

BY: JAS
PG #: 4
RECORDED AS PRESENTED

FILED

Aug 01 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR



PROPER TITLE

SURVIVORSHIP AFFIDAVIT

On this 7/17/2024 before me personally appeared _____
(insert date) LISA FAYE HAWSEN
PERSONAL REPRESENTATIVE
to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is PERSONAL REPRESENTATIVE OF THE
ESTATE OF JAMES FAYE HAWSEN
(state interest of affiant in the above premises as "owner", etc.
PARCELS NO. 45001-320N-KU-000023)
- Said premises were formerly owned as joint tenants or as tenants by the
entireties by HANS H. HAWSEN and WILHE F. HAWSEN
- Said HANS H. HAWSEN
(fill in name of co-tenant who died)
died on 10/23/2017
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:
SEE ATTACHED EXHIBIT A

- Is there Federal or State inheritance tax liability by reason of the death of said
decedent? Yes No
If yes, then estimated taxes due are \$ _____
The taxes due are paid or unpaid..

PROPER TITLE, LLC
INDIAN-100842
1 OF 2

NOT AN OFFICIAL DOCUMENT

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

_____):
8. Affiant's relationship to the deceased was Daughter

Signature: [Signature]

Printed Name LISA FAKE MOLEAU

Address: 763 DAVINIA DRIVE E
VALTADARSO, INDIANA
46385

Subscribed and sworn to before me by the affiant

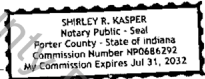
This 7/17/24
(insert date)

[Signature]
Notary Public
Printed Name Shirley R. Kasper

My County of Residence is: Parsons

In the State of IN

My Commission Expires 7/31/22



This instrument prepared by KATHY J. KUWAK
TODD'S TITLE, LLC

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.

KATHY J. KUWAK

Return to: LISA FAKE MOLEAU
763 DAVINIA DRIVE E
VALTADARSO, INDIANA 46385

NOT AN OFFICIAL DOCUMENT

EXHIBIT A

Legal Description

LOT 8 AND THE NORTH 15 FEET OF LOT 9 IN BLOCK 1 IN FORD-ROXANA ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20, PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 7318 Columbia Avenue, Hammond, IN 46324
Parcel No(s): 45-07-18-129-016.000-023

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 137571

Local No 003444

EDR No 00000602500

State No 049141

1. Decedent's Legal Name (First, Middle, Last) HANS H HANSEN		1a. Maiden Name (If Female)		2. Sex MALE	3. Time Of Death 02:30 AM	4. Date Of Death (Month/Day/Year) 10/08/2017
5. Social Security Number [REDACTED]		6a. Age - Yrs 81	6b. Under 1 Year Months 05/11/1936	6c. Under 1 Year Days 05/11/1936	6d. Under 1 Year Minutes 05/11/1936	7. Date of Birth (Month/Day/Year)
8. Cause of Death (I-20) 10 If Death Occurred In A Hospital		9. Place of Death CALUMET CITY, IL		10. Residence (Last of Decedent or Foreign Country) CALUMET CITY, IL		
11. Facility Name (If Not In I-20) (Give Street and Number) HOSPICE OF CALUMET RILEY RESIDENCE		12. City or Town, State, and Zip Code		13. County of Death LAKE		
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Usual Place of Residence LAKE		16. Decedent's Usual Occupation STEEL MANUFACTURING		
17. Kind Of Business/Industry STEEL MANUFACTURING		18. Occupation At Time Of Death GLENN		19. City or Town STEELWORKER		
20. Residence, State INDIANA		21a. County LAKE		21b. City or Town HAMMOND		
22. Street and House Number 7318 COLUMBIA AVENUE		23. Apt. No. 46324		24. Grade City Limit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		26. Decedent Of Hispanic Origin NOT HISPANIC		27. Decedent's Race White		
28. Decedent's Name (First, Middle, Last) LOUIS LAVERNE HANSEN		29. Decedent's Name (First, Middle, Last) DOROTHY MARIE HANSEN		30. Parents' Last Name (State First Marriage) DOWNS		
31. Marital Status WIFE		32. Marital Status WIFE		33. Mailing Address (Street And Suite No., City, State, Zip Code) 7318 COLUMBIA AVENUE, HAMMOND, IN 46324		
34. Usual Place of Residence WIFE		35. Name of Crematory GEISEN CREMATION CENTRE		36. Name of Disposal CROWN POINT, IN		
37. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Name of Funeral Home GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307		39. License Number (Of Licensee) FH10700031		
40. Signature of Indiana Funeral Service Licensee KEVIN KNAGA, BY ELECTRONIC SIGNATURE		41. Cause of Death (See Instructions and Examples) CONGESTIVE HEART FAILURE AND CHRONIC KIDNEY DISEASE		42. Approximate Interval, Onset To Death YEARS		
43. Part 1. Enter the Chain of Events Such As Cardiac Arrest, Respiratory Arrest, Or Venecular / Position Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (If In A Disease Or Condition Resulting In Death) A. CONGESTIVE HEART FAILURE AND CHRONIC KIDNEY DISEASE		44. Part 2. Enter the Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. CONGESTIVE HEART FAILURE AND CHRONIC KIDNEY DISEASE		45. Part 3. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Such As In Part 1) C. CONGESTIVE HEART FAILURE AND CHRONIC KIDNEY DISEASE		
46. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Was An Autopsy Available To Determine The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidents <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		
49. Date Of Injury (Month/Day/Year)		50. Time Of Injury		51. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
52. Location Of Injury, State		53a. City or Town		53b. Street Number		
54. Date of Injury (Month/Day/Year)		55. City or Town		56. Zip Code		
57. Signature of Person Certifying Cause of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE		58. Signature of Health Officer LAKE COUNTY HEALTH OFFICER		59. If Transportation Vehicle Involved <input type="checkbox"/> Driver <input type="checkbox"/> Operator <input type="checkbox"/> Other		
60. Signature of Local Health Officer CHANDANA VAVLALA, VIA ELECTRONIC SIGNATURE		61. Check One Only <input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmed		62. Check One Only <input type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
63. Name, Address And Zip Code Of Person Certifying Cause of Death LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321		64. License Number D1031582A		65. Date of Death 10/09/2017		
66. Additional Funeral Service Provider		67. Date of Registration Only Oct 10 2017		68. Date of Death 10/09/2017		

THIS RECORD ON FILE WITH
LAKE COUNTY HEALTH DEPARTMENT

OCT 10 2017

NOT VALID UNLESS