2020-086191

2020 Nov 24

8:57 AM

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

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

) SS:

COUNTY OF LAKE

On this 22 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, owned the real estate described below as joint tenants or as tenants by the entireties?
 - 3. Said real estate is more particularly described as follows:

Part of the southeast 1/4 of the southwest 1/4 of Section 36, Township 35 North, Range 10 West of the Second Principal Meridian, in Lake County, Indiana, described as follows: beginning at a point on the South line of said quarter quarter section which is 417.4 feet West of the Southeast corner thereof; thence West along the said South line a distance of 125 feet; thence North along a line parallel to the East line of said quarter quarter section a distance of 350 feet; thence East along a line parallel to the South line of said of said quarter quarter section a distance of 125 feet; thence South along a line parallel to the East line of said quarter quarter section a distance of 350 feet to the place of beginning, subject to an easement in the South 50 feet of said tract and a public road on the South 30 feet, more or less, of said tract, Being a part of Lot two (2).

Commonly known as 15330 W. 101st Avenue, Dyer, IN 46311

Parcel No. 45-10-36-377-014.000-032

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

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- 5. Where this Affidavit relates to a tenancy by the entireties, 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.



EXECUTED AND DELIVERED	in my presence:
Aug Venne	m my presence.
Sherry Kenney, Witness	
STATE OF INDIANA)	
COUNTY OF LAKE) SS:	
being known to me to be the perse who, being duly sworn by me, delivered by LINDA M. FISHER:	in and for said County and State, personally appeared Sherry Kenney, proposes and says that the foregoing instrument was executed and in the above-named subscribing witness presence, and that the above-a party to the foregoing instrument and will not receive any interest or ment.
Witness my hand and Not	arial Seal this 22nd day of October, 2020.
	Carl J. Hall, Nevery Public A Resident of Jasper County
My Commission Expires:	
July 30, 2027	CARL JOSEPH HALL) Notary Public, State of Indiana Jasper County
My Commission Number: NP0	721580 My Commission Expires July 30, 2027
	ties for perjury, that I have taken reasonable care to redact each
social security number in this d	ocument, unless required by law.
	Carl J. Hall
This instrument prepared by: 502498.1/20,077	Carl J. Hall, Attorney at Law 8700 Broadway, Merrillville, IN 46410
	3



