2013 052674

STATE OF MOLA LAKE COUNTY FILED FOR RECORD

2013 JUL 18 AM 9: 08

MICHAEL B. BROWN RECORDER

STATE OF INDIANA	)
	) SS
LAKE COUNTY	)

## AFFIDAVIT OF SURVIVORSHIP

Kathleen L. Schenck ("affiant"), being first duly sworn upon her oath, states as follows:

- I am an adult resident of the Town of Schererville, Lake County, Indiana and have personal knowledge of all facts stated herein.
- William K. Schenck and I were joined in marriage in the city of Lincoln, Lancaster County, Nebraska on April 3, 1948. We lived together as husband and wife continuously until William Schenck died on May 4, 2013, in Lake County, Indiana. A true, accurate and complete copy (with Social Security number redacted as required by law) of his duly issued Certificate of Death is attached hereto and made a part hereof as Exhibit A.
- At and prior to the time of his death, William K. Schenck and I were owners as tenants by the entireties of a certain parcel of real estate improved with a single family dwelling located at 4990 West 85th Lane, Crown Point, Indiana 46307 and legally described as follows:

Lot 156 in Pine Island Ridge, Unit 2, as per plat thereof, recorded in Plat Book 45, page 52, in the Office of the Recorder of Lake County, Indiana.

Property No. 45-11-25-227-007.000-036

This affidavit is given to document the death of William K. Schenck upon the public record and to vest title to said real estate at the time of his death in Kathleen L. Schenck, his widow, by operation of law.

KATHLEEN L. SCHENCK

FURTHER AFFIANT SAITH NAUGHT.

004294

FILED JUL 17 2013 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

AMOUNT \$\_ CASH\_ CHECK# OVERAGE.

COPY\_ NON-CONF

**DEPUTY\_** 

SUBSCRIBED AND SWORN to before me, a duly appointed Notary Public in and for said county and state, on this 4<sup>th</sup> day of May, 2013.

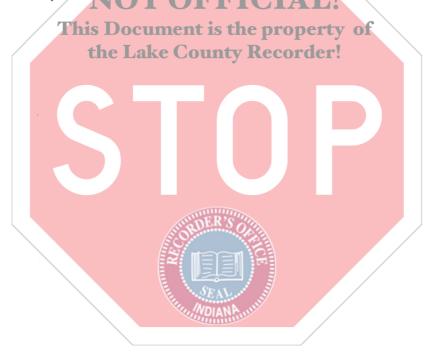


anthony DeBonis, Jr., Notary Public

February 5, 2017 Lake County

I affirm under the penalty of perjury that I have taken responsible care to redact each Social Security number in this document unless required by law. Anthony DeBonis, Jr.

This instrument prepared by Anthony DeBonis, Jr., Attorney at Law, Anthony DeBonis, Jr. & Associates, Attorneys at Law, LLC, 214 Main Street, Hobart, Indiana 46342. (219) 940-9963.



