

STATE OF INDIANA

)  
) SS:  
)

COUNTY OF LAKE

2014 018084

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**AFFIDAVIT**

I, Patrice Lauzet (aka Patrice Lauzet Stahnke), being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the surviving life partner of Albert C. Stahnke.

3. Albert C. Stahnke and I were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 8 IN BOHLING'S SHAWNEE TRAILS FOURTH ADDITION, IN THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 47, PAGE 116, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key No.: 45-11-16-177-014.000-036

Commonly Known As: 512 Iroquois, Schererville, IN 46375

Grantee Address: 512 Iroquois, Schererville, IN 46375

4. Albert C. Stahnke and I acquired ownership of said real estate by deed of conveyance on the 28th day of September, 2008, and recorded in the Office of the Lake County Recorder on November 19, 2008, as Document Number 2008 079045.

5. The decedent, Albert C. Stahnke, and myself jointly held title to said real estate until the death of Albert C. Stahnke on the 7th day of January, 2014, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property laws. See attached Death Certificate for Albert C. Stahnke.

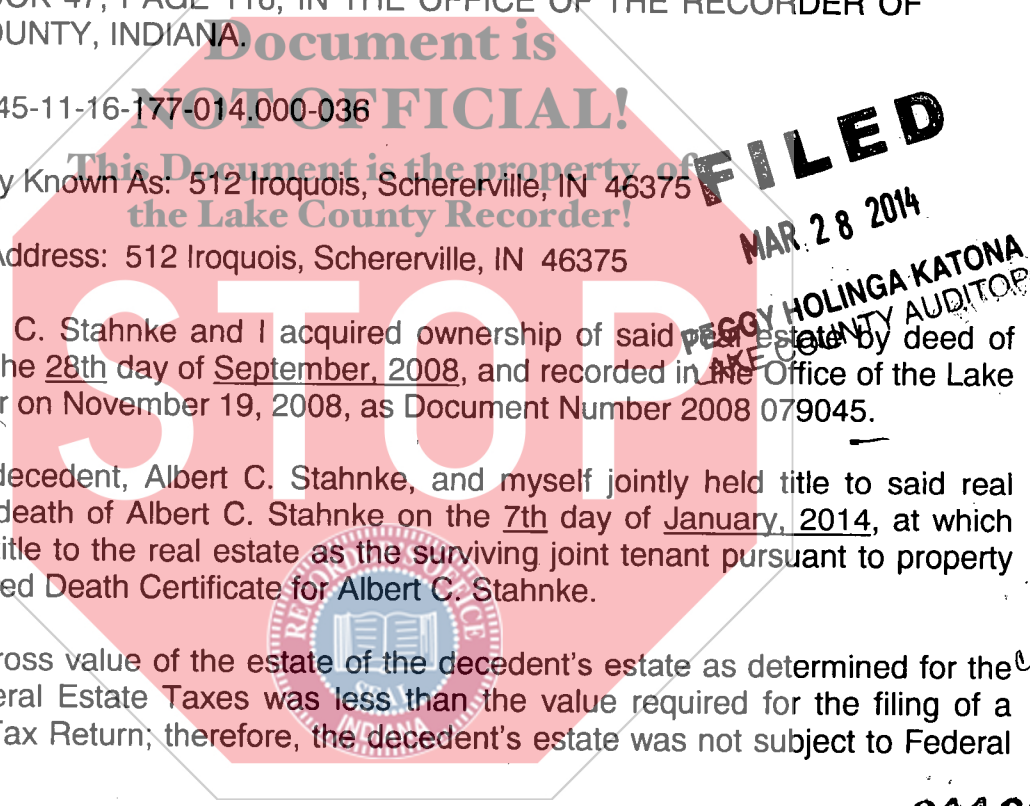
6. The gross value of the estate of the decedent's estate as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

011662

*Patrice Lauzet*

Patrice Lauzet, (aka Patrice Lauzet Stahnke)  
Affiant

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2014 MAR 28 PM 3:46  
MICHAEL BROWN  
RECORDER



6/25  
DP  
10/1/08  
1 REF

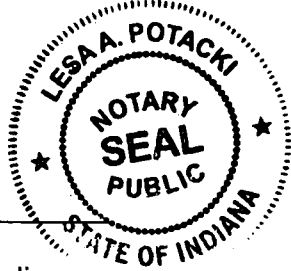
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Patrice Lauzet (aka Patrice Lauzet Stahnke), and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 28<sup>th</sup> day of March, 2014.

My commission expires: 2/13/2018

Signature: *Lesa A. Potacki*  
LesA A. Potacki  
Resident of: Lake County, Indiana



Document is  
NOT OFFICIAL!

"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." /s/Gary P. Bonk

STOP

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000068

EDR No 000000362766

State No

1. Decedent's Legal Name (First, Middle, Last) <b>ALBERT C STAHNKE</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>09:12 AM</b>	4. Date Of Death (Month/Day/Year) <b>01/07/2014</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>88</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>12/31/1925</b>	
8. Birthplace (City and State or Foreign Country) <b>BLUE ISLAND, 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 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>512 IROQUOIS ROAD</b>									
12. City Or Town, State, And Zip Code <b>SCHERERVILLE, IN, 46375</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>PATRICE STAHNKE</b>			15a. (If Wife) Give Maiden Last Name <b>LAUZET</b>			16. Decedent's Usual Occupation <b>TRADE EMBALMER</b>		17. Kind Of Business/Industry <b>FUNERAL INDUSTRY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>SCHERERVILLE</b>		18d. Apt. No.		18e. Zip Code <b>46375</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>512 IROQUOIS ROAD</b>		19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</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>ALBERT C STAHNKE SR</b>				23. Mother's Name (First, Middle, Last) <b>ANN P STAHNKE</b>			23a. Mother's Maiden Last Name <b>GRIFFIN</b>		
24. Informant's Name <b>PATRICE STAHNKE</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>512 IROQUOIS ROAD, SCHERERVILLE, IN 46375</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>SOLAN PRUZIN CREMATORY</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>					27a. Funeral Home License Number: <b>FH10200037</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Or Licenses): <b>FDPS1490035</b>			27d. Date Certified: <b>JAN 13 2014</b>			27e. Signature: <i>Susan W Best, da</i>
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>CARDIOPULMONARY ARREST</b>						THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		Approximate Interval: Onset To Death <b>YEARS</b>	
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. _____ C. _____ D. _____						LAKE COUNTY HEALTH OFFICER			
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADVANCED AGE 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>STEPHANIE D. MARSHALL, 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>STEPHANIE D. MARSHALL, 24 JOILET ST ST 401, DYER, IN 46311</b>						44. License Number <b>02001947A</b>		45. Date Certified <b>01/10/2014</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>JAN 13 2014</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

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.