

6. This affidavit is made for the purpose of establishing the facts herein contained and to record Affiant's survivorship upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

Dated: November 13, 2020.

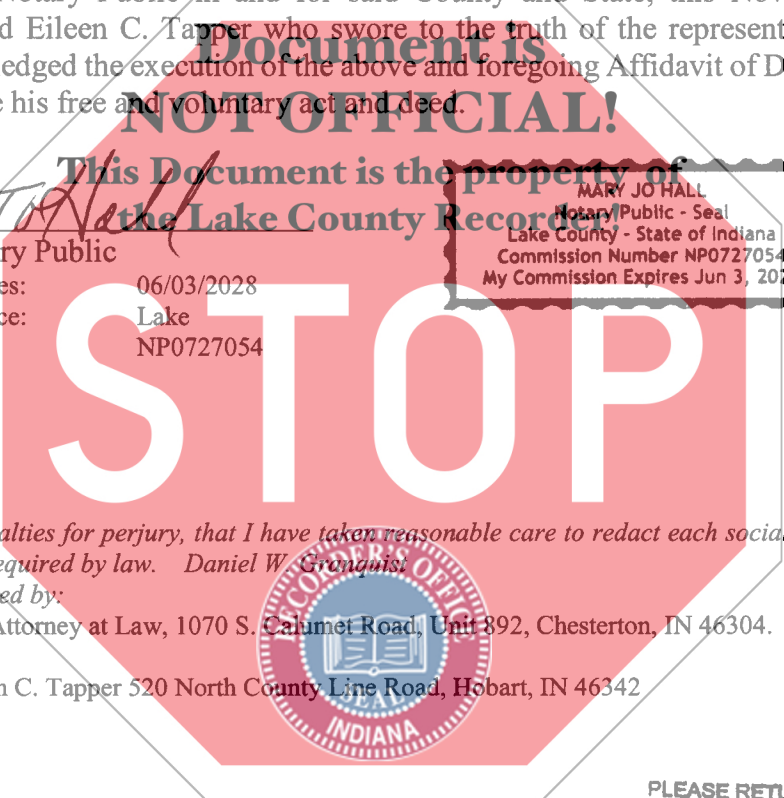
Eileen C. Tapper
Eileen C. Tapper

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this November 13, 2020 personally appeared Eileen C. Tapper who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Death for Transfer of Real Estate to be his free and voluntary act and deed.

Mary Jo Hall
Mary Jo Hall, Notary Public
My Commission Expires: 06/03/2028
My County of Residence: Lake
My Commission No.: NP0727054

MARY JO HALL
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0727054
My Commission Expires Jun 3, 2028



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in the document, unless required by law. Daniel W. Granquist

This instrument prepared by:
Daniel W. Granquist, Attorney at Law, 1070 S. Calumet Road, Unit 892, Chesterton, IN 46304.

