

4

2020-086189

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

2020 Nov 24 8:57 AM

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

On this 22nd day of October, 2020, before me personally appeared Linda M. Fisher, to me personally known, who being duly sworn upon her oath, states:

1. Affiant is the surviving spouse of Donald L. Fisher and resides at the address given below the Affiant's signature.

2. Donald L. Fisher and Linda M. Fisher, husband and wife, and Donald D. Fisher owned the real estate described below as joint tenants with rights of survivorship:

3. Said real estate is more particularly described as follows:

A part of the Southwest quarter of the Southwest quarter of Section 23, Township 33 North, Range 9 West of the 2nd P.M., described as follows: Commencing at the Northwest corner of the above described tract of land and running thence East on a line parallel with the South line of said tract 111 feet, thence South 10 rods; thence West 111 feet; thence North 10 rods to the place of beginning, except the North 92.5 feet in the Town of Lowell, Lake County, Indiana.

Commonly known as 238 N. Nichols, Lowell, IN 46356.

Parcel No. 45-19-23-351-002.000-008

4. Said Donald L. Fisher died intestate on November 23, 2019;



25-  
24791  
an  
E

**FILED**  
NOV 26 2020  
JENNIFER METALAS  
LAKE COUNTY AUDITOR

5. Where this Affidavit relates to joint tenants with rights of survivorship, that Linda M. Fisher and Donald L. Fisher were never divorced and lived together as husband and wife continuously until the time of Donald L. Fisher's death; and

6. Affiant's relationship to the deceased was surviving spouse.

Affiant's Signature Linda M Fisher  
Name Printed Linda M. Fisher  
Address 15330 West 101st Avenue  
Dyer, IN 46311

**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

Subscribed and sworn to before me, a Notary Public, this 22nd day of October, 2020.

Carl J. Hall  
Carl J. Hall, Notary Public  
A Resident of Jasper County

My Commission Expires:  
July 30, 2027

My Commission Number: NP0721580

CARL JOSEPH HALL  
Notary Public, State of Indiana  
Jasper County  
Commission Number NP0721580  
My Commission Expires  
July 30, 2027



EXECUTED AND DELIVERED in my presence:

*Sherry Kenney*

Sherry Kenney, Witness

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Sherry Kenney, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by LINDA M. FISHER in the above named subscribing witness' presence, and that the above-named subscribing witness is not a party to the foregoing instrument and will not receive any interest or proceeds as a result of said instrument.

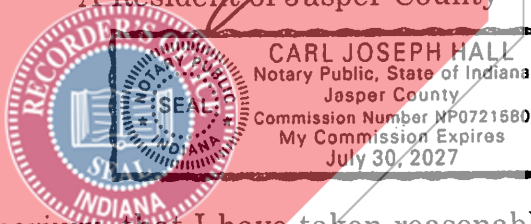
Witness my hand and Notarial Seal this 22nd day of October, 2020.

*Carl J. Hall*

Carl J. Hall, Notary Public  
A Resident of Jasper County

My Commission Expires:  
July 30, 2027

My Commission Number: NP0721580



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.

*Carl J. Hall*

Carl J. Hall

This instrument prepared by: Carl J. Hall, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

502518.1/20.077



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

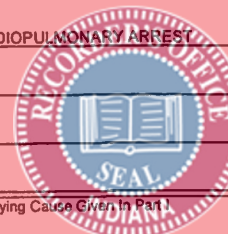
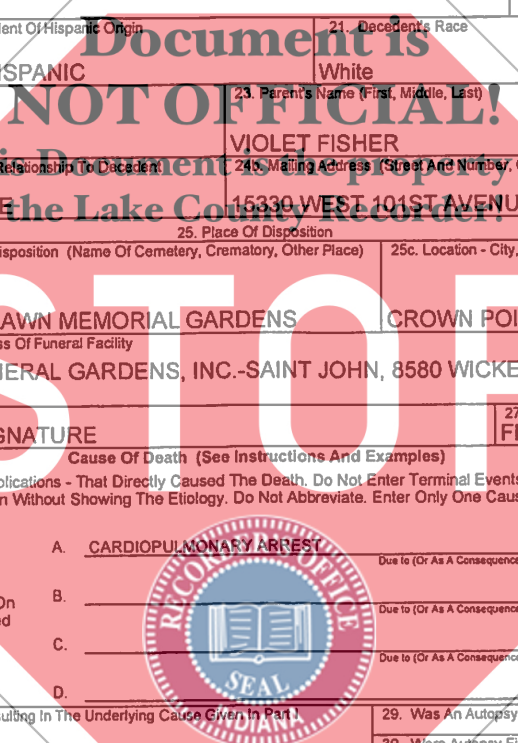
Tracking No. 214698

Local No 904301

EDR No 00000745020

State No 058106

1. Decedent's Legal Name (First, Middle, Last) DONALD LEE FISHER
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 07:02 PM
4. Date Of Death (Month/Day/Year) 11/23/2019
5. Social Security Number
6a. Age - Yrs 72
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 02/15/1947
8. Birthplace (City and State or Foreign Country) TINLEY PARK, IL
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) FRANCISCAN HEALTH - DYER
12. City Or Town, State, And Zip Code DYER, IN, 46311
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name LINDA FISHER
15a. Last Name Before First Marriage GROTHAUS
16. Decedent's Usual Occupation FOREMAN
17. Kind Of Business/Industry CONSTRUCTION
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town DYER
18c. Street And Number 15330 WEST 101ST AVENUE
18d. Apt. No.
18e. Zip Code 46311
18f. Inside City Limits?
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Parent's Name (First, Middle, Last) JOHN FISHER
23. Parent's Name (First, Middle, Last) VIOLET FISHER
23a. Parent's Last Name Before First Marriage WALRAVEN
24. Informant's Name LINDA FISHER
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 15330 WEST 101ST AVENUE, DYER, IN 46311
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS
25c. Location - City, Town, And State CROWN POINT, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373
27a. Funeral Home License Number: FH10200006
27b. Signature Of Indiana Funeral Service Licensee: RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD20400030
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. CARDIOPULMONARY ARREST
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
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?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: KAMARTAJ S QUADRI, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One):
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KAMARTAJ S QUADRI, 12800 MISSISSIPPI PARKWAY, CROWN POINT, IN 46307
44. License Number 01050515A
45. Date Certified 11/27/2019
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): NOV 27 2019



NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED