

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Parcel No. 45-16-09-201-006.000-042

Carol J Saager deposes and says:

1. That Richard L Saager died on December 4, 2020, in Crown Point, Indiana.
2. That Richard L Saager and Carol J Saager were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Prairie View Unit 1 Lot 59 EX S.38.14.FT Beginning at the Southeast corner of said Lot 59, thence North 90 degrees 00 minutes 00 seconds West along the south line of said Lot 59, a distance of 131.86 feet to the Southwest corner of said Lot 59, thence North 00 degrees 00 minutes 00 seconds East along the west line of said Lot 59, a distance of 38.14 feet; thence North 89 degrees 45 minutes 40 seconds East, a distance 131.86 feet; thence South 00 degrees 00 minutes 00 seconds West along the East line of said Lot 59, a distance of 38.14 feet to the point of beginning

Commonly Known As: 283 N Heather Lane, Crown Point, IN 46307

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 his death.
4. That Carol J Saager is the sole survivor with interest in the property noted above.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. That all assets of said decedent which would be includable 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.

Carol Saager
Affiant Signature
Carol Saager

FILED

APR 30 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ACKNOWLEDGEMENT

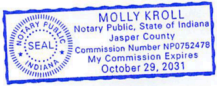
Before me, a Notary Public in and for said County and State, personally appeared Carol J Saager who acknowledged the execution of the foregoing instrument, and who has stated that any representations therein contained are true and correct.

Witness my hand and Notary Seal this 30th day of April 2024.

Resident of Lake County, Indiana Signature *Molly Kroll*

My Commission Expires: 10/29/31 Printed *Molly Kroll*

This instrument prepared by: Kathy Sautter



"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."
PREPARED BY: CS

25
CS
KD

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
2024-012085
12:38 PM
2024 Apr 30



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Track # No. 258085

Local No 005183

EDR No 00000822988

State No 068806

1. Decedent's Legal Name (First, Middle, Last) RICHARD L SAAGER		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:56 AM	4. Date Of Death (Month/Day/Year) 12/04/2020	
5. Social Security Number [REDACTED]	6a. Age - Yrs 83	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) 07/21/1937	
8. 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 checked="" 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 type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL				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	
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		15a. Last Name Before First Marriage SIEVERS		16. Decedent's Usual Occupation TEAMSTER		17. Kind Of Business/Industry TRUCKING	
18. Residence - State INDIANA		19a. County LAKE		19b. City Or Town CROWN POINT		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 283 NORTH HEATHER LANE		18d. Apt. No.		19e. Zip Code 46307			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) JOHN SAAGER		23. Parent's Name (First, Middle, Last) MARIE SAAGER		23a. Parent's Last Name Before First Marriage SHULTZ			
24. Informant's Name CAROL SAAGER		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 283 NORTH HEATHER LANE, CROWN POINT, IN 46307			
25a. Method Of Disposition <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)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CITY OF CROWN POINT HISTORIC MAPLEWOOD CEMETERY		25c. Location - City, Town, And State CROWN POINT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307		27a. Funeral Home License Number: FH10700031			
28. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE		28c. Cause Of Death (See Instructions And Examples) COVID 19		28d. License Number (Of Licensee) FD09000013		28e. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT Approximate Interval Onset To Death DEC 09 2020	
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 Of Death A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. COVID 19 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. CORONARY ARTERY DISEASE C. D.		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 type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		38c. Apt. No.	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38d. Zip Code	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: KARIM MOHAMAD AL-SABEK, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KARIM MOHAMAD AL-SABEK, 9696 GORDON DR, HIGHLAND, IN 46322	
44. License Number 01019488A		45. Date Certified 12/07/2020		47. Virus			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		Date Filed (Month/Day/Year): DEC 07 2020			