

2023 5:99:17  
12/06/2023 11:02 AM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 3  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## FILED

Dec 06 2023 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA                    )  
  ) SS:  
COUNTY OF LAKE                    )

### SURVIVORSHIP AFFIDAVIT

On this day, December 6, 2023, before me personally appeared Sheila A. Camplan, surviving spouse of Alexander P. Camplan, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature.
2. Affiant is the surviving spouse of Alexander P. Camplan, who died a resident of Lake County, Indiana on March 21, 2020.
3. The Affiant's spouse, Alexander P. Camplan and the Affiant were husband and wife when they acquired title to the following described real estate located in Lake County, Indiana described as:

Part of the Southwest ¼ of the Southwest ¼ of Section 30, Township 36 North, Range 7 West of the 2nd P.M., in the city of Hobart, Lake County, Indiana described as follows:

Beginning at a point on the East line of the Southwest ¼ of the Southeast ¼ of said section, 659.79 feet North of the Southeast corner thereof; thence North along the East line of the Southwest ¼ of the Southeast ¼ of said section, 144.4 feet; thence deflecting 88 degrees 9 minutes to the left and West 157.18 feet to the East line of a 16 foot alley; thence South along the East line of said alley 144.4 feet; thence deflecting 88 degrees 9 minutes to the left and East 157.2 feet to the place of beginning.

Commonly known as: 400 W Home Avenue, Hobart, IN 46342  
Parcel Number: 45-09-30-454-010.000-018

4. Sheila A. Camplan and Alexander P. Camplan continued to own said parcel as husband and wife until Alexander P. Camplan died on March 21, 2020, a resident of Lake County, Indiana. A copy of the Death Certificate of Alexander P. Camplan is attached hereto and labeled Exhibit "A".
5. Sheila A. Camplan is the surviving joint owner of the property

# NOT AN OFFICIAL DOCUMENT

6. There is neither Federal estate tax nor Indiana Inheritance Tax due by reason of Alexander P Camplan's interest in the property described in this Survivorship Affidavit.

7. Tax bills shall be mailed to Sheila A. Camplan at 9249 Norris Drive, Hobart, Indiana 46342.

Sheila A. Camplan

Sheila A. Camplan

ADDRESS:

9249 Norris Drive  
Hobart, IN 46342

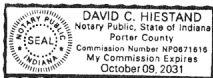
STATE OF INDIANA )

) SS

COUNTY OF PORTER )

Before me the undersigned Notary Public, in and for said County and State, personally appeared Sheila A. Camplan, and acknowledged the execution of the foregoing Survivorship Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial Seal on this day, December 6, 2023.



David C. Hiestand  
David C. Hiestand, Notary Public  
Resident of Porter County, Indiana

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. David C. Hiestand

THIS INSTRUMENT PREPARED BY/RETURN TO:

David C. Hiestand, #27158-64

Smith Legal Group, LLC, 802 Wabash Avenue, Suite 100, Chesterton, Indiana 46304  
(219) 926-2188

# NOT AN OFFICIAL DOCUMENT

**EXHIBIT**  
**A**

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. **230190**



Local No **001310**

EDR No **00000768415**

State No **017165**

1. Decedent's Legal Name (First, Middle, Last)		2. Maiden Name (If female)		3. Sex	4. Time of Death	5. Date of Death (Month/Day/Year)	
ALEXANDER P CAMPLAN				MALE	05:33 PM	03/21/2020	
6. Social Security Number	7a. Age - Yrs	7b. Under 1 Year	7c. Under 1 Month	7d. Under 1 Day	7e. Under 1 Hour	7f. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
	68	Months	Days	Hours	Minutes	04/20/1951	GARY, IN
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 checked="" type="checkbox"/> Hospital <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival		<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) ST MARY MEDICAL CENTER INC				12. City Or Town, State, And Zip Code		13. County Of Death	
HOBART, IN, 46342				LAKE		LAKE	
14. Marital Status At Time Of Death		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation		17. Kind Of Business/Industry	
<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		SHEILA ANN CAMPLAN		IRONWORKER		STEEL	
18. Residence - State		18a. County		18c. City Or Town		18d. Apt. No.	
INDIANA		LAKE		HOBART		46342	
18e. Street And Number		18f. Inside City Limits?		18g. Apt. No.		18h. Zip Code	
400 WEST HOME AVENUE		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				46342	
19. Decedent's Education		20. Decedent Of Hispanic Origin		21. Decedent's Race		22. Parent's Name (First, Middle, Last)	
ASSOCIATE DEGREE (AA, AS)		NO HISPANIC		White		JAMES E. BURNS, JR.	
23. Informant's Name		24a. Relationship To Decedent		24b. Mailing Address (Street And Number, City, State, Zip Code)		25a. Parent's Last Name Before First Marriage	
SHEILA ANN CAMPLAN		SPOUSE		400 WEST HOME AVENUE, HOBART, IN 46342		LINGER	
26. Method Of Disposition		26a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)		26c. Location - City, Town, And State			
<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)		CALVARY CEMETERY		PORTAGE, IN			
27a. Was Coroner Contacted?		27b. Name And Complete Address Of Funeral Facility		27c. Funeral Home License Number			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART IN 46342		FH63002380			
27d. Signature Of Indiana Funeral Director Licensee		27e. License Number Of Licensee		27f. License Number Of Licensee			
JAMES E. BURNS, JR. BY ELECTRONIC SIGNATURE				FD20700059			
Cause of Death (See Instructions And Examples)							
28. Part I. Enter The <u>Chain Of Events</u> - 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. Ask Additional Lines If Necessary.							
Approximate Interval: Onset To Death							
Immediate Cause (Final Disease Or Condition Resulting In Death)							
A. PNEUMONIA 7 DAYS							
B. RESPIRATORY FAILURE 5 DAYS							
C. 5 DAYS							
D. 5 DAYS							
28. Part II. Enter Other Significant Conditions Contributing Also to Death But Not Resulting In The Underlying Cause Given on Part I.							
30. With 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 type="checkbox"/> Unknown							
32. If Female: <input type="checkbox"/> Not Pregnant Within 4 Weeks Prior To Death <input type="checkbox"/> Pregnant Within 4 Weeks Prior To Death <input type="checkbox"/> Pregnant Within 4 Weeks Prior To 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 <input type="checkbox"/> Inquest <input type="checkbox"/> Yes <input type="checkbox"/> No							
34. Date Of Injury (Month/Day/Year)							
35. Time Of Injury							
36. Location Of Injury - State							
36a. City Or Town							
36b. Street & Number							
36c. Apt. No.							
36d. Zip Code							
37. Describe How Injury Occurred							
38. If Transportation Injury, Specify: <input type="checkbox"/> Automobile <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other							
39. Signature Of Person Certifying Cause Of Death							
VENKAT R. VAVILALA, A. BY ELECTRONIC SIGNATURE							
40. Name, Address And Zip Code Of Person Certifying Cause Of Death							
VENKAT R. VAVILALA, 60 W 86TH AVE, SCHERERVILLE, IN 46410							
41. Addressed Funeral Service Provider							
42. Certifier (Check One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. License Number							
44. License Number							
45. Date Certified							
46. Signature Of Local Health Officer							
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE							
47. Date Filed (Month/Day/Year)							
APR 13 2020							
48. For Registrar Only							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							
49. ICD-10 Code							
50. ICD-10 Code							
51. ICD-10 Code							
52. ICD-10 Code							
53. ICD-10 Code							
54. ICD-10 Code							
55. ICD-10 Code							
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