

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 JUL 18 AM 9:08

MICHAEL D. BROWN  
RECORDER

2013 052674

STATE OF INDIANA )  
 ) SS:  
LAKE COUNTY )

**AFFIDAVIT OF SURVIVORSHIP**

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

1. I am an adult resident of the Town of Schererville, Lake County, Indiana and have personal knowledge of all facts stated herein.
2. 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.

3. 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 85<sup>th</sup> 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

4. 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.

FURTHER AFFIANT SAITH NAUGHT.



*Kathleen L. Schenck*  
KATHLEEN L. SCHENCK

004294

**FILED**

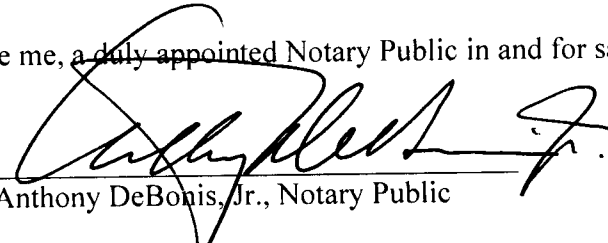
JUL 17 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

AMOUNT \$ 15-  
 CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
 CHECK# 2164  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-CONF \_\_\_\_\_  
 DEPUTY § \_\_\_\_\_

E

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.

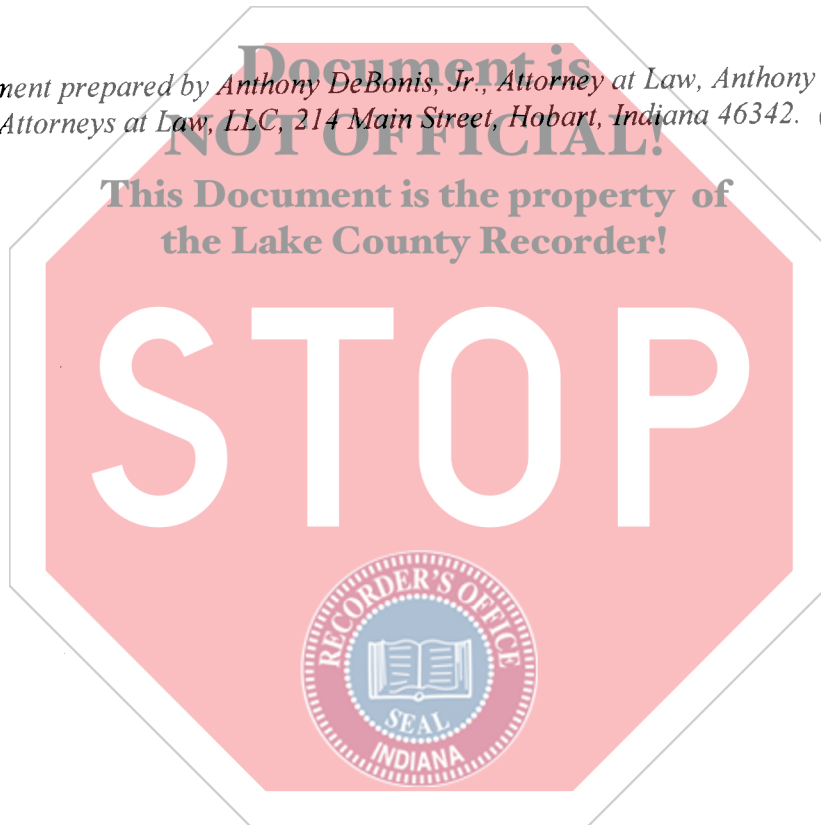
  
Anthony DeBonis, Jr., Notary Public



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  
A CERTIFICATE OF DEATH**



Local No **001601**

EDR No **00000321934**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>WILLIAM K SCHENCK</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>10:50 AM</b>	4. Date Of Death (Month/Day/Year) <b>05/04/2013</b>	
5. Social Security Number	6a. Age - Yrs <b>89</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>09/16/1923</b>	
8. Birthplace (City and State or Foreign Country) <b>LIMON, CO</b>		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			
11. Facility Name (If Not Institution, Give Street and Number) <b>4990 WEST 85TH LANE</b>				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)			
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>			13. County Of Death <b>LAKE</b>		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 <b>KATHLEEN SCHENCK</b>		15a. (If Wife) Give Maiden Last Name <b>BLUE</b>		16. Decedent's Usual Occupation <b>HOSPITAL ADMINISTRATOR</b>		17. Kind Of Business/Industry <b>HEALTH CARE FACILITY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>		18c. Street And Number <b>4990 WEST 85TH LANE</b>	
18d. Apt. No.		18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)</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>WILLIAM C SCHENCK</b>		23. Mother's Name (First, Middle, Last) <b>GERTRUDE SCHENCK</b>		23a. Mother's Maiden Last Name <b>WOLFE</b>			
24. Informant's Name <b>KATHLEEN SCHENCK</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4990 WEST 85TH LANE, CROWN POINT, IN 46307</b>			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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>OAKLAND MEMORY LANES CREMATORY</b>		25c. Location - City, Town, And State <b>DOLTON, IL</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375</b>		27a. Funeral Home License Number: <b>#19900051</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>DAVID R PETERSON, BY ELECTRONIC SIGNATURE</b>		27c. License Number Of Licensee: <b>#0860285</b>		27d. THIS IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT <b>MAY 07 2013</b> <i>Susan W Best, DO</i> <b>LAKE COUNTY HEALTH OFFICER</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. <b>PNEUMONIA, HEART DISEASE</b> Due to (Or As A Consequence Of):		B. _____ Due to (Or As A Consequence Of):		C. _____ Due to (Or As A Consequence Of):		D. _____ Due to (Or As A Consequence Of):	
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>HEART DISEASE</b>		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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		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>PATRICK HOBBS, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>02003562A</b>		45. Date Certified <b>05/06/2013</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>PATRICK HOBBS, 9660 WICKER AVENUE, SAINT JOHN, IN 46373</b>		46. Additional Funeral Service Provider:		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>MAY 07 2013</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>							