STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 043015

2017 JUL 13 AM 11:50

MICHAEL B. BROWN
RECORDER

3

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Send Tax Bills To: 1400 E. Division St., Hobart, IN 46342

AFFIDAVIT OF SURVIVORSHIP

Comes now Theresa A. Canzoneri, and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Donna Hecht deceased.

2. That Donna Hecht held a life estate interest in the real property located in Lake County, Indiana, more particularly described as:

   The West 121 feet of the South 3/5 of the South Half of the NE 1/4 of the NE 1/4 of the SE 1/4 of Section 29, Township 36 North, Range 7 West of the 2nd P.M., in Lake County, Indiana, the South 30 feet and the West 33 feet being reserved for street purposes.

   Commonly known as: 1400 E. Division St., Hobart, IN 46342
   Parcel No. 45-09-29-428-016.000-018

3. That Donna Hecht died on the 22nd day of April, 2017.

4. That Theresa A. Canzoneri, Kathleen M. Novosel, Arthur J. Hecht, Jr. and Laura A. McElwain hold the remainder interest.

5. That this Affidavit is made to induce the Assessor of Lake County and the Recorder of Porter County to remove the name of Donna Hecht from this record.

6. That Theresa A. Canzoneri will hold the Porter County Assessor and the Porter County Recorder harmless for their reliance on this Affidavit.

I affirm under the penalties for perjury that the foregoing statements are true.

Theresa A. Canzoneri
Theresa A. Conzoneri

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RECORDER'S OFFICE SEAL INDIANA

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 12 day of July, 2017.

My Commission Expires: 4/10/2022

SHAUNA M LANGE
Lake County
My Commission Expires
April 10, 2022
NOTARY PUBLIC SEAL STATE OF INDIANA

Shauna M. Lange, Notary Public
Resident of Lake County, Indiana

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange

This Instrument Prepared by: Law Offices of Patricia A. Rees, Shauna M. Lange, Esq.
5341 Central Ave., Portage, IN 46368 (219) 947-1692.

25.-
ck. 14071

FILED

JUL 13 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

040696

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000505 EDR No 000000574094 State No 020668

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
DONNA J HECHT	HARTER	FEMALE	11:27 PM	04/22/2017

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	83	Months	Days	Hours	Minutes	08/20/1933	CHURUBUSCO, IN

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): APERION CARE OF VALPARAISO

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
VALPARAISO, IN, 46383	PORTER	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
		FACTORY WORKER	MANUFACTURING

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	HOBART

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
1400 DIVISION STREET		46342	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
EVERETT HARTER	ZELMA HARTER	HARVEY

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
THERESA CANZONERI	DAUGHTER	1400 DIVISION STREET, HOBART, IN 46342

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	CALVARY CEMETERY	HOBART, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☐ Yes ☒ No	REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342	FH83003069

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
JAMES J. KRAUSE , BY ELECTRONIC SIGNATURE	FD01006463

Cause Of Death (See Instructions And Examples)

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.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	ADVANCED DEMENTIA	6 MONTHS
		Due to (Or As A Consequence Of):	
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.	FAILURE TO THRIVE	2WEEKS
		Due to (Or As A Consequence Of):	
	C.		
		Due to (Or As A Consequence Of):	
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I: HYPERTENSION, CHRONIC KIDNEY DISEASE, HYPERLIPIDEMIA

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: SUDHAKAR REDDY GARLAPATI , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One) ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
SUDHAKAR REDDY GARLAPATI , 401 WALL ST SUITE F, VALPARAISO, IN 46385	01035322A	04/24/2017

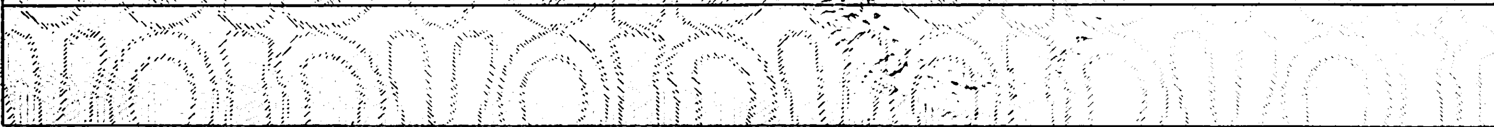
46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): APR 25 2017

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



State Form 53305

WARNING: ATTENTION: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

STATE OF INDIANA

VOID IF ALTERED OR ERASED

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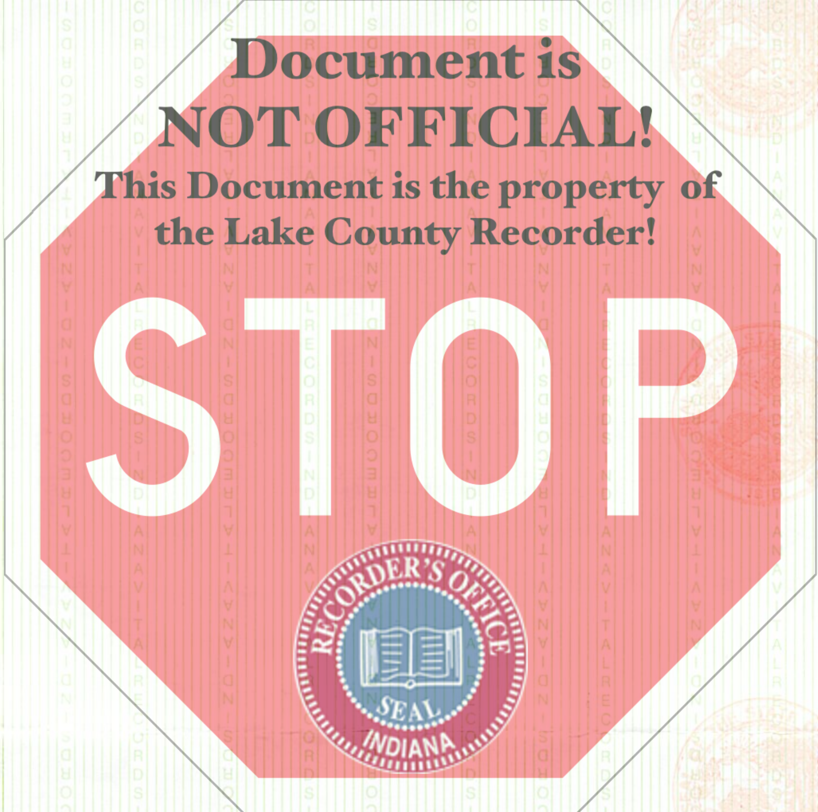

PORTER COUNTY HEALTH DEPT.
VALPARAISO, INDIANA

THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

HEALTH OFFICER