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2020-086270

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

2020 Nov 24 9:20 AM

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 12th day of November, 2020, before me personally appeared Georgia L. Falkenberg, to me personally known, who being duly sworn on oath, did say that:

- Affiant resides at the address given below the affiant's signature;
- Carsten R. Falkenberg and Georgia L. Falkenberg, husband and wife, owned the real estate described below as joint tenants or tenants by the entireties;
- Said real estate is more particularly described as follows:
The West half of the West half of the Northeast Quarter of the Northwest Quarter of Section 20, Township 34 North, Range 7 West of the 2nd P.M. in Lake County, Indiana.
Commonly known as 6811 East 125th Avenue, Crown Point, IN 46307.
Parcel No. 45-17-20-100-006.000-047
- Said Carsten R. Falkenberg died on October 3, 2020, leaving a Will;
- Where this Affidavit relates to a tenancy by the entireties, that Carsten R. Falkenberg and Georgia L. Falkenberg, husband and wife, were never divorced; and
- Affiant's relationship to the deceased is surviving spouse.



Affiant's Signature

Georgia L. Falkenberg

Name Printed Georgia L. Falkenberg

Address 6811 East 125th Avenue

Crown Point, IN 46307

FILED

NOV 23 2020

JOHN E. PLETAS
LAKE COUNTY AUDITOR

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24820

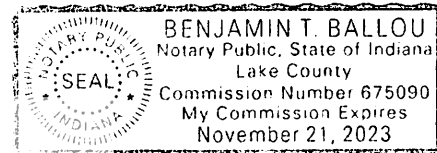
E RM

Subscribed and sworn to before me, a Notary Public, this 12th day of November, 2020.

Ben T. Ballou
Benjamin T. Ballou, Notary Public
A Resident of Lake County

My Commission Expires:
November 21, 2023

Commission No. 675090



EXECUTED AND DELIVERED in my presence:

Lisa K. Lukehart
Lisa K. Lukehart, Witness



STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

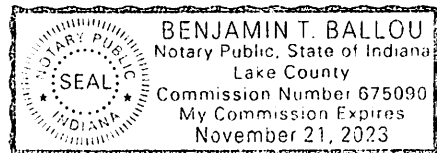
Before me, a Notary Public in and for said County and State, personally appeared LISA K. LUKEHART, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by GEORGIA L. FALKENBERG 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 12th day of November, 2020.

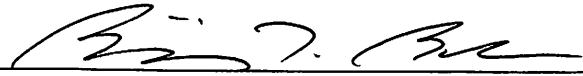
Ben T. Ballou
Benjamin T. Ballou, Notary Public
Resident of Lake County

My Commission Expires:
November 21, 2023

Commission No. 675090



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.


Benjamin T. Ballou

This Instrument Prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, Indiana, 46410

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 251872

Local No 004166

EDR No 00000808501

State No 054631

1. Decedent's Legal Name (First, Middle, Last) CARSTEN R. FALKENBERG			1a. Maiden Name (If female)			2. Sex MALE		3. Time Of Death 11:00 PM		4. Date Of Death (Month/Day/Year) 10/03/2020		
5. Social Security Number 70		6a. Age - Yrs 70		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) 06/14/1950			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 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 checked="" 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) 6811 EAST 125TH AVENUE												
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307						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 GEORGIA L. FALKENBERG				15a. Last Name Before First Marriage WAGNER				16. Decedent's Usual Occupation FORENSIC TOXICOLOGIST AND FINANCIAL PLANNER		17. Kind Of Business/Industry MEDICAL AND FINANCIAL		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18d. Apt. No.		18e. Zip Code 46307	
18c. Street And Number 6811 EAST 125TH AVENUE												
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White						
22. Parents Name (First, Middle, Last) ROY FALKENBERG				23. Parents Name (First, Middle, Last) RITA FALKENBERG				23a. Parent's Last Name Before First Marriage FLYNN				
24. Informant's Name GEORGIA L FALKENBERG			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 6811 EAST 125TH AVENUE, CROWN POINT, IN 46307						
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) CALUMET WILBERT CREMATORY			25c. Location - City, Town, And State CALUMET TWP, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83001261				
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009893						
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. GLIOBLASTOMA IN BRAIN Due to (Or As A Consequence Of): 11 MONTHS 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. _____ Due to (Or As A Consequence Of): _____ C. _____ Due to (Or As A Consequence Of): _____ D. _____ Due to (Or As A Consequence Of): _____												
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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"/> 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"/> Pregnant, But 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) LAKE COUNTY HEALTH DEPARTMENT				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number OCT 19 2020		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) NOT VALID UNLESS						
41. Signature, Of Person Certifying Cause Of Death: PETER K TOTHY, BY ELECTRONIC SIGNATURE LAKE COUNTY HEALTH OFFICER						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01065693A		45. Date Certified 10/06/2020		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: PETER K TOTHY, 342 E. 109TH, CROWN POINT, IN 46307						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 07 2020		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				