

STATE OF INDIANA

COUNTY OF LAKE

2017 020103

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 MAR 29 AM 10:59

MICHAEL B. BROWN
RECORDER

ESTATE OF

WILLIAM STRICK

DECEASED

SURVIVORSHIP AFFIDAVIT

On this 16th day of March, 2017 before me personally appeared SYLVIA L. STRICK to me personally known, who being duly sworn, oath did say that:



1. Affiant is SYLVIA L. STRICK, surviving spouse of WILLIAM STRICK.
2. Affiant resides at 410 Old Stone Road, Unit #2, Munster, IN 46321.
3. The subject premises are described as follows:

RESIDENTIAL APARTMENT, UNIT 2, TOGETHER WITH AN UNDIVIDED 1.04 PER CENT INTEREST IN THE COMMON AREA FACILITIES IN STONE RIDGE CONDOMINIUM HORIZONTAL PROPERTY REGIME, IN THE TOWN OF MUNSTER, AS RECORDED ON JUNE 14, 1978 AS DOCUMENT NO. 473673 AND IN PLAT BOOK 48 PAGE 102 TO 109, BOTH INCLUSIVE, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Address: 410 Old Stone Road, Unit #2, Munster, IN 46321

Parcel no. 45-06-24-451-066-000-027

4. Said premises were formerly owned by WILLIAM STRICK and SYLVIA L. STRICK, husband and wife, as tenants by the entirety.
5. WILLIAM STRICK died in Munster, Indiana on January 9, 2005. A copy of his Death Certificate is attached.
6. WILLIAM STRICK and SYLVIA L. STRICK resided in the premises together until the death of WILLIAM STRICK.
7. WILLIAM STRICK and SYLVIA L. STRICK were never divorced.

Affiant's Signature:
Printed Name:
Address:

Sylvia L. Strick
SYLVIA L. STRICK
410 Old Stone Road, Unit #2, Munster, IN

FILED

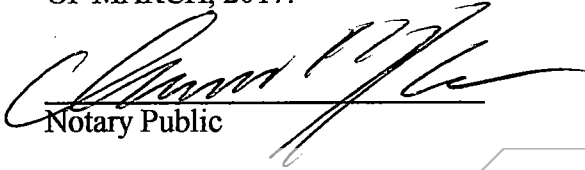
15.00
M.C.
#8635

MAR 29 2017

022368

JOHN E. PETALAS
LAKE COUNTY AUDITOR

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 16th DAY
OF MARCH, 2017.


Notary Public



I, Marcia L. Clegg, 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.

Document is NOT OFFICIAL
This Document is the property of the Lake County Recorder!

STOP

Document Prepared by and mail to:
Marcia L. Clegg
CLEGG & FAULKNER, P. C.
15 Lawndale Street,
Hammond, IN 46324
(219) 853-1851





ATTENTION: The Social Security # is requested by this state agency in order to assume its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 051-05

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

29213
PE/PRINT
IN
PERMANENT
LACK INK

1. DECEASED—NAME (First, Middle, Last) William Strick				2. SEX Male	3a. TIME OF DEATH 5:30P	3b. DATE OF DEATH (Month, Day, Year) January 9, 2005	
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 83	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) Feb. 15, 1921	7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) Munster Med-Inn				9c. CITY, TOWN, OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sylvia Shlensky		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Purchaser		12b. KIND OF BUSINESS/INDUSTRY Steel	
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 410 Old Stone Rd. #2	
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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) Elementary/Secondary (0-12) 2 College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) Phillip Strick				19. MOTHER'S NAME (First, Middle, Maiden Surname) Celia Epstein			
20a. INFORMANT'S NAME (Type/Print) Sylvia Strick				20b. MAILING ADDRESS (Street or Rural Route Number, City or Town, State, Zip Code) 410 Old Stone Rd. #2 Munster, IN 46321		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 12, 2005 Waldheim Cemetery		21c. LOCATION—City or Town, State Forest Park, IL			
22a. EMBALMERS NAME [Signature]		22b. EMBALMERS LICENSE NO. [REDACTED]		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR [Signature]		24b. LICENSE NUMBER (of Licensee) 1021590		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321			
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) Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I. Pneumonia dementia				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)		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 [Signature]				29c. MEDICAL LICENSE NO. 01052047		29d. DATE SIGNED (Month, Day, Year) 01/11/05	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Wm. Heheman, M.D. 7905 Calumet Munster, IN 46321							
31. HEALTH OFFICER'S SIGNATURE [Signature]				32. DATE FILED (Month, Day, Year) January 11, 2005			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34d. DESCRIBE HOW INJURY OCCURRED. ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. MAR 24 2005					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

ARENTS

FORMANT

POSITION

USE OF
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