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2020-063545

2020 Sep 14

8:34 AM

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

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

File No.: FNW2004417R

COUNTY OF Lake

Case No.:

Comes now Barbara Colwell, who being duly sworn upon his/her oath, deposes and says:

That, Barbara Colwell, is the surviving spouse of Randall Colwell, deceased who died domiciled in Lake County, Indiana, on February 18, 2018.

That Randall Colwell and Barbara Colwell acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

For APN/Parcel ID(s): 45-10-36-303-023.000-032

Lot 31 in Prairie Trails Phase 1, as per plat thereof, recorded in Plat Book 93 page 48, in the Office of the Recorder of Lake County, Indiana.

Affiant states that Barbara Colwell and Randall Colwell continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Randall Colwell's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Barbara Colwell.

IN WITNESS WHEREOF, the undersigned have executed this document on September 4, 2020.

Executed: Schererville, Indiana

Barbara Colwell

Signature

Barbara Colwell
Print Name

STATE OF Indiana

COUNTY OF Lake

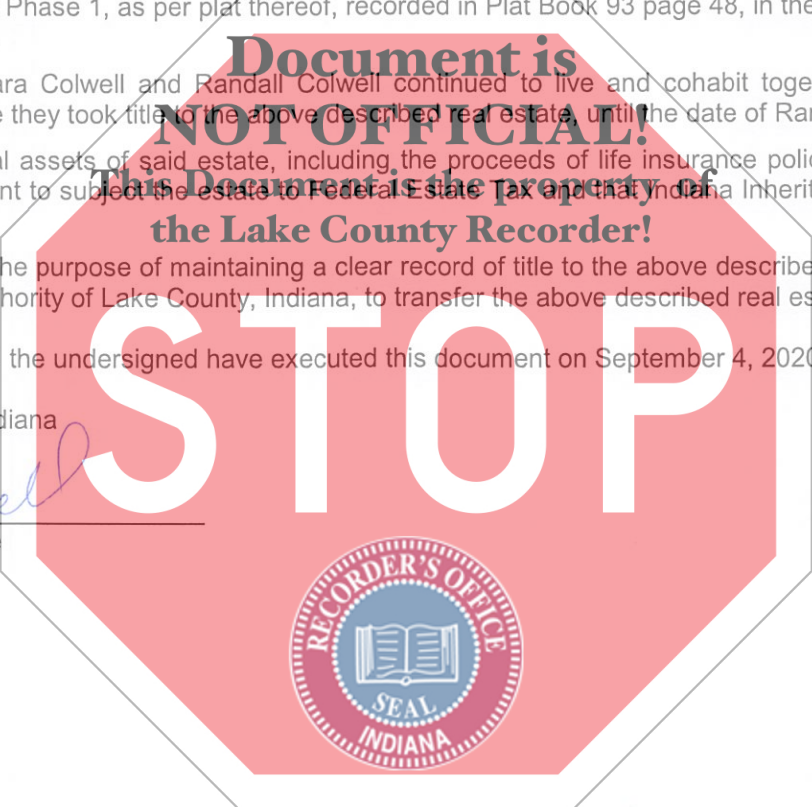
Subscribed and sworn to before me, a Notary Public in and for said county and state, by Barbara Colwell, who personally appeared and acknowledged the execution of the foregoing instrument on this 4th day of September, 2020.

Melissa Renee Miller

Notary Public: Melissa Renee Miller

Resident of Lake County

My Commission expires: 11-16-2025



FILED

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Affidavit (Survivorship)
IND1079.doc / Updated: 01.02.20

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Printed: 09.03.20 @ 12:53 PM by SMS
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SEP 11 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

**FIDELITY NATIONAL
TITLE COMPANY**
FNW2004417

PK#1820704744

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R

SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by:
Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C.
130 North Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

Shannon Stiener.



