

# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA ) Send tax bills to: 2605 Vigo St., Lake Station, IN 46405  
)SS:  
COUNTY OF LAKE )

## AFFIDAVIT OF SURVIVORSHIP

2 Comes now Jan J. Baldner, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Alma E. Baldner, deceased.
2. That Jan J. Baldner and Alma E. Baldner, acquired the following property as Husband and Wife during the term of their marriage.

LOTS 29 AND 30, BLOCK 8 IN CARLOSON'S FIRST ADDITION TO EAST GARY, NOW KNOWN AS LAKE STATION, AS SHOWN IN PLAT BOOK 11, PAGE 5, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 2605 Vigo St., Lake Station, IN 46405  
Parcel No.:45-09-16-407-002.000-021

3. That Jan J. Baldner and Alma E. Baldner, remained married until the death of Alma E. Baldner on the 16<sup>th</sup> day of July, 2023.
4. That Jan J. Baldner became the fee simple owner of the property at the death of Alma E. Baldner.

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

Jan J. Baldner  
Jan J. Baldner

EXECUTED AND DELIVERED IN MY PRESENCE:

Maria Witness Signature

Mara del Amor Witness Printed

GINA PIMENTEL  
RECORDER

2023-028803

STATE OF INDIANA )  
)SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

9:16 AM 2023 Oct 18

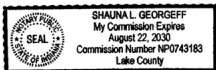
Before me, a notary public in fore said county and state this 10 day of October, 2023, **Jan J. Baldner** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as his voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 10 day of October, 2023.

Shauna L. Georgeff Notary

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.

Shauna M. Lange



This Instrument prepared by:  
Shauna M. Lange, ESQ  
LANGE LEGAL GROUP, P.C.  
17 Main Street, Hobart, IN 46342  
(219) 947-1692

