

#45-10-12-452-019,000-034

# Chicago Title Insurance Company

## SURVIVORSHIP AFFIDAVIT

On this 2/7/14 before me personally appeared Daniel J. Hoch  
(insert date)

to me personally known, who being duly sworn on oath did say that:

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 FEB 28 AM 10:31

MICHAEL B. BROWN  
RECORDER

1. Affiant resides at the address given below affiant's signature:

2. Affiant is son of owner

(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Amy L. Hoch AKA and John J. Hoch

and Barbara Hoch

4. Said John J. Hoch

(fill in name of co-tenant who died)

died on 7/15/11

leaving NO will;

(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

@ Hechel

00694

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

**FILED**

FEB 25 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

1812  
non com  
CT  
AM

1400044

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes", identify the divorce proceedings:

\_\_\_\_\_):

8. Affiant's relationship to the deceased was son

Signature: [Signature]

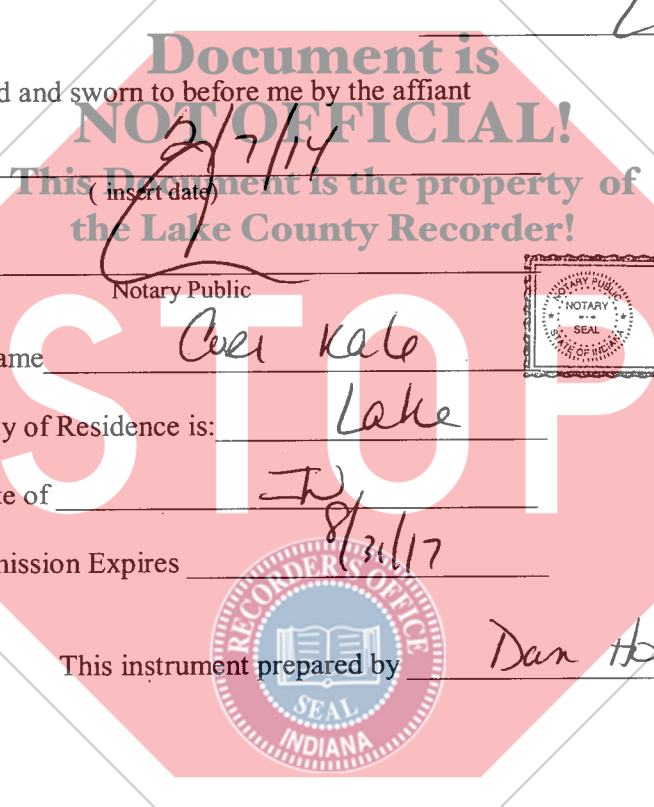
Printed Name Daniel J. Hoch

Address: 18263 Platinum

Lowell, IN 46356

Subscribed and sworn to before me by the affiant

This 2/7/14  
(insert date)



Notary Public

Printed Name Cori Kale



My County of Residence is: Lake

In the State of IN

My Commission Expires 8/31/17

This instrument prepared by Dan Hoch



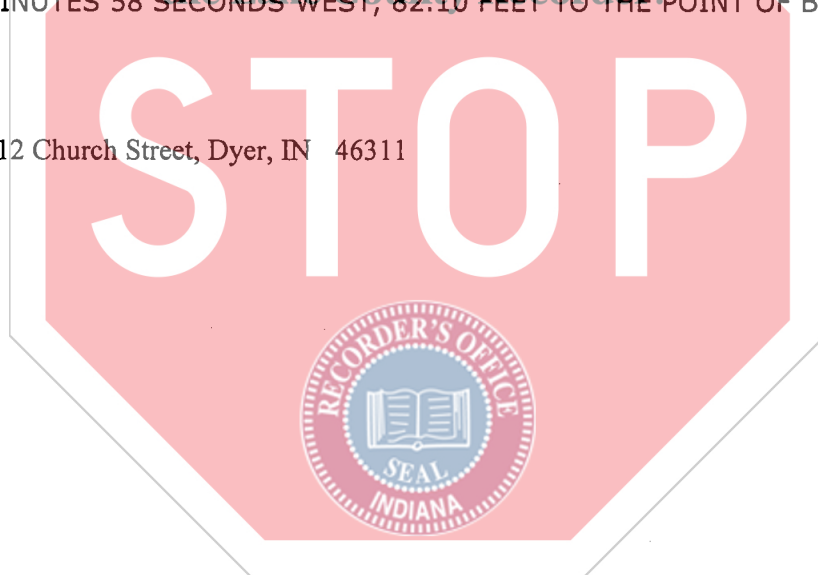
Exhibit "A"

