

STATE OF INDIANA
COUNTY OF LAKE

2016 057839 SS:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 AUG 25 AM 10:10
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Richard J. Kortenhoven, 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 owner in fee simple of an undivided one-half interest of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 7, SCHILLING'S FIRST ADDITION TO SCHERERVILLE, AS SHOWN IN PLAT BOOK 27, PAGE 13, IN LAKE COUNTY, INDIANA

(COMMONLY KNOWN AS THE SOUTHWEST CORNER OF SUNSET AVENUE AND WICKER BOULEVARD (U.S. HIGHWAY 41), SCHERERVILLE, INDIANA; AKA 2310 U.S. 41, Schererville, IN 46375).

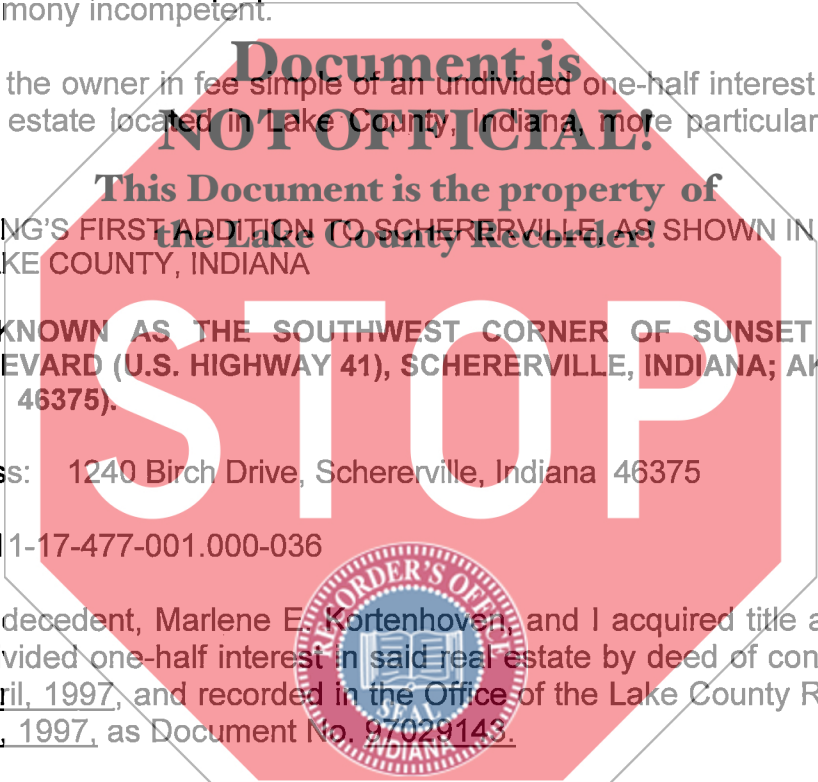
Affiant's Address: 1240 Birch Drive, Schererville, Indiana 46375

Key No. 45-11-17-477-001.000-036

3. The decedent, Marlene E. Kortenhoven, and I acquired title as husband and wife to an undivided one-half interest in said real estate by deed of conveyance on the 30th day of April, 1997, and recorded in the Office of the Lake County Recorder, on the 9th day of May, 1997, as Document No. 97029143.

4. Marlene E. Kortenhoven and I jointly held title to said real estate until the death of my wife Marlene E. Kortenhoven on 1st day of March 1, 2008, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Marlene E. Kortenhoven.

5. The gross value of the estate of the decedent 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 Indiana Inheritance Tax or Federal Estate Tax.



FILED

Richard J. Kortenhoven
Richard J. Kortenhoven, Affiant
8271 Alexander, Schererville, IN 46375

AUG 25 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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8161
RN

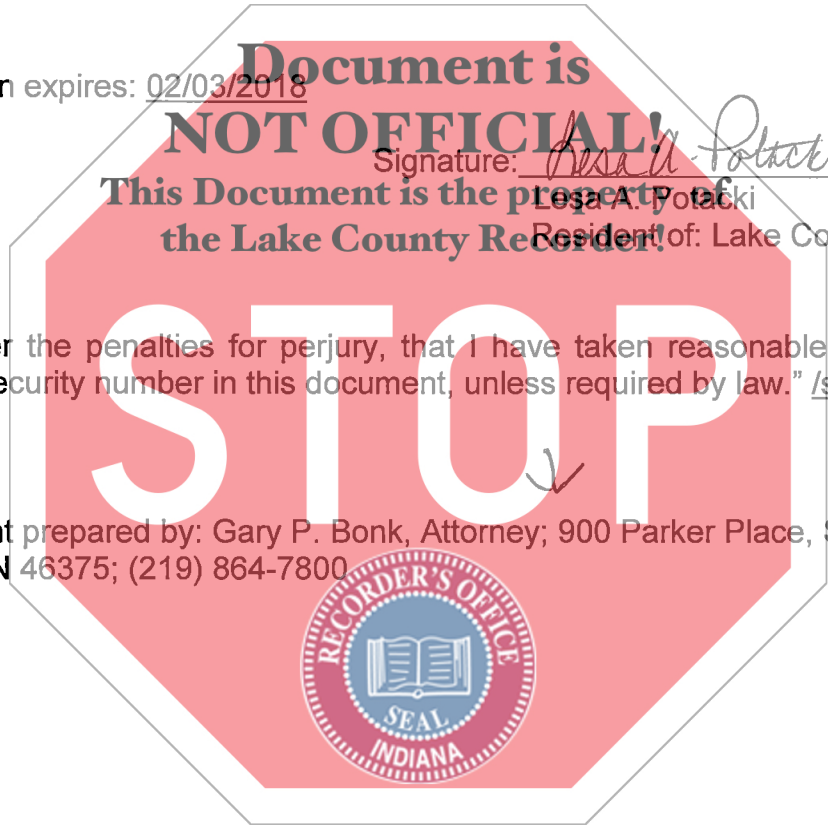
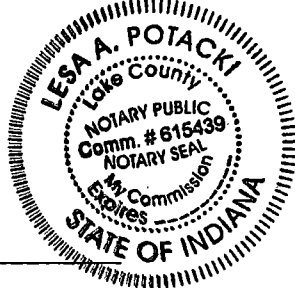
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Richard J. Kortenhoven being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 22nd day of August, 2016.

My commission expires: 02/03/2018



Signature: Lesia A. Potacki
Lesia A. Potacki
Resident of: Lake County, Indiana

"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

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

Tracking No. 94779



Local No. 769-08

State No.

1. Decedent's Legal Name (First, Middle, Last) MARLENE E. KORTENHOVEN				1a. Maiden Last Name (If Female) KUPRESANIN		2. Sex FEMALE		3. Time Of Death 12:23 PM		4. Date Of Death (Month/Day/Year) MARCH 1, 2008	
5. Social Security Number [REDACTED]		6a. Age - Yrs. 67		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____ Minutes: _____		7. Date Of Birth (Month/Day/Year) JULY 21, 1940		8. Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) 8271 ALEXANDER											
12. City Or Town, State, And Zip Code SCHERERVILLE, INDIANA 46375						13. County Of Death LAKE			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 RICHARD KORTENHOVEN				15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation APPRAISER COORDINATOR			17. Kind Of Business/Industry BANKING BUSINESS		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town SCHERERVILLE			18c. Street And Number 8271 ALEXANDER		18d. Apt. No. _____
18e. Zip Code 46375			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
19. Decedent's Education 12			20. Decedent Of Hispanic Origin NO			21. Decedent's Race WHITE					
22. Father's Name (First, Middle, Last) MILAN KUPRESANIN				23. Mother's Name (First, Middle, Last) MILVA KUPRESANIN				23a. Mother's Maiden Last Name SORAK			
24. Informant's Name RICHARD KORTENHOVEN			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 8271 ALEXANDER SCHERERVILLE, IND. 46375						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) MARCH 5, 2008 Memory Lane Cemetery			25c. Location - City, Town, And State CROWN POINT, INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LINCOLN RIDGE FUNERAL HOME 88800070 7607 W LINCOLN HWY, CROWN POINT, IN. 46307									
27b. Signature Of Informant <i>Richard Kortenhoven</i>			27c. License Number (Of Licensee) FDO1008300								
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause 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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. _____ 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. _____											
28. Cause Of Death (See Instructions And Examples) THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT Approximate Interval - Onset of Death MARCH 1, 2008											
Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I _____											
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 checked="" 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 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			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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) _____			38. City Or Town _____		
36. Location Of Injury - State _____			38a. City Or Town _____			38b. Street & Number _____			38c. Apt. No. _____		
39. Describe How Injury Occurred _____											
41. Signature Of Person Certifying Cause Of Death <i>Erwin Robin M.D.</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer <input type="checkbox"/> Other					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Erwin Robin M.D. 601 North Arthur Blvd South 401						44. License Number D1038075					
46. Additional Funeral Service Provider _____						47. "Akas" _____					
48. Signature of Local Health Officer <i>Susan W But D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) March 5, 2008					



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
Approximate Interval - Onset of Death
MARCH 1, 2008

NOT VALID UNLESS

March 5, 2008 SEALED SEAL AFFIXED