

2024-00344
02/22/2024 03:16 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 2
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED

Feb 22 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT of SURVIVORSHIP

TAX LD. NO.: 45-12-11-227-006.000-046

Cynthia A. Carl, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Bryan C. Carl a/k/a Brian Craig Carl**, died (without leaving a will) (leaving a will) on February 11, 2023 at Merrillville, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 14, VALLEY OAKS ESTATES, RECORDED IN BOOK 51, PAGE 27, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.
Commonly known as: **3070 E 62ND PL., HOBART, IN 46342**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

Cynthia A. Carl

Cynthia A. Carl

STATE OF INDIANA, COUNTY OF LAKE

SS: _____

Before me, the undersigned, a Notary Public in and for said county and state this 21st day of February, 2024, personally appeared **CYNTHIA A. CARL**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereto subscribed my name and affixed my official seal.

My commission expires: 06/03/2024

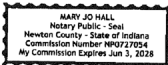
Signature *Mary Jo Hall*

Mary Jo Hall

Resident of Newton County

Printed _____ Notary Public

This instrument prepared by:
NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership.
All information used supplied by the title company.



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.

Mary Jo Hall

Signature

Printed Name

SEE ATTACHED DEATH CERTIFICATE

COMMUNITY TITLE COMPANY
FILE NO. 2326582

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **356086**



Local No 000516

EDR No 000011506190

State No 2023-007391

1. Decedent's Legal Name (First, Middle, Last) Bryan Craig Carl				2. Gender Male		3. Time of Death 01:05 PM		4. Date of Death (Month/Day/Year) 02/11/2023			
5. Social Security Number 65		6a. Age - Yrs 65		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours			
7. Date of Birth (Month/Day/Year) 10/20/1957		8. Birthplace (City and State or Foreign Country) Gary, 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				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 checked="" type="checkbox"/> Other (Specify) Other Residence			
11. Facility Name (If Not Institution, Give Street and Number) 6880 Meadow View Lane											
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"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown					
15. Surviving Spouse's Name Cindy Carl			15a. Last Name Before First Marriage Imboden			16. Decedent's Usual Occupation Business Owner			17. Kind of Business/Industry Plumbing		
18. Residence - State IN		19a. County Lake		19b. City or Town Hobart		18c. Apt. No.		18d. Zip Code 46342	18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19c. School Attendance 3J70 E 62nd Place											
19. Decedent's Education High School graduate or GED completed				20. Decedent of Hispanic Origin Not Sp/Hispanic/Latino		21. Decedent's Race White		23. Parents' Last Name Before First Marriage Zizkovsky			
22. Parents' Name (First, Middle, Last) Richard Paul Carl			23. Parents' Name (First, Middle, Last) Shirley Mae Carl			24. Mailing Address (Street and Number, City, State, Zip Code) 3070 E 62nd Place, Hobart, IN, 46342					
24. Informant's Name Cindy Carl			24a. Relationship to Decedent Wife			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 Geisen Cremation Centre			25c. Location - City, Town, and State Crown Point, IN			26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
27. Name and Complete Address of Funeral Facility Geisen Funeral, Cremation & Reception Centre 608 East 113th Avenue, Crown Point, Indiana, 46307						27a. Funeral Home License Number FH10700031					
27b. Signature of Indiana Funeral Service Licensee: Electronically Signed						27c. License Number (Of Licensee) FD22000002		28. Part I. Enter the Cause of Death (See Instructions And Examples) Respiratory failure			
28. Part II. Enter the Chain of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Exceed Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventilator Failure Without Showing The Ecology. 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. Respiratory failure											
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. Non-small cell cancer of the lung with metastasis											
Part I. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I											
29. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Was Autopsy Performed Available To Complete This Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Did Toxic Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown											
32. A Forensic <input type="checkbox"/> Not Performed Within Facility <input type="checkbox"/> Performed At Time Of Death <input type="checkbox"/> Not Performed, But Performed Within 42 Days Of Death <input checked="" type="checkbox"/> Not Performed, But Performed At Early To Late Post-Mortem Time											
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"/> Unknown <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, Work/Accident)				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 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT											
41. Signature of Person Certifying Cause of Death: Thomas Arthur Bridge				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01227509A		44. Date Certified 02/15/2023			
45. Name, Address And Zip Code Of Person Certifying Cause Of Death: Thomas Arthur Bridge 3750 Landmark Road, Lafayette, IN 47905				46. Signature of Local Health Officer: Chandana Virrala		47. Title: LAKE COUNTY HEALTH OFFICER		49. For Registrar Only - Date Filed (Month/Day/Year) 02/15/2023			
Electronically Signed											
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											