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 214698

Loca	I No 90	4301				0007450	20	L 2. Sex		0581		Of Death (Month/Day/Year)
Decedent's Legal Name (First, Middle, Last)			'	u. 111212011110								
DONALD LEE FISH 5. Social Security Number 6		6b. Under 1 Y	'ear 6c. Under 1 A	fonth 6d.	Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month		02 PM Birthplace (City	and State	11/23/2019 or Foreign Country)
	72	Months	Days	Hou	irs	Minutes		02/15/194	47 T	INLEY PA	RK, IL	
9. Ever in U.S. Armed Forces	? 10. If De	ath Occurred In A	Hospital:			10a. If Death Occi		where Other To		Home/Long-tem	Care Faci	ility
☐ Yes ☒ No ☐ Unkno	wn Inpai	tient 🖾 Emerger	ncy Department Outp	atient 🔲	Dead on Arriv			COCCUR S T TOTAL				,
11. Facility Name (If Not Inst										<u> </u>	-	
FRANCISCAN HEA 12. City Or Town, State, And		EK				13. County	Of Death			14. Marital Sta	tus At Time	Of Death
						1, 4,45				Married Widowed		But Separated Divorced rer Married Unknown
DYER, IN, 46311 15. Surviving Spouse's Name				15a. Last	Name Before	LAKE First Marriage		16. Deceder	nt's Usual Occupa			Of Business/Industry
3 4											00110	TO: 10T1011
LINDA FISHER 18. Residence - State			18a. County	GROT	HAUS	18b. City Or To		FOREMA	AN		CONS	TRUCTION
18c. Street And Number			AKE			DYER		T	18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?
	T AL/CAUL	_		_						40	044	☐ Yes ☒ No
15330 WEST 101S	AVENUE	=	20. Decedent Of I	iispanie Or	igin	21.	Decedents	Race		46	311	<u> </u>
					JOCI	umen	UI	5				
9TH - 12TH GRADE 22. Parent's Name (First, Midd		LOMA	INOT HISPA	NIC		Whi	te (First, Mide	fle, Last)	\	23a. F	arent's Las	t Name Before First Marriage
				V	1	FFI	الم	AL!			DAY (5)	
JOHN FISHER 24, Informant's Name			24a. Relation	ship To Dec	adentin (A)	VIOLET FISH 1 245. Mailing Addre		And Number C	City State, Zip Co		.RAVEI	<u> </u>
					1 0	15330 WEST						
LINDA FISHER			WIFE	e La	ike C	Place Of Disposition	eed	raer	L, DILIN, I	1-0511	·	· · · · · · · · · · · · · · · · · · ·
25a. Method Of Disposition	D# [] (b. Place Of Disposition	n (Name C	Of Cemetery, (Crematory, Other Place	e) 25c. (ocation - City,	Town, And State			
⊠ Burial	Donation 🔲 t	Entomoment										
Other (Specify):	1 2		HAPEL LAWA			ARDENS	CRO	OWN POI	NT, IN		27a. F	uneral Home License Number:
26. Was Coroner Contacted?						NCSAINT JOH	IN. 858	0 WICKE	R AVENUE	SAINT		
Yes No	J	OHN, IN 46							c. License Numb			200006
27b. Signature Of Indiana Fu RICHARD ALAN M	neral Service L ILLER , B	Y ELECTRO	ONIC SIGNAT	URE				FC	020400030	ci (Oi Econoce)		
28. Part I. Enter The Cha	in Of Funnts	Diagonas Iniuri	ios Os Complication			See Instructions And			:			Approximate Interval: Onset
Such As Cardiac Arrest, F A Line. Add Additional Li	Respiratory An	rest, Or Ventri <mark>cu</mark>	lar Fibrillation With	out Showin	g The Etiolo	gy. Do Not Abbreviate	e. Enter O	nly One Caus	e On			To Death
Immediate Cause (Final I			ı İn Death)	A. CAR	DIOPULMO	NARY ARREST						MINUTES
ministration of the second			,,		E. C		Due to (O	As A Consequence	Οή:			
Sequentially List Condition Line A. Enter The Under	ns, If Any, Le	ading To The Ca	Ruse Listed On	B			Due to (O	As A Consequence	Oŋ.			
The Events Resulting In I		nacase er injurj	Trial minutes	c			Ove to /O	As A Consequence	00:	-		· · · · · · · · · · · · · · · · · · ·
				n		SEAL		AS A CONSEQUENCE				
Part II. Enter Other Significan	t Conditions Co	ntributing to Death	But Not Resulting Ir	The Under	rlying Cause (Given In Part I	29. W	as An Autopsy	Performed?	☐ Yes	⊠ N	lo
COPD					· ·		30. W	ere Autopsy Fir	nding Available To	Complete The	Cause Of [Death? Yes No
31. Did Tobacco Use Contrib	ute To Death?		Female:		at the Time Of Day	th Not Pregnant, But Pre	agaant läithin	12 Dave Of Death	33. Manner C		Accident	Pending Investigation
☐ Yes ☐ Probably ☐ N	a 🗵 Unknowi	n	ot Pregnant Wurth Past Tear ot Pregnant, But Pregnant 43		r Before Death	Unknown If Pregnant	Within The Pa	st Year	Suicide C	Could Not Be	Determined	1
34. Date Of Injury (Month/Da	y/Year)	35. 1	Time Of Injury		36. P	Place Of Injury (E.G., D	ecedent's H	lome, Constru	ction Site, Restau	rant, Wooded A	rea)	37. Injury At Work?
00 1 00 00 00		20-	City On Town	2824613	water Congress	Street & Number		Contraction of		38c. Apt.	No	38d. Zip Code
38. Location Of Injury - State		30a. 1	City Or Town		THIS	IS A TRUE CO				500. Pipe.		000. Elp 0000
39. Describe How Injury Occ	urad					OORD ON FILE NTY HEALTH D			40 If Transp	ortation Injury, S	pecify:	
39. Describe now injury Occ	urea			1.A	NE 000	WITTERESTI D	CLVU1	MEN	Driver/Operato	TON"	VAL	DUNLESS
41. Signature, Of Person Ce			!!C 0!0\!^*			510N 27 21	019	42. § e	rtifier (Check On	y One)		
KAMARTAJ S QUA 43. Name, Address And Zip	Code Of Persor	n Certifying Cause	Of Death:	<u> </u>		MOV 2.7 21	1 17:11	⊠ Çe	rtifying Physician 44. Lice	Coror	ier	Health Officer 45. Date Certified
KAMARTAJ S QUA				VAV C	ــــــ <u>ا</u> ا	OINT/IN 4630	I	}	01050	0515A	1	11/27/2019
46. Additional Funeral Service	e Provider:	OU INIGOIO	<u> </u>	<u>v </u>	I COVVIN	(/ / TOO	···	<u> </u>	47. 1A		I.	1112112010
48. Signature of Local Health	Officer.		_	-	LAKE C	OUNTY HEALTH	TOFFIC	F49. For Re	egistrar Only 1 (Date Filed (Mon	h/Day/Yea	r):
CHANDANA VAVIL		ELECTRO			**************************************	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED		C) CONTURNS	- 1	NOV 27		
			AMEN	IDMENT	O CERTIFIC	CATE OF DEATH (E	NTRY OR	ORIGINAL)	!			
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