STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 074277

2016 NOV -3 AM 11:44

MICHAEL B. BROWN
RECORDER

4

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this OCT 28 2016 (insert date) before me personally appeared Kevin W. Welsch, Personal Representative

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

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 Larry W. Welsch and Patricia M. Welsch

4. Said Patricia Maureen Welsch aka Patricia M. welsch
(full name of co-tenant who died)
died on 10/26/2016 in Lake County
leaving No will;
(insert "a" or "no"; if will left, attach a copy

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

See Attached

016408

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
NOV 02 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

(1) 1605720

Chicago Title Insurance Company

18.00 NOVC

CT# 18205012 59

CHICAGO TITLE INSURANCE COMPANY

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 Kevin W. Welsch

Address: _____

_____

Subscribed and sworn to before me by the affiant

This October 28, 2016
(insert date)

[signature]
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____

MELISSA WAYTE
Notary Public - Seal
State of Indiana
Porter County
My Commission Expires Nov 3, 2022

This instrument prepared by Kevin W. Welsch

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. Melissa Wayte

1605720

EXHIBIT A

LOT 10, BLOCK 2, VILLA SHORES FIRST ADDITION TO HOBART, AS SHOWN IN PLAT BOOK 25, PAGE 4, IN LAKE COUNTY, INDIANA.

10000

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. 690-00

CERTIFICATE OF DEATH

State No. .....

200443

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
PATRICIA MAUREEN WELSCH	FEMALE	8:35 PM	MARCH 3, 2000

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	54			MARCH 14, 1945	MUNHALL, PENNSYLVANIA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
NO	—	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
7 WILLOW PLACE	HOBART	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	LARRY WELSCH	HOMEMAKER	AT HOME

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	HOBART	7 WILLOW PLACE

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46342	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	WHITE	12	4

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
JOHN C. ANDERSON	ANN LALISH

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
LARRY WELSCH	7 WILLOW PLACE, HOBART, IN. 46342	HUSBAND

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	MARCH 7, 2000 CHAPEL LAWN MEMORIAL GARDENS	SCHERERVILLE, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
RUSSELL A. KRAFT, JR.	29300105	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (or Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James F. Burns	01009461	BURNS FUNERAL HOME FDH# 83002380 701 E. 7TH STREET, HOBART, IN. 46342

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RENAL CELL CARCINOMA (RENAL CELL CARCINOMA)	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	NO	NO	—

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Walter Stadler	036-081259	MARCH 6, 2000

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	
WALTER STADLER, MD	THE UNIVERSITY OF CHICAGO HOSPITALS 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

31. HEALTH OFFICER'S SIGNATURE — I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH

32. DATE FILED (Month, Day, Year): March 17, 2000

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				DEC 21 2009

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)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no)	If yes, specify driver, passenger, pedestrian, etc.