## INDIANA STATE DEPARTMENT OF HEALTH • CERTIFICATE OF DEATH

WILLIAM K SCHENCK  1 Soot decomption for the Vision of Control of		001601		E	DR No OC	0000	)3219	34		State N	lo ol					
1. Soort Section Principle 1. Soort Section Prin	1. D. Gent's Legal Name (First, Middle, Last)				1a. Maide	n Name (if i	female)		2. Sex	3. Tirr	e Of Death	Death 4. Date Of Death (Month/Day/Year				
Sever of List Annex States   Bit   Standing   Sever of List Annex States   Bit   Standing Consulted in Notice   Sever of List Annex States   Bit   Standing Consulted in Notice   Sever of List Annex States   Bit   Standing Consulted in Notice   Sever of List Annex States   Bit   Standing Consulted in Notice   Sever of List Annex States   Sever of List Annex Sta		V- 10: 11:			<u> </u>			T =								
Secretary   Secr	5. Social Security Number   6a. Age	- Yrs 6b. Under	1 Year	Sc. Under 1 Mc	onth 6d. Under 1 I	Day 6e.	Under 1 Hour	7. Date	of Birth (Mor	ttvDay/Year)	8. Birthplac	e (City and Sta	ite or Foreig	gn Country)		
Secretary   Control   Co	L	<u> </u>	n A Hos	1 '	Hours	1		urred Som			LIMON	, co				
4990 WEST 65TH LANE  TO COPY OF MAN AND AND EXPORTED AND AND EXPORTED AND AND EXPORTED AND AND AND AND AND AND AND AND AND AN	Yes □ No □ Unknown □	Inpatient  Emer	gency (	· Department Outpat	ient 🔲 Dead on A		Hospice Facility	y 🖾 🗅			g Home/Lor	ng-term Care F	acility			
CROWN POINT, IN. 46307  15 Survivery Special Name  15 Survivery Special Name  15 Survivery Special Name  15 Survivery Special Name  16 Deceder's Name  17 Noted of International Congestion  17 Noted of International Special Name  18 Deceder's Used Congestion  18 Noted of International Name  18 Deceder's Name  18 Dece	4990 WEST 85TH LANE		er)													
CROWN POINT, IN, 46307																
RATHLEEN SCHENCK   18a County								<u>.                                    </u>			☐ Wide	owed N	lever Marrie	d Unknown		
18	15. Surviving Spouse's Name				15a. (If Wife)Give I	Maiden Last	Name		16. Decede	int's Usual Occup	ation	17. K	ind Of Busin	ness/Industry		
186. Steel And Number   186. Age No.   186. Zg Code   181. Inside City Life   1890 WEST 85TH LANE   180. Age No.   186. Zg Code   181. Inside City Life   1800 Age No.   180. Age No.			18a.		BLUE	1	8b. City Or To		HOSPITA	AL ADMINI	STRAT	OR HEAI	LTH CA	RE FACILIT		
186. Stark AN Number  187. Decedent CH Haganic Chipin 188. Stark RD EGREE (MA, MS, MENG, MS, MS, MS, MS, MS, MS, MS, MS, MS, MS	INDIANA		IAK	F		c	ROWN PO	TAIC								
1939 UNDS 1 SOFT LAND  10 Decedent of Haspanic Origin MASTERS DEGREE (MA, MS, MENG, MASTERS DEGREE (MA, MS, MENG, MASTERS DEGREE)  12 Mother's Name First, Middle, Lasti 13 Mother's Name First, Middle, Lasti 14 Mother's Name First, Middle, Lasti 15 Mother's Name First, Middle, Lasti 16 Mother's Name First, Middle, Lasti 17 Mother's Name First, Middle, Lasti 18 Mother's Name First, Middle, Lasti 18 Mother's Name First, Middle, Lasti 18 Mother's Name First, Middle, Lasti 19 Mother's Nam			<u> </u>					<u> </u>		18d. Apt. No.	18e	. Zip Code	18f.	Inside City Limits?		
MASTERS DEGREE (MA, MS, MENG, MED, MSD, MSD, MSD, MSD, MSD, MSD, MSD, MS	4990 WEST 85TH LANE								}			46307	∣⊠	Yes 🗌 No		
MED. MSW, MBA)  VILLIAM C SCHENCK  Zi Informatif Name  Zi A Relationship To Decement  Zi A Re		MS MENO	20	. Decedent Of His	panic Origin		21. 0	Decedent's	Race							
WILLIAM C SCHENCK  246 Relationship To Decedent  240 Mulling Address (Sive And Number, City, State, 2ip Code)  240 Mulling Address (Sive And Number, City, State, 2ip Code)  240 Mulling Address (Sive And Number, City, State, 2ip Code)  250 Mean Collegeoiden  270 Mean Collegeoiden  271 Nama And Complete Address of Towns Prometry  272 Nama And Complete Address of Towns Prometry  273 Mean Collegeoiden  274 Nama And Complete Address of Towns Prometry  275 SEMENT OF Mean Collegeoiden  276 Mean Collegeoiden  277 Nama And Complete Address of Towns Prometry  278 Nama And Complete Address Address of Towns Prometry  279 Nama And Complete Address Address Address of Towns Prometry  270 Nama And Complete Address Addr	MED, MSW, MBA)	, IVIO, IVIENO,	N/	OT HISPAN	IC						·		<del>0</del>	•••		
