

NOT AN OFFICIAL DOCUMENT

2024-525015
07/16/2024 10:22 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED
Apr 17 2024 SLG
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

FILED
Oct 15 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2024-511979
04/18/2024 10:14 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA
COUNTY OF LAKE

)
) SS:
)

Re-recorded to correct legal description.

(1P)

AFFIDAVIT OF SURVIVORSHIP

I, Daniel A. Fisher, being duly sworn, state as follows:

- I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- I am the son of David J. Fisher and Margaret E. Fisher.
- David J. Fisher and Margaret E. Fisher are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Part of the Southwest ¼ of Section 24, Township 35 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana, more particularly described as follows: Beginning at the point of intersection of the East line of the Southwest ¼ of said Section 24 and the Northerly right-of-way line of the Chesapeake and Ohio Railroad, said point being 17.88 feet North of the Southeast corner of the Southwest ¼ of said Section 24, thence North 0 degrees 00 minutes East 772.16 feet to the point of intersection of the East line of the Southwest ¼ of said Section 24, with the center line of the county road, thence South 60 degrees 28 minutes 30 seconds West along the center line of said road 389.00 feet, thence South 30 degrees 14 minutes 52 seconds East ~~671.94~~ feet to the point of beginning.

671.94 (1P)

Commonly known as: 3805 E. Harms Road, Hobart, IN 46342

Affiant's Address: 20340 Hellenic Drive, Olympia Fields, IL 60461

Tax ID #45-12-24-379-002.000-046

4. David J. Fisher and Margaret E. Fisher acquired title to said real estate as Husband and Wife by Warranty Deed on the 31st day of October, 2012 and recorded in the Office of the Lake County Recorder on the 19th day of November, 2012 as Document No. 2012-081770.

5. Margaret E. Fisher died on March 3, 2023. See attached Death Certificate for Margaret E. Fisher.

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **390592**

1. Decedent's Legal Name (First, Middle, Last) Margaret E. Fisher		1a. Maiden Name (if female) Ely		2. Gender Female		3. Time of Death 06:47 PM		4. Date of Death (Month/Day/Year) 03/03/2023			
5. Social Security Number 78		6a. Under 1 Year Months		6b. Under 1 Month Days		6c. Under 1 Hour Hours		6d. Under 1 Day Minutes			
7. Date of Birth (Month/Day/Year) 10/02/1944		8. Birthplace (City and State or Foreign Country) Chicago, Illinois									
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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)											
11. Facility Name (If Not Institution, Give Street and Number) Symphony Of 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 David			15a. Last Name Before First Marriage Fisher			16. Decedent's Usual Occupation Receptionist		17. Kind Of Business/Industry Automobile			
18. Residence - State IN		18a. County Lake			18b. City Or Town Merrillville		18c. Apt. No.		18d. Zip Code 46410		
18e. Street And Number 3805 Harms Road		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Decedent's Education High School graduate or GED completed		20. Decedent Of His or Her Spouse's Ethnicity White		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Edward Ely			23. Parent's Name (First, Middle, Last) Jewel Ely			23a. Parents Last Name Before First Marriage Kuhar					
24. Informant's Name David Fisher			24a. Relationship to Decedent Husband			24b. Mailing Address (Street And Number, City, State, Zip Code) 3805 Harms Road, Merrillville, IN, 46410					
25. Place Of Disposition NWI Cremation Services											
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) Crown Point, IN			25c. Location - City, Town, And State						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307			27a. Funeral Home License Number: FH83002445						
28. Signature Of Indiana Funeral Service Licensee James P. Burns				28a. Electronically Signed		28b. License Number Of Licensee: FD01009461					
29. Cause Of Death (See Instructions And Examples) Cardiopulmonary Arrest											
29a. Immediate Cause (Final Disease Or Condition Resulting In Death) Cardiopulmonary Arrest											
29b. 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 Congestive Heart Failure											
29c. Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Unknown											
29d. Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Unknown											
29e. Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Unknown											
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						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					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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		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 type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: Alexander A Stemer						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: Alexander A Stemer 10110 S Donald S. Powers Drive 101D, Munster, IN 46321						44. License Number 01025591A		45. Date Certified 03/07/2023			
46. Additional Funeral Service Provider						47. Issued		48. For Registrar Only - Date Filed (Month/Day/Year): 03/07/2023			
48. Signature of Local Health Officer: Chandana Vasileva						49. For Registrar Only - Date Filed (Month/Day/Year): 03/07/2023					

**THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT**
 ELECTRONICALLY SIGNED
 AMENDED TO ORIGINAL
 JAN 22 2024
 LAKE COUNTY HEALTH OFFICER

RAISED SEAL APPLIED