

MAIL TAX BILLS TO:
Charles J. Dallman
3945 Marshall Place
Gary, IN 46408

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-048270

8:32 AM 2021 Jul 21

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) ss:
COUNTY OF LAKE

On this 19th day of JULY, 2021, before me personally appeared KATHERINE L. BOUWMAN, who being duly sworn on her oath states the following:

- 1. That the Affiant is one of the four owners of the real estate located in LAKE County, State of Indiana, more particularly describes as:

LOTS 1 AND 2 IN BLOCK "C" IN BEVERLY HIGHLANDS, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19, PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 3945 Marshall Place, Gary, IN 46408

KEY NUMBER: 45-08-29-157-001.000-001

- 2. That said premises were formerly owned by JAMES DALLMAN.
- 3. That said JAMES DALLMAN died on the 23rd Day of June, 2021 a resident of LAKE County, Indiana.
- 4. That on the 12th Day of May, 2021 James Dallman executed a Transfer on Death Deed, deeding the property on Death to CHARLES J. DALLMAN, KATHERINE L. BOUWMAN, DANIEL M. LOVE, and JOHN S. LOVE, AS TENANTS IN COMMON.

FILED

JUL 20 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25 cc
CL# 13506
K/E

NOT AN OFFICIAL DOCUMENT

- Said Transfer on Death Deed was duly recorded in the Office of the Recorder of Lake County, Indiana on May 21, 2021 as Document No. 2021-038766.
- That as of the date of James Dallman's death, the current owners of the property are: CHARLES J. DALLMAN, KATHERINE L. BOUWMAN, DANIEL M. LOVE, and JOHN S. LOVE, AS TENANTS IN COMMON.

FURTHER AFFIANT SAITH NAUGHT

Katherine L. Bouwman

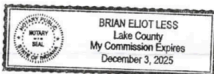
KATHERINE L. BOUWMAN

STATE OF INDIANA COUNTY OF LAKE SS:

Before me, the undersigned, a notary Public in and for said County and State, this 12th day of JULY 2021 personally appeared: KATHERINE L. BOUWMAN, affiant, who acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: December 3, 2025
Resident of Lake County

Signature Brian E. Less
Brian E. Less, Commission No.
0706021, Notary Public



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.

Brian E. Less



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TRACKING NO. 284326

Local No 000344

EDR No 00001124577

State No 2021-034615

1. Decedent's Legal Name (First, Middle, Last) James E Dallman				1a. Maiden Name (If female)		2. Gender Male		3. Time of Death 12:40 AM		4. Date of Death (Month/Day/Year) 06/23/2021		
5. Social Security Number		6a. Age - Yrs 87	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) 02/03/1934		8. Birthplace (City and State or Foreign Country) Gary, Indiana			
9. Ever in U.S. Armed Forces?		10. If Death Occurred In a Hospital:				10a. If Death Occurred Somewhere Other Than a Hospital:						
<input checked="" type="checkbox"/> Yes <input 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 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) 3945 Marshall Place												
12. City Or Town, State, And Zip Code Gary, Indiana 46408						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Union Laborer		17. Kind Of Business/Industry Mills		
16. Residence - State IN			18a. County Lake			18b. City Or Town Gary			18d. Apt. No.		18e. Zip Code 46408	18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
16c. Street And Number 3945 Marshall Place												
18. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) Charles Dallman				23. Parent's Name (First, Middle, Last) Unknown Dallman				23a. Parent's Last Name Before First Marriage Ginter				
24. Informant's Name Katherine Bouwman				24a. Relationship To Decedent Daughter				24b. Mailing Address (Street And Number, City, State, Zip Code) 17278 Donald Court, Highland, IN, 46356				
25. Place Of Disposition												
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Chapel Lawn Funeral Home And Memorial Garden				25c. Location - City, Town, And State Schererville, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322						27a. Funeral Home License Number: FD01014511				
27b. Signature of Indiana Funeral Service Licensee: <i>Cornelius A. Kasper</i>						27c. License Number (Of Licensee): FD01014511			27d. Approximate Interval - Onset To Death MONTHS			
28. Part I. Enter the Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause 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. CHRONIC KIDNEY DISEASE, STAGE 4, SEVERE			B. _____			
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						C. _____			D. _____			
Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I												
ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE AND HEART FAILURE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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		32. If Female: <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown (Pregnant Within 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)				
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 checked="" type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number 3945 Marshall Place				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 checked="" type="checkbox"/> Pedestrian NO VEHICLE INVOLVED						
41. Signature, Of Person Certifying Cause Of Death: <i>Clyde R Munn</i>						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: Lyle R Munn 600 Superior Avenue, Munster, IN 46321			
44. License Number 01031582A						45. Date Certified 06/24/2021			46. Additional Funeral Service Provider			
48. Signature of Local Health Officer: <i>Rolands H. Walker</i>						49. For Registrar Only AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			49. Date Filed (Month/Day/Year): 06/28/2021			