24 Informative Name   25 Informative Name	22. Father's Name (First, Middle, Last)					23. N	tother's Name (	(First, Midd	se, Last)			23a. Mother's I	Maiden Last	Name		
ANTHLEEN SCHENCK   WIFE   4990 WIST 85TH LANE, CROWN POINT, IN 46307												VOLFE				
25. Method Of Disposition    Buris   20 Cerements   25. Place of Disposition (Name Of Ceremency, Ceremetry, Ce					p to Decedent		•	,	•	•		6307				
25s. March of Disposition   Donation   25s. Place of Disposition (Name Of Cemetery, Crematory, Other Place)   25c. Location - City, Town, And State   Commission   Donation   Enterorheers   27s. Funeral Home License Number   Commission   Donation   Enterorheers   OAKLAND MEMORY LANES CREMATORY   DOLTON, IL.   27s. Funeral Home License Number   Commission   Commissio	WITHLEEN SCHENCK			VVIFE	25			DOIN L	ANE, CR	OVVIN PUIL	11, 111 4					
Remoral From State   OAKLAND MEMORY LANES CREMATORY   DOLTON, IL   27a Funeral Home License Number of Complete Address of Funeral Free Lawn Funeral Formation   27a Funeral Home License Number   27a Funeral Ho	,		5b. Pla	ce Of Disposition				25c. L	ocation - City,	Town, And State						
27. Name And Complete Address of Funety Finally   27. Expensed Home Licenses Nu   27. Name And Complete Address of Funety Finally   27. Name And Complete Funety Finally   27. Name And Complete Address of Funety Finally   27. Name And Complete Funety   27. Name And Complete Finally   27. Name And Complete Fi	Removal From State	_				005144	T001/	0.01	=2							
SCHERENILLE, IN 46375  27. Signature of Indiana Funeral Service Licenses  AND R PETERSON BY ELECTRONIC SIGNATURE  Cause Of Death (See Instructions And Examples)  Cause Of Death (See Instructions And Examples)  AND R PETERSON BY ELECTRONIC SIGNATURE  Cause Of Death (See Instructions And Examples)  Cause Of Death (See						CREMA	TORY	IDOL	TON, IL			27a. F	Funeral Hon	ne License Number		
272. Signature Of Indiana Funeral Service Licenses:  AVID R PETERSON BY ELECTRONIC SIGNATURE  Cause of Death (See Instructions and Examples)  AND PETERSON BY ELECTRONIC SIGNATURE  28. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications + That Directly Caused The Death. Do Not Enter Term on Events Such as Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate Enter One One Cause of Death.  A PNEUMONIA HEART DISEASE  A Line. Add Addidinal Lines if Nocessary.  Immediate Cause (Final Disease Or Conditions Resulting in Death)  A PNEUMONIA HEART DISEASE  Sequentially List Conditions. If Any, Leading To The Cause Listed On Line A. She'r The Underlying Cause (Disease Or Injury That Initiated The Events Resulting in Death)  B.  Death (C And Administration Of Death)  A Sequentially List Conditions. Contributions Conditions Contributed To Death?  A Sequentially List Conditions. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting in Death)  B.  Death (C And Administration Of Death)  A Sequentially List Conditions. Enter The Underlying Cause (Disease Or Death)  B.  Death (C And Administration Of Death)  A Sequentially List Conditions. Enter The Underlying Cause (Disease Or Death)  B.  Death (C And Administration Of Death)  B.  Death (C And Administration Of Death)  A Sequentially List Conditions. Enter The C Death Of D		SCHERER\			HOME AND	MEMOF	RIAL GAR	DENS,				OPY C#1	990005	1		
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause of The Death Do Not Certifications and Examples - Diseases, Injuries, Or Complications - That Directly Cause of The Death Do Not Certifications - That Directly Cause of The Death Do Not Certifications - That Directly Cause of Death - Death Dea	27b. Signature Of Indiana Funeral Servi DAVID R PETERSON . BY	ce Licensee: 'ELECTRON	IC SI	GNATURE	OT	OF	TH			License Numb	ett (St. Freder	<b>₽°€WTH</b> T	HE			
