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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 045608

2011 AUG 23 PM 1:03

MICHELLE E. FAJMAN  
RECORDER

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT**

**JOYCE L. STEPHAN**, being first duly sworn upon her oath, deposes and says:

1. That HAZEL F. SKORCH died on July 20, 2011, a resident of Lake County, State of Indiana. A certified copy of her death certificate is attached hereto as "Exhibit A."
2. That at the time of her death, HAZEL F. SKORCH was the Trustee of the HAZEL F. SKORCH Declaration of Trust dated November 8, 2004, known as Trust No. 118.
3. That the HAZEL F. SKORCH Declaration of Trust dated November 8, 2004, Trust No. 118, is the owner of the real estate legally described as follows:  
  
Lot eight (8) in Block Three (3) as marked and laid down on the recorded plat of White Oak Manor The First Re-Division, in the City of Hammond, Lake County, Indiana, as the same appears in the Recorder's Office of Lake County, Indiana.  
Commonly known as: 7527 Magnolia Avenue, Hammond, IN 46324 <<GRANTEE'S ADDRESS  
Key No. 45-07-18-253-011.000-023
4. That the undersigned is the named Successor Trustee of said HAZEL F. SKORCH Declaration of Trust dated November 8, 2004.
5. That **JOYCE L. STEPHAN** became the Trustee of said Trust and accepted her appointment as Trustee at the time of the death of HAZEL F. SKORCH.



*Joyce L. Stephan*  
\_\_\_\_\_  
JOYCE L. STEPHAN

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 17<sup>th</sup> day of August, 2011.

Resident of LAKE County. *Patricia K. Kirsch*  
\_\_\_\_\_  
Patricia K. Kirsch, 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. Thomas L. Kirsch.

PREPARED BY and MAIL TO: THOMAS J. SHAB, 31 Ridge Road, Munster, IN 46321

055012

AUG 23 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Patricia K. Kirsch  
State of Indiana Notary Public  
Resident of Lake County  
My Commission Expires 10/14/2014

13.00  
28243  
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**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **002244**

EDR No **000000210054**

State No **032467**

1. Decedent's Legal Name (First, Middle, Last) <b>HAZEL F SKORCH</b>				1a. Maiden Name (If female) <b>SIMANSON</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>03:35 AM</b>	4. Date Of Death (Month/Day/Year) <b>07/20/2011</b>
5. Social Security Number <b>306-10-0613</b>	6a. Age - Yrs <b>95</b>	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) <b>07/03/1916</b>		8. Birthplace (City and State or Foreign Country) <b>FORT WAYNE, IN</b>
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 checked="" 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) <b>7527 MAGNOLIA AVENUE</b>								
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46324</b>				13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>SALES</b>		17. Kind Of Business/Industry <b>RETAIL</b>
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>				
18c. Street And Number <b>7527 MAGNOLIA AVENUE</b>						18d. Apt. No.	18e. Zip Code <b>46324</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>WILLARD C SIMANSON</b>			23. Mother's Name (First, Middle, Last) <b>GRACE SIMANSON</b>			23a. Mother's Maiden Last Name <b>NOEL</b>		
24. Informant's Name <b>JOYCE STEPHAN</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7527 MAGNOLIA AVENUE, HAMMOND, IN 46324</b>				
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) <b>ELMWOOD CEMETERY</b>		25c. Location - City, Town, And State <b>HAMMOND, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME, INC. - MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321</b>					27a. Funeral Home License Number: <b>FH83002916</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>KYLE J. KUTLIK, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD20800089</b>			27d. Signature of Registrar: <b>[Signature]</b>		
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 On A Line. Add Additional Lines If Necessary.								
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. <u>RECENT NON MYOCARDIAL INFARCTION</u> <small>Due to (Or As A Consequence Of):</small>			UNKNOWN		
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. <u>SEVERE ABNORMAL STENOSIS</u> <small>Due to (Or As A Consequence Of):</small>			UNKNOWN		
			C. <u>LEFT VENTRICULAR DYSFUNCTION</u> <small>Due to (Or As A Consequence Of):</small>			UNKNOWN		
			D. <u>PRIOR CABG</u> <small>Due to (Or As A Consequence Of):</small>			UNKNOWN		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>BILATERAL PVD</b>						29. Was An Autopsy Performed? <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						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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) <b>JUL 27 2011</b>		
34. Date Of Injury (Month/Day/Year) <b>JUL 27 2011</b>		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 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"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature, Of Person Certifying Cause Of Death: <b>SHASHIDHAR DIVAKARUNI, BY ELECTRONIC SIGNATURE</b>						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: <b>SHASHIDHAR DIVAKARUNI, 1730 45TH AVE., MUNSTER, IN 46321</b>						44. License Number <b>01040667A</b>		45. Date Certified <b>07/26/2011</b>
46. Additional Funeral Service Provider: <b>SCHROEDER-LAUER FUNERAL HOME</b>						47. *Akas:		
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 27 2011</b>		

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

**EXHIBIT A**