Mail Original to: Eileen C. Tapper 520 North County Line Road, Hobart, IN 46342

PLEASE RETURN TO:
BARRISTER TITLE
15000 S CICERO AVE #300
OAK FOREST, IL 60452

A



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No 172019

Local No 902972

EDR No 00000663607

State No 043659

1. Deceased's Legal Name (Print Middle, Last)		to Middle Name (if female)		3. Sex	4. Time of Death	5. Date of Death (Month-Day-Year)
JEFFREY MICHAEL TAPPER Sr				MALE	11:20 AM	09/31/2018
6. Social Security Number	8a. Age - Yrs	8b. Under 1 Year	8c. Under 1 Month	8d. Under 1 Day	7. Date of Birth (Month-Day-Year)	8. Birthplace (City and State or Foreign Country)
	81	Months	Days	Hours	64/10/1957	GARY, IN
9. Ever in U.S. Armed Forces?		10. If Death Occurred in a Hospital		11a. If Death Occurred Somewhere Other Than a Hospital		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Coronary Care <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify)		
11. Family Name (Print Institution Name Street and Number)						
3001 WALNUT LANE						
12. City or Town, State and Zip Code						
HOBART, IN 46342						
13. Marrying (Spouse's Name)		14a. Last Name Before First Marriage		14b. Quasi-marital Occupation		17. Kind of Business/Industry
EILEEN TAPPER		THYEN		RAILROAD WORKER		RAILROAD
15. Residence - State		16a. County		16b. City or Town		
INDIANA		LAKE		HOBART		
18a. Street and Number				18b. Apt No	18c. Zip Code	18d. Made City Death?
520 NORTH COUNTY LINE ROAD					46342	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Education (Highest)		20. Order of Hispanic Origin		21. Race or Ethnicity (Race)		
HIGH SCHOOL GRADUATE OR GED COMPLETED		NOT HISPANIC		White		
22. Father's Name (Print Middle Last)		23. Father's Name (Print Middle Last)		24. Father's Last Name Before First Marriage		
ROBERT TAPPER		SHIRLEY JO TAPPER		PARRIT		
25. Mother's Name		26. Relationship to Deceased		27. Mailing Address (Street and Number City, State, Zip Code)		
EILEEN TAPPER		SPOUSE		520 NORTH COUNTY LINE ROAD, HOBART, IN 46342		
28. Place of Disposition						
HISTORIC MAPLEWOOD CEMETERY, CROWN POINT, IN						
29. Medical Disposition		30. Place of Disposition (Name of Cemetery, University, Crematory)		31. Location - City, State and Zip Code		
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Unknown		BURNS FUNERAL HOME, 701 E 7TH ST, HOBART, IN 46342		CROWN POINT, IN		
32. View Covered Conducted?		33. Name and Complete Address of Funeral Facility		34. Funeral Home License Number		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BURNS FUNERAL HOME, 701 E 7TH ST, HOBART, IN 46342		FH39002390		
35. Signature of Indiana Funeral Director						
JAMES E. BURNS, BY ELECTRONIC SIGNATURE						
36. Part I. Enter the Cause of Death - Disease, Injury, or Complication - That Directly Caused the Death. Do Not Abbreviate. Enter Only One Cause of Death. Add Additional Lines if Necessary.						
Immediate Cause (Final Disease or Condition Resulting in Death) A. ACUTE MYOCARDIAL INFARCTION						
Sequentially List Conditions if Any Leading to the Cause Listed on Line A. Enter the Underlying Cause (Disease or Injury That Induced the Events Resulting in Death) Last						
37. Enter Other Significant Conditions Contributing to Death Resulting in the Underlying Cause (When Warranted)						
38. Was an Accidental Poisoning?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
39. Was Alcohol Intake a Factor in Causing the Cause of Death?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
40. Tobacco Use Contributed to Death?		41. If People		42. Manner of Death		
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Intentional <input type="checkbox"/> Negligent <input type="checkbox"/> Self <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		
43. Date of Injury (Month-Day-Year)		44. Time of Injury		45. Place of Injury (City, State, County, and Zip Code)		
46. Location of Injury (State)		47a. County		47b. City or Town		47c. Zip Code
48. Describe How Injury Occurred						
49. Signature of Person Causing Cause of Death						
MERRILEE D. FREY, BY ELECTRONIC SIGNATURE						
50. Name, Address and Zip Code of Person Causing Cause of Death						
MERRILEE D. FREY, 2800 W. 93RD AVE., CROWN POINT, IN 46307						
51. Signature of Local Health Officer						
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						
52. Health Officer License Number						
06/29/2018						
53. Additional Funeral Service Provider						
54. Signature of Local Health Officer						
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						
55. Health Officer License Number						
09/20/2018						
56. Signature of Registrar						
SEP 20 2018						
57. Signature of Registrar						
SEP 20 2018						

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

SEP 28 2018

LAKE COUNTY HEALTH OFFICER

RECORDED'S OFFICE SEAL

NOT VALID UNLESS

RAISED SEAL AFFIXED

State Form 5338B ATTENTION ESTATE The Social Security # is being requested by the state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for failure to disclose.

