namo (First, Middle, Lest)	NOT	H) SPANIC		White 23, Parents Namo (ile, (Lest)	\	23a. P	aront's Last	Name Before First Marriage		
	TP1	ic Do	0111110000	SENETIELE	BODE	ENISTER	·c	/V/FII	TEMAN			
ALFRED RODEEN 34, Informant's Name	24	a. Relationship		CENEVIEVE 24b. Mailing Address	(Street	And Number, City,	State, Zip God	8)	*****			
JOSEPH C HAGER	Н	USBAND		938 FSURIV	APPA	NE CROW	N POINT	IN 46307				
25s. Method Of Disposition	255. Pigco (of Disposition (N	25. Pla lame Of Cometary, Cr	co Of Disposition emstory, Other Place)	25c. L	ocation - City, You	m, And State					
☐ Burial	ombment .											
Other (Specify):	GEISEN Name And Complate Ad	CREMATI	ION CENTRE		CRO	OWN POINT	, IN		1 27a. Pus	neral Home License Nymber:		
	ISEN FUNERAL			CES, 7905 BR	DADW	AY, MERRI	LLVILLE,	IN				
	10-5559					27c. L	Icenso Numbo	(Of Licensee):		100005		
KEVIN KNAGA, BY ELECTRO	NIC SIGNATUR	C	ouse Of Death (Sc	e instructions And	Example	s)	0400005			Approximate		
25. Part I. Enter The Obein Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Torminal Events Such As Cardiac Arrest, Or Ventricular Fibrillation Without Showing The Etiology, Do Not Abbreviate, Enter Only One Cause On To Death												
A Line. Add Additional Lines it Addossbiry.												
Immediate Cause (Fingl Disease Or Cond	ition Resulting In Doub	*	15.05		Due to (Or	As A Consequence Oi):						
Sequentially List Conditions, If Any, Lead Line A. Enter The Underlying Cause (Disc	ng To The Causo Liste	iu Qii	HEROIN RELATE	D DEATH	Due to (Or	As A Consequence Off:						
The Events Resulting in Death) Last		C.		القيق	Due to (Cr	As A Consequence Oh:						
·		D.		SEAL .	/							
Part II. Enter Other Significant Conditions Contri	buting to Death But Not	Resulting in The	Underlying Cause Ci	OIAN ALLIES		is An Autopsy Peri ira Autopsy Findin		Ø Yos	D No	sth? & Yes C No		
31. Did Tobacco Uso Contributo To Death?	32. If Female:			-			3. Manner Of	Death:		190 110		
🖸 Yes 🖸 Probably 🗘 No 🖸 Unknown			To I year Before Death	Mot Pregnant, But Preg	Ahin The Pas	A Year C	3 Suipide C	Gauld Not Be (Determined	Pending Investigation		
34. Date Of Injury (Month/Day/Year)	35. Time Of Ir	jury		ce Of Injury (E.G., Dec	edent's H	eme, Construction	Sile, Rostatire	nt, Wooded An	3	7. Injury At Work? Dyes Sono		
07/07/2018 38. Location Of Injury - State	38a, City Or To	2:01 PM		DENCE Street & Number				38c. Apt.	No. 3	8d. Zip Code		
INDIANA	CROWN F	OINT	9361	SULLIVAN LA	NF-				46	3307		
39. Doscribo How Injury Occurred	TOTOTAL	-	THIS IS A TRU	E COPY OF FILE WITH THI	-	ĺ	iO. If Transpor Didver/Operator	ation Injury, Sp	ecity:	T UNLESS		
OVERDOSE 41. Signature, Of Person Certifying Cause Of	Depth:	LAKE	COUNTY HEAL	TH DEPARTME	WY			One) Coron				
MERRILEE D. FREY, BY ELE	CTRONIC SIGN	ATURE				☐ Cartifyl	ng Physician 44. Licen	Coren	eř 🗀	Health Officer 5. Date Certified		
MEDDILEE D EDEV 2000 M	03DD AVE (DOWN D	JINITANGE 20	8 2020	Ì		13 14	31		08/07/2018		
MERRILEE D. FREY , 2900 W. 93RD. AVE., CROWN POINT, IN 46307 47. 'Akat: 47. 'Akat: 47. 'Akat: 47. 'Akat: 48. Additional Funeral Service Provider:												
48. Signature of Local Health Officer:		1	- (10 ===	and and and a second a second and a second and a second and a second and a second a		49. For Regis	irar Only - On	te Filed (Mont	I down to be a control of	The state of the s		
CHANDANA VAVILALA, VIA E	LECTRONIC SI	GNATURE AMENDM		(ne-de death (en	TRY OR	(ORIGINAL)		AUG 07				
30; NO 37;												
281-Cause A: DEFERRED PENDING FURTHER INVESTIGATION 38b-Building: 281-Cause B: 39: 134b-Street Type:												
34: 38:				NO				_DAIO		AL AFFIXED		
								F-141.3				