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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 042027

2017 JUL 11 AM 10:07

Return Recorded Document to:

Attorney Lisa A. Kmak
1022 - 119th Street
Whiting, IN 46394

MICHAEL B. BROFF
RECORDER

Send Tax Documents To:

Carol A. Duhon
1436 Fischrupp Avenue
Whiting, IN 46394

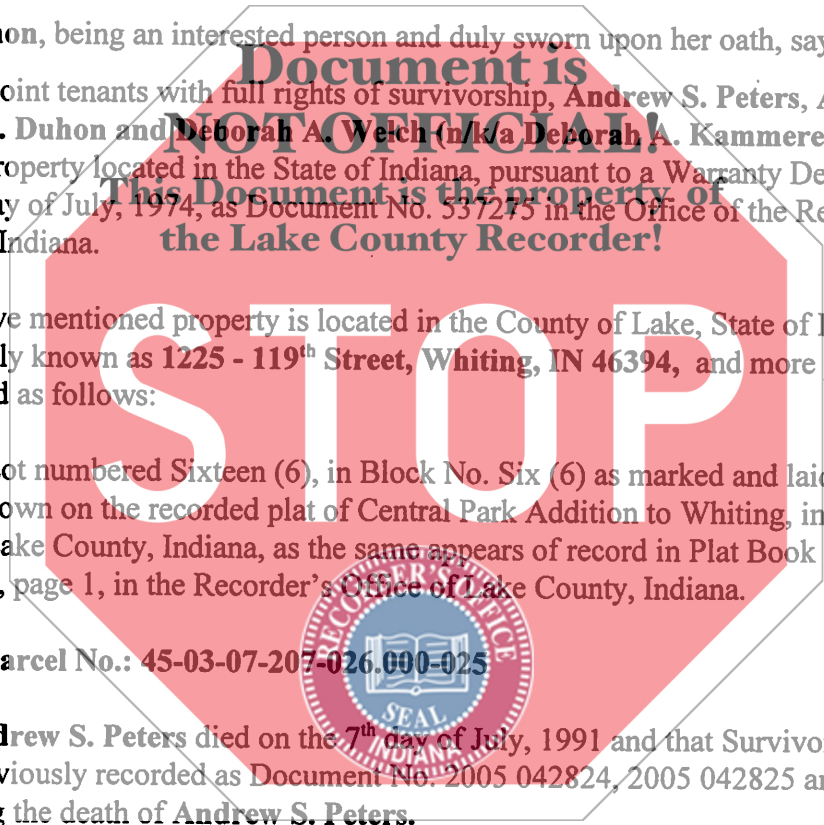
AFFIDAVIT OF SURVIVORSHIP

I, **Carol A. Duhon**, being an interested person and duly sworn upon her oath, says:

1. That as joint tenants with full rights of survivorship, **Andrew S. Peters, Ann C. Peters, Carol A. Duhon and Deborah A. Welch (n/k/a Deborah A. Kammerer)**, received title to real property located in the State of Indiana, pursuant to a Warranty Deed recorded on the 5th day of July, 1974, as Document No. 537275 in the Office of the Recorder of Lake County, Indiana.
2. The above mentioned property is located in the County of Lake, State of Indiana, commonly known as **1225 - 119th Street, Whiting, IN 46394**, and more particularly described as follows:

Lot numbered Sixteen (6), in Block No. Six (6) as marked and laid down on the recorded plat of Central Park Addition to Whiting, in Lake County, Indiana, as the same appears of record in Plat Book 5, page 1, in the Recorder's Office of Lake County, Indiana.

Parcel No.: 45-03-07-207-026.000-025
3. That **Andrew S. Peters** died on the 7th day of July, 1991 and that Survivorship Affidavits were previously recorded as Document No. 2005 042824, 2005 042825 and 2005 042826 reflecting the death of **Andrew S. Peters**.
4. That pursuant to the above, **Ann C. Peters, Carol A. Duhon and Deborah A. Welch (n/k/a Deborah A. Kammerer)**, became the surviving joint owners of said property.
5. That thereafter, **Ann C. Peters** died on the 15th day of February, 2015. A copy of her Death Certificate is attached hereto and made a part hereof by reference.



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JUL 11 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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2670
RN

6. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, undivided, fee simple, to the surviving owners, **Carol A. Duhon and Deborah A. Welch (n/k/a Deborah A. Kammerer)**, as Joint Tenants with Rights of Survivorship with a mailing address of 1436 Fischrupp Avenue, Whiting, IN 46394.

