

AFFIDAVIT OF SURVIVORSHIP

ON THIS 28<sup>TH</sup> DAY OF JULY, 2022, personally appeared LINDA A. BLISSMER, the affiant, who being duly sworn her upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is the owner in fee simple of the premises located at 8635 Orchard Drive, Highland, IN, and more particularly described as follows:

LOT 2 IN DYER'S ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 89, PAGE 92, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Also known as: 8635 Orchard Drive, Highland, IN

Tax ID No: 45-07-22-406-016.000-026

3. Said premises were owned by Linda A. Blissmer and Lloyd R. Blissmer as husband and wife;
4. Said Lloyd R. Blissmer died intestate on the 19<sup>th</sup> day of MAY, 2020;
5. To the best of affiant's knowledge, there is no Federal estate or State inheritance tax liability by reason of the death of said decedent;
6. Affiant's relationship to the deceased was his wife and the parties were married at the time of Lloyd R. Blissmer's death;
7. That this Affidavit is being filed to clarify the title to said real estate.

*Linda A. Blissmer*  
LINDA A. BLISSMER, Affiant  
8635 Orchard Dr., Highland, Indiana

STATE OF INDIANA ) SS:  
COUNTY OF LAKE )

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 28<sup>TH</sup> day of July, 2022.

My Commission expires:  
5/30/25  
Resident of Porter County.  
Commission No. 697810

*Marge E. Breclaw-Teeling*  
Marge E. Breclaw-Teeling, NOTARY PUBLIC

This instrument prepared by:  
MARGE E. BRECLAW, ESQ.  
735 W. Glen Park Avenue  
Griffith, IN 46319  
219/934-9344

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.

*Marge E. Breclaw*

2500  
CC  
KH

Return To: Marge E. Breclaw, 735 W. Glen Park Avenue, Griffith, IN 46319  
Send Tax Bills To: Linda A. Blissmer, 8635 Orchard Drive, Highland, IN 46322

FILED

AUG 02 2022

JOHN E. PETALAS  
LAKE COUNTY AUDITOR



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 234804

Local No 002136

EDR No 00000780759

State No 027457

1. Decedent's Legal Name (First, Middle, Last) <b>LLOYD R BLISSMER</b>	2a. Maiden Name (If female)	2. Sex <b>MALE</b>	3. Time of Death <b>06:50 AM</b>	4. Date of Death (Month/Day/Year) <b>05/19/2020</b>
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5. Social Security Number [REDACTED]	6a. Age - Yrs <b>77</b>	6b. Under 1 Year Months <b>77</b>	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>07/19/1942</b>	8. Birthplace (City and State or Foreign Country) <b>BLUE ISLAND, IL</b>
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9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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"/> Died 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)
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11. Facility Name (If Not Institution, Give Street and Number) <b>8635 ORCHARD DRIVE</b>	12. City Or Town, State, And Zip Code	13. County Of Death <b>LAKE</b>	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
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15. Surviving Spouse's Name <b>LINDA BLISSMER</b>	15a. Last Name Before First Marriage <b>BAKER</b>	16. Decedent's Usual Occupation <b>SWITCHMAN</b>	17. Kind Of Business/Industry <b>RAILROAD</b>
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18. Residence - State <b>INDIANA</b>	18a. County <b>LAKE</b>	18b. City Or Town <b>HIGHLAND</b>
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18c. Street And Number <b>8635 ORCHARD DRIVE</b>	18d. Apt. No.	18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>	20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>	21. Decedent's Race <b>White</b>
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22. Parent's Name (First, Middle, Last) <b>CLYDE BLISSMER</b>	23. Parent's Name (First, Middle, Last) <b>MARY BLISSMER</b>	23a. Parent's Last Name Before First Marriage <b>THOMPSON</b>
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24. Informant's Name <b>LINDA BLISSMER</b>	24a. Relationship To Decedent <b>SPOUSE</b>	24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8635 ORCHARD DRIVE, HIGHLAND, IN 46322</b>
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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 Site <input type="checkbox"/> Other (Specify)	25b. Place Of Disposition (Name Of Crematory, Crematory, Other, Place) <b>HILLSIDE CREMATORY</b>	25c. Location - City, Town, And State <b>HIGHLAND, IN</b>
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>HILLSIDE FUNERAL HOME &amp; CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322</b>	27a. Funeral Home License Number <b>FH11700003</b>
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27b. Signature Of Indiana Funeral Service Licensor <b>CORNELIUS A. KUIPER, BY ELECTRONIC SIGNATURE</b>	27c. License Number (Of Licensor) <b>FDD1014511</b>
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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.		Approximate Interval - Onset To Death
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Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <b>CORONARY ARTERY DISEASE WITH INTERVENTION HYPERTENSION HYPERLIPIDEMIA</b> <small>Due to (As A Compensator Of)</small>	2015
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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. <b>PAROXYSMAL ATRIAL FIBRILLATION STATUS POST LEFT ATRIAL APPENDAGE CLOSURE</b> <small>Due to (As A Compensator Of)</small>	2019
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	C. <b>INFRARENAL ABDOMINAL AORTIC ANEURYSM STATUS POST ENDO VASCULAR REPAIR</b> <small>Due to (As A Compensator Of)</small>	2015
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	D. <b>HISTORY OF LARYNGEAL CANCER STATUS POST PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE</b> <small>Due to (As A Compensator Of)</small>	2019
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29. Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting in The Underlying Cause Given in Part I	30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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, Not Pregnant Past Year <input type="checkbox"/> Pregnant At Time of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Time of 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
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34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Construction Site, Restaurant, Worked Area	37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number <b>MAY 2 8 2020</b>	38c. Apt. No.	38d. Zip Code
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39. Describe How Injury Occurred	40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other <b>NO VALID UNLESS</b>
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41. Signature, Of Person Certifying Cause Of Death: <b>SAMER ABBAS, BY ELECTRONIC SIGNATURE</b>	42. Certifier (Check One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>SAMER ABBAS, 4320 FIR ST. STE 320, EAST CHICAGO, IN 46312</b>	44. License Number <b>01046286A</b>	45. Date Certified <b>05/19/2020</b>
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46. Additional Funeral Service Provider:	47. Aged:
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48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>	49. For Registrar Only: Date Filed (Month/Day/Year): <b>MAY 21 2020</b>
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	
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