Sequentially List Conditions, If Any, Leading To The Cause Listed On B.  Line A. Siner The Underlying Cause (Disease Or Injury That Initiated The Events Resulting in Death) Last  C.  Due to (Or As A Consequence Or Death Sequence Or Injury That Initiated The Events Resulting in Death) Lest  C.  Due to (Or As A Consequence Or Death Sequence Or Injury That Initiated The Events Resulting in Death) Lest  C.  Due to (Or As A Consequence Or Death Sequence Or Injury That Initiated The Events Resulting in Death) Lest  Part II. Enter Other Significant Conditions Confributing to Death But Not Resulting in The Underlying Cause Givin in Part I 29. Was An Autopsy Performed?   Yes   No   131. Did Tobacco Use Confribute To Death?   Yes   Interest Probably Not   Unknown   Injury Probably Not   Unknown   Injury Proposed Not   Injury Proposed Not   Injury Proposed Not   Injury Proposed Not   Injury Not   Injury Proposed Not   Injury   Injury All Work?   Injury All Wor	A Line. Add Additinal Lines If Nece	ssary.		r Complications - prillation Without	That Directly Car Showing The Etio	used The D plogy. Do N	eath. Do Not ot Abbreviate.	Enter Ten Enter On	minal Events by One Cause	or MAY	The thirty			iterval: Onset o Death		
Line A. S. filer The Underlying Cause (Disease Of Injury That Initiated The Events Resulting in Death) Last    Death   Last   C.   Due to (O/A & Death Country   Last   C.   Death Country   Last   C.   Death Country   Last   Last   Due to (O/A & Death Country   Last   C.   Death Country   Last   Last   Last   Due to (O/A & Death Country   Last   Last		1		: B				506 10 (017			7/2	ملا سكرم	2			
Part II. Enter Other Significant Conditions Contributing to Peath But Not Resulting in The Underlying Cause Givin in Part I  29. Was An Autopsy Performed?  Yes No  30. Were Autopsy Finding Available To Complete The Cause Of Death?  Yes Probably Not Unknown  32. If Female:  Not Pregnant Within 42 Days Of Death  Not Pregnant Within 43 D	Line A. Enter The Underlying Caus	e (Disease Or Injur	ury That Initiated													
Second   S	The Events Resulting in Death) Las	,		C.				Due to (Or J			1 116.70			ــــــــــــــــــــــــــــــــــــــ		
Second   S				D.								·				
HEART DISEASE   131. Did Tobacoo Use Contribute To Death?   32. If Female.   Yes   Probably   No.   Unknown   Unknown   Progrant At Tree Of Death   Not Progrant At Tree Of Death   Not Progrant Within 42 Days of Death   Natural   Homicide   Accident   Pending Investigation   Not Progrant At Tree Of Death   Not Progrant Within 42 Days of Death   Natural   Homicide   Accident   Pending Investigation   Not Progrant At Tree Of Death   Not Progrant Within 42 Days of Death   Natural   Homicide   Accident   Pending Investigation   Not Progrant Within 42 Days of Death   Not Progrant Within 42 Days of De	Part II. Enter Other Significant Conditions	Contributing to Dea	th But N	lot Resulting In Th	e Underlying Cause	e Givin In Pa	art I	1					Death?			
Yes   Probably   No.   Unknown   Not Pregnant At Time Of Death   Not Pregnant (Sut Sut Sut Sut Sut Sut Sut Sut Sut Sut	HEART DISEASE  31. Did Tobacco Use Contribute To Dea	th? 32. I	f Femal	e:				00. 110.	o rutopsy ( iii				[	Yes No		
36. Date Of Injury (Month/Day/Year)  37. Injury At Work?  Yes No.  38. Location Of Injury - State  38. City Or Town  38. Signature, Of Person Certifying Cause Of Death:  PATRICK HOBBINS, BY ELECTRONIC SIGNATURE  27. Triangle Construction Site, Restaurant, Wooded Area)  38. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)  37. Injury At Work?  Yes No.  38d. Zip Code  40. If Transportation Injury, Specify:  Detertifying Cause Of Death:  PATRICK HOBBINS, BY ELECTRONIC SIGNATURE  42. Certifier (Check Only One)  Certifying Physician Coroner  44. License Number  45. Date Certified  47. *Akas:  47. *Akas:  47. *Akas:  48. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  49. For Registrar Only - Date Filed (Month/Day/Year)  MAY 07 2013		nown 📮								1 — —				ng Investigation		