FILED

OCT 17 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25-1980  
D

↑

Local No. 002840

EDR No. 00011580885

State No. 2023-038544

|                                                                                                                                                                                                                                                                                                                                      |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------|--|--|--|--------------------------------------------|--|--|--|--------------------------------------------|--|--|--|
| 1. Decedent's Legal Name (First, Middle, Last)<br><b>Janice E. Baldner</b>                                                                                                                                                                                                                                                           |  |                                 | 14. Maiden Name (If Different)<br><b>Louise</b> |                                                                                                                                          |  | 2. Gender<br><b>Female</b>                                                                                               |  | 3. Time of Death<br><b>11:22 PM</b>                                                                                                                                                                                               |  | 4. Date of Death (Month/Day/Year)<br><b>07/19/2023</b>                    |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 5. Social Security Number<br><b>76</b>                                                                                                                                                                                                                                                                                               |  | 8b. Under 1 Year<br><b>None</b> |                                                 | 8c. Under 1 Month<br><b>None</b>                                                                                                         |  | 8d. Under 1 Day<br><b>None</b>                                                                                           |  | 7. Date of Birth (Month/Day/Year)<br><b>05/05/1945</b>                                                                                                                                                                            |  | 8. Birthplace (City and State or Foreign Country)<br><b>Gary, Indiana</b> |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 10. 1. Death Occurred In A Hospital: <input type="checkbox"/> 2. Death Occurred Somewhere Else Than A Hospital: <input type="checkbox"/> <input type="checkbox"/> Hospital 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 Listed, City, Street and Number)<br><b>Methodist Hospital Ino-Stake Campus</b>                                                                                                                                                                                                                             |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 12. City Or Town, State, And Zip Code<br><b>Merrillville, Indiana 46410</b>                                                                                                                                                                                                                                                          |  |                                 |                                                 | 13. County Of Death<br><b>Lake</b>                                                                                                       |  |                                                                                                                          |  | 14. Marital Status At Time Of Death<br><input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 15. Surviving Spouse's Name<br><b>Jan Baldner</b>                                                                                                                                                                                                                                                                                    |  |                                 |                                                 | 15a. Last Name Before First Marriage<br><b>Baldner</b>                                                                                   |  |                                                                                                                          |  | 16. Decedent's Usual Occupation<br><b>Clerk</b>                                                                                                                                                                                   |  |                                                                           |  | 17. Kind Of Business/Industry<br><b>Grocery</b>                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 18a. Residence - Street<br><b>IN</b>                                                                                                                                                                                                                                                                                                 |  |                                 |                                                 | 18b. County<br><b>Lake</b>                                                                                                               |  |                                                                                                                          |  | 18c. City Or Town<br><b>Lake Station</b>                                                                                                                                                                                          |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 18d. Street And Number<br><b>2805 Vigo Street</b>                                                                                                                                                                                                                                                                                    |  |                                 |                                                 | 18e. Apt. No.                                                                                                                            |  |                                                                                                                          |  | 18f. Zip Code<br><b>46405</b>                                                                                                                                                                                                     |  |                                                                           |  | 18g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 19. Name of Person(s) Having Legal Custody of the Body<br><b>Flibrance Louise King</b>                                                                                                                                                                                                                                               |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 23. Deceased's Name<br><b>Jan Baldner</b>                                                                                                                                                                                                                                                                                            |  |                                 |                                                 | 24a. Relationship To Decedent<br><b>Husband</b>                                                                                          |  |                                                                                                                          |  | 24b. Mailing Address (Street And Number, City, State, Zip Code)<br><b>2605 Vigo Street, Lake Station, Indiana, 46405</b>                                                                                                          |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 25a. Method Of Disposition<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify):                                                          |  |                                 |                                                 | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)<br><b>NWI Cremation Service</b>                                     |  |                                                                                                                          |  | 25c. Location - City, Town, And State<br><b>Crown Point, IN</b>                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 26. Was Coroner Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                    |  |                                 |                                                 | 27. Name And Complete Address Of Funeral Facility<br><b>Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307</b> |  |                                                                                                                          |  | 27a. Federal Home Location Number<br><b>FH83002445</b>                                                                                                                                                                            |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 28. Signature of Indiana Funeral Service Licensee<br><b>James P. Burns</b>                                                                                                                                                                                                                                                           |  |                                 |                                                 | 28a. Place of Signature<br><b>Electronically Signed</b>                                                                                  |  |                                                                                                                          |  | 28b. License Number (Of Licensee)<br><b>ED01009461</b>                                                                                                                                                                            |  |                                                                           |  | 28c. This is a True Copy of the Record on File with the: <input type="checkbox"/> Advertiser <input type="checkbox"/> Advertiser <input type="checkbox"/> Death <input type="checkbox"/> Death |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 29. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Illnesses. Enter Only One Cause On Each Line. - Add Additional Lines If Necessary.<br>Immediate Cause (Final Disease Or Condition Resulting In Death)<br><b>A. pancreatic cancer</b>            |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  | 30. Lake County Health Department<br><b>AUG 01 2023</b><br>LAKE COUNTY HEALTH OFFICER                                                                                                          |  |  |  | 30a. Date of Part I A<br><b>07/19/2023</b>                                                                                                |  |  |  | 30b. Date of Part I B<br><b>07/19/2023</b> |  |  |  | 30c. Date of Part I C<br><b>07/19/2023</b> |  |  |  | 30d. Date of Part I D<br><b>07/19/2023</b> |  |  |  |
| 30. 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<br><b>B.</b>                                                                                                                                       |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| <b>C.</b>                                                                                                                                                                                                                                                                                                                            |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| <b>D.</b>                                                                                                                                                                                                                                                                                                                            |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 31. Other Than Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I                                                                                                                                                                                                          |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  | 32. Was An Autopsy Performed?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                           |  |  |  | 33. Were Anybody Finding Available To Complete The Cause Of Death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 34. Type Of Injury<br><b>34a. Location Of Injury - State</b>                                                                                                                                                                                                                                                                         |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  | 34b. City Or Town                                                                                                                                                                              |  |  |  | 34c. Street & Number                                                                                                                      |  |  |  | 34d. Apt. No.                              |  |  |  | 34e. Zip Code                              |  |  |  |                                            |  |  |  |
| 35. Describe How Injury Occurred                                                                                                                                                                                                                                                                                                     |  |                                 |                                                 |                                                                                                                                          |  |                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                           |  | 36. If Transportation Injury, Specify:<br><input type="checkbox"/> Unavoidable <input checked="" type="checkbox"/> Avoidable                                                                   |  |  |  | 37. Was It A Work-Related Injury?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 41. Signature Of Person Certifying Cause Of Death:<br><b>Milton Stanley Gaspars</b>                                                                                                                                                                                                                                                  |  |                                 |                                                 |                                                                                                                                          |  | 42. Certifier (Check One)<br><input type="checkbox"/> Physician <input checked="" type="checkbox"/> Certifying Physician |  |                                                                                                                                                                                                                                   |  |                                                                           |  | 43. For Registrar Only                                                                                                                                                                         |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 44. Name, Address And Zip Code Of Person Certifying Cause Of Death:<br><b>Milton Stanley Gaspars 1352 South Lake Park Ave, Hobart, IN 46342</b>                                                                                                                                                                                      |  |                                 |                                                 |                                                                                                                                          |  | 45. Additional Funeral Service Provider:                                                                                 |  |                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |
| 46. Signature of Local Health Officer:<br><b>Diana Maria Varralva</b>                                                                                                                                                                                                                                                                |  |                                 |                                                 |                                                                                                                                          |  | 47. Local Health Officer:<br><b>Electronically Signed</b>                                                                |  |                                                                                                                                                                                                                                   |  |                                                                           |  | 48. For Registrar Only                                                                                                                                                                         |  |  |  |                                                                                                                                           |  |  |  |                                            |  |  |  |                                            |  |  |  |                                            |  |  |  |

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)