

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 054967

2016 AUG 12 AM 9:55

MICHAEL B. BROWN
RECORDER

2 IN THE MATTER OF THE REAL ESTATE OF:)
ERNA C. PITZEL, a/k/a ERNA PITZEL)
DECEASED 12-9-2007)

AMENDED AND CORRECTED AFFIDAVIT OF SURVIVORSHIP
(Cross Reference Doc. 2016 047212 recorded 7/26/2016)

JOSEPH PITZEL, being duly sworn upon his oath, states as follows:

He is the owner in fee simple of the following real estate located in Lake County, Indiana:

PART OF THE WEST 16 RODS OF THE NORTHEAST QUARTER OF SECTION 7, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE 2ND P.M., IN LAKE COUNTY, DESCRIBED AS: BEGINNING AT THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF SAID SECTION 7; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST ALONG THE WEST LINE OF THE NORTHEAST QUARTER OF SAID SECTION 7 A DISTANCE OF 337.64 FEET; THENCE SOUTH 89 DEGREES 23 MINUTES 59 SECONDS EAST 264.35 FEET TO THE EAST LINE OF THE WEST 16 RODS OF THE NORTHEAST QUARTER OF SAID SECTION 7; THENCE NORTH 00 DEGREES 01 MINUTES 42 SECONDS WEST ALONG THE EAST LINE OF SAID WEST 16 RODS 337.06 FEET TO THE NORTH LINE OF SAID SECTION 7; THENCE NORTH 89 DEGREES 29 MINUTES 29 SECONDS WEST ALONG THE NORTH LINE OF SAID SECTION 7 A DISTANCE OF 264.19 FEET TO THE POINT OF BEGINNING

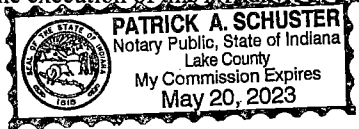


Commonly known as: 3907 W. 109th Avenue, Crown Point, IN 46307 (a/k/a 10907 Whitcomb St., Crown Point, IN Parcel No. 45-16-07-201-001.000-041

Title to the real estate is held in the name of Joseph Pitzel and Erna Pitzel a/k/a Erna C. Pitzel, as husband and wife, tenants by the entireties.
Title holder Erna Pitzel, a/k/a Erna C. Pitzel died on December 9, 2007 and her death certificate is attached to this affidavit.
The purpose of this affidavit is to cause the removal of Erna Pitzel, deceased, from the title to the foregoing real estate.

State of Indiana)
) SS:
County of Lake)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Joseph Pitzel and acknowledged the execution of this Affidavit of Survivorship this 5 day of August, 2016.



Joseph H. Pitzel

JOSEPH PITZEL

[Signature]

Notary Public

I affirm that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.

This instrument prepared by: Patrick A. Schuster, Attorney at Law, 1201 N. Main St., Crown Point, IN 46307; Atty. I.D. No. 1651-45

FILED
AUG 12 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CEP
 * ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2980-07

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
 DEATH

CERTIFIER

HEALTH
 OFFICER

1. DECEASED - NAME (First, Middle, Last) Erna C. Pitzel		2. SEX Female	3a. TIME OF DEATH 10:30 pm	3b. DATE OF DEATH (Month, Day, Yr.) December 9, 2007
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 75	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo., Day, Yr.) July 09, 1932		7. BIRTHPLACE (City and State or Foreign Country) Liechtenstein		
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? —	PLACE OF DEATH (Check only one See instructions)		
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 10907 Whitcomb		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Joseph K. Pitzel	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Secretary/Treasurer		12b. KIND OF BUSINESS/INDUSTRY Masonry
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Crown Point	13d. STREET AND NUMBER 10907 Whitcomb	
13e. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
Elementary/Secondary (0-12) 10		College (1-4 or 5+) N/A		
18. FATHER'S NAME (First, Middle, Last) Mienrad Hemmerle		19. MOTHER'S NAME (First, Middle, Maiden Surname) Antonia Del Pra		
20a. INFORMANT'S NAME (Type/Print) Joseph K. Pitzel		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10907 Whitcomb, Crown Point, IN 46307		20c. Relationship Husband
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 12, 2007 MAPLEWOOD CEMETERY		21c. LOCATION - City or Town, State Crown Point, Indiana
22a. EMBALMER'S NAME N/A		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James E. Burns</i>		24b. LICENSE NUMBER (of Licensee) FD01009461	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana	
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		a. <i>Cardio-pulm arrest</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>COPD & emphysema</i> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____		Approximate Interval Between Onset and Death <i>Immediate</i> <i>Y Plus</i>
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Kristine Teodori</i>		29c. MEDICAL LICENSE NO. 02002441A
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Kristine Teodori D.O. 2050 Main St Suite F., Crown Point, IN 46307		29d. DATE SIGNED (Month, Day, Year) 12-4-07		
31. HEALTH OFFICER'S SIGNATURE <i>Suzanne W. Butcher D.O.</i>		32. DATE FILED (Month, Day, Year) December 13, 2007		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. DEC 13 2007
34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) December 9, 2007		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		