

3

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

2020-081258

2020 Nov 6

11:30 AM

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

AFFIDAVIT OF SURVIVORSHIP

Comes now Wendy Kegebein being duly sworn upon her oath, and states as follows:

That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The West 10.02 feet of Lot 6 and the East 34.98 feet of Lot 7, Hobart Park Second Addition to the City of Hobart, as per plat thereof, in the office of the Recorder of Lake County, Indiana

commonly known as 1303 W. Cleveland Ave., Hobart, IN 46342

That the decedent Dorothy H. Anderson, also known as Dorothy Helen Anderson, and the affiant acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 27th day of September, 1992, and recorded in the Office of the Lake County Recorder as Document No. 92066749 on the 20th day of October, 1992

That the decedent and the affiant jointly held title to said real estate until the death of Dorothy H. Anderson on October 19, 2020, as evidenced by Exhibit A attached, at which time this affiant acquired title to the real estate as the surviving joint tenant pursuant to Indiana law.

That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

That there were insufficient assets to require the administration of an estate for decedent.

Wendy Kegebein
Wendy Kegebein

FILED

NOV 06 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25-
10938
AM

STATE OF INDIANA)
)
COUNTY OF LAKE) SS:

Subscribed and sworn to before me, a ^{Judge} ~~Notary Public~~ in and for said county and state, this date: 11/4/20

William J. Longer
Notary Public
Judge, Hobart City Court

Residing in LAKE County
My Commission Expires: 12/31/23

EXECUTED AND DELIVERED in my presence.

Document is NOT OFFICIAL!
Name: Martha C. Theysd

STATE OF INDIANA } This Document is the property of
COUNTY OF LAKE } SS: the Lake County Recorder!

Before me, a Notary Public or other officer authorized to administer oaths and take acknowledgments in and for said County and State personally appeared the above witness, MARtha C. Theysd, being known to me or sufficiently proven to me to be the person whose name is subscribed as a witness to the foregoing document, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by WENDY KEGEBEIN in the above subscribing witness's presence, and that the above named subscribing 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 seal this 4 day of Nov, 2020.

Name: William J. Longer
Judge, Hobart City Court

County: LAKE
My Commission Expires: 12/31/23

Prepared by William J. Longer, Attorney at Law. 651 E. Third Street, Hobart, Indiana 46342

I affirm under the penalties for perjury that I have taken reasonable care to redact all social security numbers from the foregoing document, except as required by law.

William J. Longer



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 252307

Local No 004377

EDR No 000000811233

State No 057751

1. Decedent's Legal Name (First, Middle, Last) DOROTHY HELEN ANDERSON				1a. Maiden Name (If female) COX		2. Sex FEMALE	3. Time Of Death 02:00 AM	4. Date Of Death (Month/Day/Year) 10/19/2020	
5. Social Security Number [REDACTED]		6a. Age - Yrs 91	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) 01/07/1929		8. Birthplace (City and State or Foreign Country) GARY, IN
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) ST MARY MEDICAL CENTER INC									12. City Or Town, State, And Zip Code HOBART, IN, 46342
13. County Of Death LAKE						14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation CLERK		17. Kind Of Business/Industry CITY GOVERNMENT	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HOBART			18d. Apt. No.	18e. Zip Code 46342
18c. Street And Number 1303 WEST CLEVELAND AVENUE			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
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) EVERETT COX				23. Parent's Name (First, Middle, Last) BLANCHE COX				23a. Parent's Last Name Before First Marriage CADWELL	
24. Informant's Name WENDY KEGBEIN				24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street Number, City, State, Zip Code) 1303 WEST CLEVELAND AVENUE, HOBART, IN 46342			
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) KELLY CARROLL CREMATION SERVICES			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342						27a. Funeral Home License Number. FH83003069	
27b. Signature Of Indiana Funeral Service Licensee: JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29700036			
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. ACUTE CHOLECYSTITIS, COMMON BILE DUCT OBSTRUCTION, ADVANCED AGE Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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								Approximate Interval: Onset To Death 1-2 DAYS	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. CARDIOPULMONARY ARREST						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings 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 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)		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: SYED MOAZZAM NAJEEB, 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: SYED MOAZZAM NAJEEB, 1500 S. LAKE PARK AVE., HOBART, IN 46342						44. License Number 01076308B		45. Date Certified 10/22/2020	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 22 2020			



NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED