

FILED

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

Apr 11 2022 LM JOHN E. PETALAS LAKE COUNTY AUDITOR TATE OF INDIANA))SS: COUNTY OF LAKE)

Send tax bills to: 1409 W. 76th Ave., Merrillville, IN 46410

AFFIDAVIT OF SURVIVORSHIP

Comes now Lois Demerse aka Lois I. Demerse, by John J. Nemtuda, Guardian and upon being duly sworn does attest and say:

- 1. That the affiant is the spouse of Richard B. Demerse, deceased, See Attached exhibit "A"
2. That Lois Demerse aka Lois I. Demerse and Richard B. Demerse, acquired the following property as Husband and Wife during the term of their marriage.

LOT NO. 257, SAVANNAH RIDGE UNIT NO. 7, IN THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 72 PAGE 85, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Commonly Known As: 1409 W. 76th Ave., Merrillville, IN 46410 Parcel No: 45-12-16-354-005.000-030

- 3. That Lois Demerse aka Lois I. Demerse and Richard B. Demerse, remained married until the death of Richard B. Demerse on the 21st day of January, 2022.
4. That Lois Demerse aka Lois I. Demerse became the fee simple owner of the property at the death of Richard B. Demerse.

I affirm under the penalties for perjury that the forgoing statements are true.

Lois Demerse aka Lois I. Demerse, by John J. Nemtuda, Guardian

Handwritten signature of Corina Castel Ramos

EXECUTED AND DELIVERED IN MY PRESENCE.

Witness Signature Witness Printed CORINA CASTEL RAMOS STATE OF INDIANA))SS: COUNTY OF LAKE)

Before me, a notary public in fore said county and state this 1st day of April, 2022, Lois Demerse aka Lois I. Demerse by her Guardian, John J. Nemtuda acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 1st day of April, 2022. Notary Signature



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Greater Indiana Title Company

This Instrument prepared by: Shauna M. Lange, ESQ. REES AND LANGE, P.C. 301 Main Street, Hobart, IN 46342

Handwritten signature of Corina Castel Ramos

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 3111497

CERTIFICATE OF DEATH



Local No 000414

EDR No 000011232443

State No 2022-004682

1. Decedent's Legal Name (First, Middle, Last) Richard DeMerse				2a. Maiden Name (if female) Male		2. Gender Male		3. Time of Death 04:51 AM		4. Date of Death (Month/Day/Year) 01/21/2022			
5. Social Security Number [REDACTED]		6a. Age - Yrs 86		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) 01/10/1936		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana											
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		15a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" 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) 1409 W 76th Avenue													
12. City Or Town, State, And Zip Code Merrillville, Indiana 46410				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 Lois DeMerse				15a. Last Name Before First Marriage Brown				16. Decedent's Usual Occupation Greeter		17. Kind Of Business/Industry Retail			
18. Residence - State IN		18a. County Lake		18b. City Or Town Merrillville				18c. Apt. No.		18e. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education Some college, but no degree		20. Decedent Of Hispanic Origin <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spanish/Hispanic/Latino		21. Decedent's Race White									
22. Parents Name (First, Middle, Last) Russell DeMerse				23. Parents Name (First, Middle, Last) Celia DeMerse				23a. Parents Last Name Before First Marriage Konefall					
24. Informant's Name Lois DeMerse		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 1409 W 76th Avenue, Merrillville, IN, 46410									
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					
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. License Number (Of Licenses) FD29600005							
27b. Signature Of Indiana Funeral Service Licensee: <i>Keryn Bryant Nardyle</i>		Electronically Signed											
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death)										Approximate Interval: Onset To Death			
A. cardiopulmonary failure										1 day			
B. sepsis										1 week			
C. covid 19										1 week			
D. metabolic encephalopathy										1 week			
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. Were 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 42 Days Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Horsebite <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year <input type="checkbox"/> Suicide <input type="checkbox"/> Child Not Yet Determined		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Horsebite <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Child Not Yet Determined		34. Date Of Injury (Month/Day/Year)		35. Place 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		38c. Apt. No.		38d. Zip Code					
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Other Operator <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: <i>Oranu G. Ibeke</i>						Electronically Signed		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Date Certified			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Oranu G. Ibeke 104 Nicholas Place/ Po Box 859, Avilla, IN 46710KE						44. License Number 01064231A		45. Date Certified 01/25/2022					
46. Additional Funeral Service Provider:						47. MIA#:							
48. Signature of Local Health Officer: <i>Chandana Varvada</i>						Electronically Signed		49. For Registrar Only: Date Filed (Month/Day/Year) 01/25/2022					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
LAKE COUNTY HEALTH DEPARTMENT													