File No. 1400044

PART OF LOT 6 IN EDGEBROOK ESTATES, A PLANNED UNIT DEVELOPMENT IN DYER, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 78 PAGE 71, AND AMENDED BY CERTIFICATE OF CORRECTION RECORDED OCTOBER 16, 1995 AS DOCUMENT NO. 95062279 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, WHICH PART OF SAID LOT 6 IS MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE WESTMOST CORNER OF SAID LOT 6; THENCE NORTH 41 DEGREES 04 MINUTES 02 SECONDS EAST, ALONG THE NORTHWESTERLY (REAR) LINE OF SAID LOT 6, 64.83 FEET TO THE TRUE POINT OF BEGINNING THEREOF; THENCE CONTINUING NORTH 41 DEGREES 04 MINUTES 02 SECONDS EAST, ALONG SAID REAR LINE, 32.68 FEET TO A POINT OF DEFLECTION IN THE NORTHWESTERLY LINE OF SAID LOT 6; THENCE NORTH 49 DEGREES 39 MINUTES 38 SECONDS EAST, ALONG SAID DEFLECTED NORTHWESTERLY LINE, 11.51 FEET TO THE NORTHMOST CORNER OF SAID LOT 6; THENCE SOUTH 40 DEGREES 20 MINUTES 22 SECONDS EAST, ALONG THE NORTHEASTERLY LINE OF SAID LOT, 80.0 FEET TO THE EASTMOST CORNER OF SAID LOT 6; THENCE SOUTH 49 DEGREES 39 MINUTES 38 SECONDS WEST, ALONG THE SOUTHEASTERLY LINE OF SAID LOT, 8.99 FEET TO A POINT OF CURVE IN SAID SOUTHEASTERLY LINE; THENCE SOUTHWESTERLY, ALONG THE CURVED SOUTHEASTERLY LINE OF SAID LOT, BEING A CURVE CONCAVE TO THE SOUTHEAST AND HAVING A RADIUS OF 45 FEET, AN ARC DISTANCE OF 23.63 FEET; THENCE NORTH 48 DEGREES 55 MINUTES 58 SECONDS WEST, 82.10 FEET TO THE POINT OF BEGINNING.

Return to: 1912 Church Street, Dyer, IN 46311





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 002164

EDR No 00000209291

State No 031040

1. Decedent's Legal Name (First, Middle, Last) <b>JOHN J HOCH</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>04:19 AM</b>	4. Date Of Death (Month/Day/Year) <b>07/15/2011</b>	
5. Social Security Number <b>000-00-0000</b>	6a. Age - Yrs <b>85</b>	6b. Under 1 Year Months: Days: Hours: Minutes:	6c. Under 1 Month Days: Hours: Minutes:	6d. Under 1 Day Hours: Minutes:	7. Date of Birth (Month/Day/Year) <b>11/11/1925</b>	8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</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 checked="" 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>ST MARGARET MERCY HEALTHCARE CENTERS-DYER</b>		12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</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>AMY HOCH</b>		15a. (If Who Knew Maiden Last Name) <b>LEAFGREEN</b>		16. Decedent's Usual Occupation <b>CUSTODIAN</b>		17. Kind Of Business/Industry <b>SCHOOL DISTRICT 171</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>DYER</b>		18c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18d. Street And Number <b>1912 CHURCH STREET</b>		18e. Apt. No.		18f. Zip Code <b>46311</b>		18g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Mother's Name (First, Middle, Last) <b>MARION HOCH LEWIS</b>	
23. Father's Name (First, Middle, Last) <b>WILLIAM HOCH</b>		24. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1912 CHURCH STREET, DYER, IN 46311</b>		25. Place Of Disposition <b>OAKLAND MEMORY LANES DOLTON, IL</b>	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311</b>		27c. License Number (Of Licensee) <b>FD20600101</b>		27d. Funeral Home License Number <b>FH11000037</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>TIMOTHY G SMITS, BY ELECTRONIC 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. <b>CONGESTIVE HEART FAILURE</b> B. <b>ISCHEMIC CARDIOMYOPATHY</b> C. D. 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		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"/> Unknown If Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		34. Date Of Injury (Month/Day/Year)	
34. Location Of Injury - State		35. Time Of Injury		36. Place Of Injury (G.O., Decedent's Home, Construction Site, Restaurant, Wooded Area, etc.) <b>LAKE COUNTY HEALTH DEPARTMENT</b>		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. City Or Town		38a. City Or Town		38b. Street & Number <b>AUG 17 2011</b>		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>ONYEBUCHI ACHUFUSI, 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>ONYEBUCHI ACHUFUSI, 5454 HOHMAN AVENUE, HAMMOND, IN 46320</b>		44. License Number <b>01061302A</b>		45. Date Certified <b>07/17/2011</b>	
46. Additional Funeral Service Provider:		47. *Ages:		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 18 2011</b>	

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.

State Form 53395 - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility for the decedent's estate and should be provided, if any, and should be provided, if any, for refusal.