

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)

Parcel Number: 45-07-28-229-024.000-026

) SS:

COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

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Affiant, Karen S. Blissmer, being first sworn upon her oath states:

She is the owner in fee simple of the real estate located in Lake County, Indiana, described as follows:

Lot 6 in Block 2 in Fifth street Estates Second Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 31 page 92, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 9008 Pettit Drive
Highland, Indiana 46322

That she and Charlotte A. Blissmer, acquired title as joint tenants with rights of survivorship, by deed dated 6/18/2002, and recorded on 6/20/2002.

That Charlotte A. Blissmer died on 7/22/21(Death Certificate attached hereto).

Karen S. Blissmer
Karen S. Blissmer

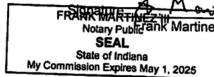
STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 6th day of January, 2022, personally appeared Karen S. Blissmer, who acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

County of Residence: Lake
Commission # 0698864



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.

/s/ Frank Martinez, III

This instrument was prepared by and after recording to be returned to,
Frank R. Martinez, III, 9105 Indianapolis Boulevard, Suite D
Highland, IN 46322
219.923.9922
fr_martinez@sbcglobal.net

FILED

JAN 07 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-000423

8:39 AM 2022 Jan 7

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01-07-2022
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NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Track No. 28714

Local No 002880

EDR No 00001138581

State No 2021-039756

1. Decedent's Legal Name (First, Middle, Last) Charlotte A Blissmer		1a. Maiden Name (if female) Blissmer		2. Gender Female		3. Time of Death 04:57 PM		4. Date of Death 07/22/2021		5. Birth Date (Month/Day/Year) 10/06/1944		6. Birth Place (City and State or Foreign Country) Hammond, Indiana	
5. Social Security Number 76		6a. Age - Yrs 76		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)	
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 checked="" 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 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) Community Hospital Munster		12. City Or Town, State, And Zip Code Munster, Indiana 46321		13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Accounting		17. Kind Of Business/Industry American Ste			
18. Residence - State IN		18a. County Lake		18b. City Or Town Highland		18c. Street And Number 9008 Pettit Drive		18d. Apt. No.		18e. Zip Code 46322		18f. Is City Limited? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White		22. Parents Name (First, Middle, Last) Clyde R Blissmer		23. Parents Name (First, Middle, Last) Mary Blissmer		23a. Parents Last Name Thomson		23b. Parents First Marriage	
24. Informant's Name Karen S Blissmer		24a. Relationship To Decedent Sister		24b. Mailing Address (Street And Number, City, State, Zip Code) 9008 Pettit Drive, Highland, IN, 46322		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) Hillside Funeral Home & Cremation Center		25c. Location - City, Town, And State Highland, IN		27a. Funeral Home License Number FH1170000	
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		27b. Signature Of Indiana Funeral Service Licensee: Cornelius A. Kruper		27c. License Number (Of Licensee) FD01014511		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. asystole B. multi vessel cad C. D. 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.		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Was Autopsy Finding Available To Complete The Cause Of Death? <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		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 43 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant 1 Year Before Death		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)		37. Injury Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Apt. No.		38c. Zip Code		38d. Zip Code		38e. Zip Code			
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Overturned <input type="checkbox"/> Non-Valid Un		41. Signature, Of Person Certifying Cause Of Death: Joshua S Dworetzky		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number: 01073305A		44. Date: 07/24/21		45. Date:	
46. Additional Funeral Service Provider:		46. Signature Of Local Health Officer: Candiana Karijala		46. For Registrar Only (Date Filed - Month/Day/Year): 07/21 2021		47. Office:		47. Office:		47. Office:		47. Office:	

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

JUL 26 2021

Electronically Signed

LAKE COUNTY HEALTH OFFICER