Further your affiant sayeth not.

Dated this 3 day of May, 2017.

Carol A. Duhon

Document is NOT OFFICIAL!

Carol A. Duhon
1436 Fischrupp Avenue, Whiting, IN 46394

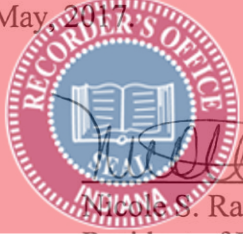
STATE OF INDIANA)
COUNTY OF LAKE)

This Document is the property of the Lake County Recorder!

STOP

Before me, a Notary Public in and for said county and state, personally appeared Carol A. Duhon, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument entitled "Affidavit of Survivorship" are true. 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.

Signed and sealed this 3 day of May, 2017.



Nicole S. Rauner

My Commission Expires: 04/23/2023

Nicole S. Rauner, Notary Public
Resident of Lake County, Indiana



CERTIFICATE OF DEATH

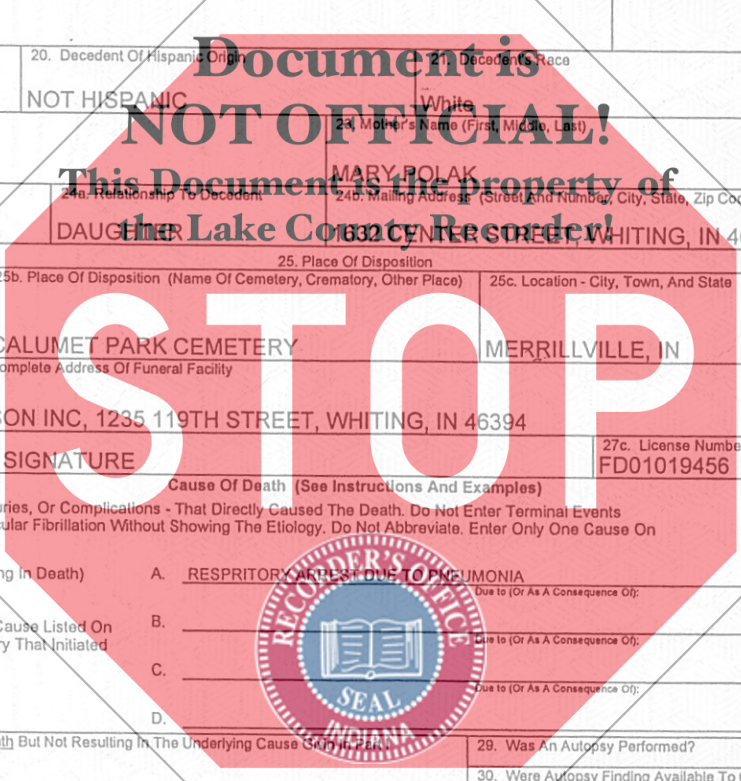
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000046

EDR No 00000433066

State No

1. Decedent's Legal Name (First, Middle, Last) ANN C PETERS				1a. Maiden Name (If female) POLAK		2. Sex FEMALE		3. Time Of Death 01:00 PM		4. Date Of Death (Month/Day/Year) 02/15/2015		
5. Social Security Number		6a. Age - Yrs 93		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) 01/18/1922		8. Birthplace (City and State or Foreign Country) WHITING, IN										
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 checked="" 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 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) ST CATHERINE HOSPITAL INC												
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation BUSINESSWOMAN		17. Kind Of Business/Industry TAVERN		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town WHITING			18d. Apt. No.		18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 1632 CENTER STREET												
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White						
22. Father's Name (First, Middle, Last) PAUL POLAK				23. Mother's Name (First, Middle, Last) MARY POLAK				23a. Mother's Maiden Last Name HEREZNIK				
24. Informant's Name MRS DEBORAH A KAMMERER				24a. Relationship To Decedent DAUGHTER				24b. Mailing Address (Street and Number, City, State, Zip Code) 1632 CENTER STREET, WHITING, IN 46394				
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394						27a. Funeral Home License Number. FH83007267				
27b. Signature Of Indiana Funeral Service Licensee: MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01019456						
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. RESPIRATORY ARREST DUE TO PNEUMONIA												
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												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Such As Falls)												
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						
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: KANTILAL S PATEL, BY ELECTRONIC SIGNATURE						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: KANTILAL S PATEL, 525 527 WEST CHICAGO AVENUE, EAST CHICAGO, IN 46312						44. License Number 01043474A		45. Date Certified 02/19/2015				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 19 2015						



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)