38. Location Of Injury - State  38. City Or Town  38b. Street & Number  38c. Apt. No.  38d. Zip Code  39. Describe How Injury Occurred  41. Signature, Of Person Certifying Cause Of Death:  PATRICK HOBBINS, BY ELECTRONIC SIGNATURE  43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  PATRICK HOBBINS , 9660 WICKER AVENUE, SAINT JOHN, IN 46373  44. License Number  45. Date Certified  47. *Akas:  48. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  49. For Registrar Only - Date Filed (Month/Day/Year)  MAY 07 2013	34. Date Of Injury (Month/Day/Year)													At Work?		
39. Describe How Injury Occurred    40. If Transportation Injury, Specify:   Driver/Operator   Pedestrian   Other (Specify)     A1. Signature, Of Person Certifying Cause of Death:   A2. Certifier (Check Only One)     A2. Certifier (Check Only One)     A3. Name, Address And Zip Code of Person Certifying Cause of Death:   A4. License Number   45. Date Certified     A4. License Number   45. Date Certified     A4. License Number   45. Date Certified     A4. Additional Funeral Service Provider:   A7. *Akas:   48. Signature of Local Health Officer:   A9. For Registrar Only - Date Filed (Month/Day/Year)     MAY 07 2013						TUTT	R'S									
ATRICK HOBBINS , BY ELECTRONIC SIGNATURE  PATRICK HOBBINS , BY ELECTRONIC SIGNATURE  13. Name, Address And Zip Code Of Person Certifying Cause Of Death:  PATRICK HOBBINS , 9660 WICKER AVENUE, SAINT JOHN, IN 46373  14. License Number  15. Date Certified  16. Additional Funeral Service Provider:  17. *Akas:  18. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  18. Signature of Local Health Officer:  MAY 07 2013	38. Location Of Injury - State	38a.	City Or	Town	38	b. Street & I	Number	星			38c.	Apt. No.	38d. Zip C	ode		
ATRICK HOBBINS , BY ELECTRONIC SIGNATURE  PATRICK HOBBINS , BY ELECTRONIC SIGNATURE  13. Name, Address And Zip Code Of Person Certifying Cause Of Death:  PATRICK HOBBINS , 9660 WICKER AVENUE, SAINT JOHN, IN 46373  14. License Number  15. Date Certified  16. Additional Funeral Service Provider:  17. *Akas:  18. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  18. Signature of Local Health Officer:  MAY 07 2013	S. W. H. Harris Ornand							3		1 40 If Transpo	dation lains	y Specify				
PATRICK HOBBINS , BY ELECTRONIC SIGNATURE  43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  44. License Number  45. Date Certified  PATRICK HOBBINS , 9660 WICKER AVENUE, SAINT JOHN, IN 46373  46. Additional Funeral Service Provider:  47. *Akas:  48. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  MAY 07 2013	33. Describe How Injury Occurred						إلكية			Driver/Operator	Passenge	r Pedestrian [	Other (Specifi	(על		
44. License Number 45. Date Certified  PATRICK HOBBINS , 9660 WICKER AVENUE, SAINT JOHN, IN 46373 46. Additional Funeral Service Provider:  47. *Akas:  48. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  48. Date Certified  49. For Registrar Only - Date Filed (Month/Day/Year)  MAY 07 2013	11. Signature, Of Person Certifying Cau	se Of Death:	CIC	NATURE	F		EAL	33/						····		
PATRICK HOBBINS , 9660 WICKER AVENUE, SAINT JOHN, IN 46373  02003562A  05/06/2013  47. *Akas:  48. Signature of Local Health Officer:  GUSAN W. BEST, VIA ELECTRONIC SIGNATURE  MAY 07 2013						W. AL	MANA	/	E Cen							
47. *Akas:  48. Signature of Local Health Officer:  USAN W. BEST, VIA ELECTRONIC SIGNATURE  49. For Registrar Only - Date Filed (Month/Day/Year)  MAY 07 2013	PATRICK HOBBINS . 966	0 WICKER A	/ENI	JE. SAINT	IOHN, IN 46:					02003	562A		05/	06/2013		
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE MAY 07 2013			, ~,													
		<del></del>				-			49. For Reg	istrar Only - Da			r):			
	SUSAN W. BEST, VIA ELE	CTRONIC SI	GNA		ENT TO CERTIF	ICATE OF	DEATH (ENT	RY OR O	RIGINALI							
				- CHILIDA				511 0								

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.