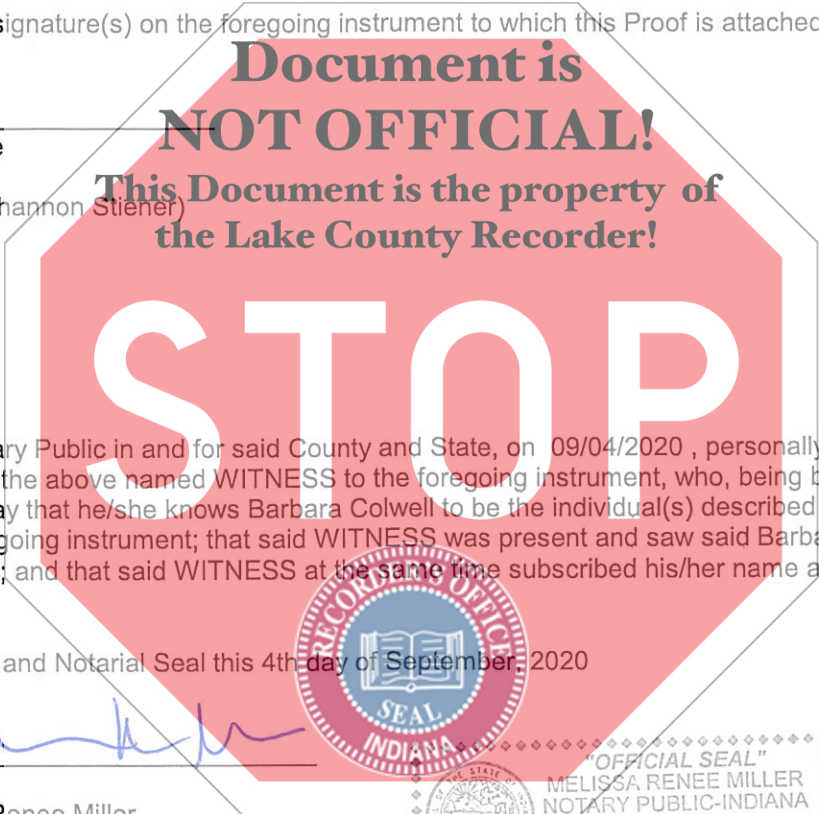
CERTIFICATE OF PROOF

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



Witness Signature

Witness Name (Shannon Stiener)



PROOF:

State of Indiana

County of Lake

Before me, a Notary Public in and for said County and State, on 09/04/2020 , personally appeared Shannon Stiener, the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows Barbara Colwell to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Barbara Colwell 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: Melissa Renee Miller

Resident of: Lake County

State of: INDIANA

My Commission expires: November 16, 2025





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 151232

Local No 900624

EDR No 00000628774

State No 009579

1. Decedent's Legal Name (First, Middle, Last) RANDALL COLWELL				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 18:04		4. Date Of Death (Month/Day/Year) 02/18/2018		
5. Social Security Number [REDACTED]		6a. Age - Yrs 68		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) 01/31/1950		8. Birthplace (City and State or Foreign Country) LOUISVILLE, KY										
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)				
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			
15. Surviving Spouse's Name BARBARA COLWELL				16a. Last Name Before First Marriage HAMERSLEY				16. Decedent's Usual Occupation PIPEFITTER			17. Kind Of Business/Industry INLAND STEEL	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town DYER			18d. Apt. No.		18e. Zip Code 46311	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 9870 GETTLER STREET			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) JOE COLWELL				23. Parent's Name (First, Middle, Last) ROSA COLWELL				23a. Parent's Last Name Before First Marriage HILL				
24. Informant's Name BARBARA COLWELL				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 9870 GETTLER STREET, DYER, IN 46311				
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					
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): FD09200077						
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. Approximate Interval: Onset To Death												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. AORTIC AND CORONARY ARTERY DISEASE Due to (Or As A Consequence Of): 24 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. END STAGE RENAL DISEASE ON HEMODIALYSIS Due to (Or As A Consequence Of): 24 HOURS												
C. CARDIOPULMONARY ARREST Due to (Or As A Consequence Of): 24 HOURS												
D.												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
HYPERKALEMIA												
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 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 (Residence, Workplace, 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		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: CRISOSTOMO J. CARLOS, 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: CRISOSTOMO J. CARLOS, 901 MAC ARTHUR BOULEVARD, MUNSTER, IN 46321						44. License Number 01026571A		45. Date Certified 02/22/2018				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 23 2018						



THIS IS A TRUE COPY
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT
FEB 23 2018

RAISED SEAL AFFIXED