

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-028805
9:23 AM 2024 Sep 25

SURVIVOR'S AFFIDAVIT

CHRISTINE BAKER, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with DALE R. BAKER, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy Deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 37, IN BEACON POINTE EAST UNIT 2, PLANNED UNIT DEVELOPMENT, AN ADDITION TO THE TOWN OF CEDAR LAKE, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 114, PAGE 65, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO: 45-15-27-378-015.000-014

ADDRESS: 9142 Halfway Dr., Cedar Lake, IN 46303

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That Affiant and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death;

That the decedent died on February 7, 2024, per attached Death Certificate, leaving no/a Last Will and Testament;

That the total value of decedent's probate estate was under \$100,000.00;

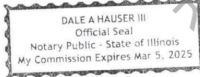
That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The Affiant states no more.

Christine Baker
CHRISTINE BAKER

Subscribed and sworn to before me this 6th day of September, 2024.

Dale A Hauser III
Notary Public



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 - ATTORNEY'S NAME

PREPARED BY, RECORD AND RETURN TO:

Michael W. Brady
M.W. Brady Law Firm, P.C.
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

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FILED

SEP 25 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



NOT AN INDIAN STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 393215

Local No 000487

EDR No 000011678415

State No 2024-006688

1. Decedent's Legal Name (First, Middle, Last) Dale R Baker				14. Maiden Name (If Female)		2. Gender Male	3. Time Of Death 02:10 PM	4. Date Of Death (Month/Day/Year) 02/07/2024							
5a. Age - Yrs 76		5b. Under 1 Year Months		5c. Under 1 Month Days		5d. Under 1 Day Hours		5e. Under 1 Hour Minutes							
7. Date of Birth (Month/Day/Year) 08/29/1947						8. Birthplace (City and State or Foreign Country) Chicago, Illinois									
9. 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 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) Franciscan Health Crown Point															
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307					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							
15. Surviving Spouse's Name Christine Baker				15a. Last Name Before First Marriage Bojanowski			16. Decedent's Usual Occupation Mechanic		17. Kind Of Business/Industry Schulze & Burch Biscuit Co						
18. Residence - State IN		18a. County Lake			18b. City Or Town Cedar Lake			18c. Street And Number 9142 Highway Drive		18d. Apt. No.	18e. Zip Code 46303	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High School graduate or GED completed			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White			22. Parent's Name (First, Middle, Last) Eugene Baker			23. Parent's Name (First, Middle, Last) Victoria Baker	23a. Parent's Last Name Before First Marriage Switalski		
24. Informant's Name Christine Baker			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 9142 Highway Drive, Cedar Lake, IN, 46303			25. Place Of Disposition 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): Elmwood Chapel Crematory						
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Elmwood Chapel Crematory			25c. Location - City, Town, And State Cedar Lake, IN			26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Elmwood Chapel Ltd 11300 W 97th Lane, Saint John, Indiana, 46373			27a. Funeral Home License Number: FH19900052			
27b. Signature Of Indiana Funeral Service Licensee: <i>James P. Betkowski</i>						Electronically Signed			27c. License Number (Of Licensee): FD0920077			Approximate Interval: Onset To Death 1 day			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Only One Cause Of Death Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter On One Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Acute hypoxic respiratory failure B. COVID 19 C. COVID 19 D. 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															
Part II. 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. Were Autopsy Findings 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 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			34. Date Of Injury (Month/Day/Year)			35. Time Of Injury					
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)			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						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT AT ALL UNLESS									
41. Signature, Of Person Certifying Cause Of Death: <i>Ridaa Ali</i>						Electronically Signed			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: Ridaa Ali 12750 Saint Francis Drive, Crown Point, IN 46307						44. License Number 02006130A			45. Date Certifying 02/09/2024						
46. Additional Funeral Service Provider:						47. "Ahas":			48. For Registrar Only - Date Filed (Month/Day/Year): 02/09/2024						
48. Signature of Local Health Officer: <i>Chandana Varadala</i>						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 02/09/2024						

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED