STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 043207

2017 JUL 14 AM 9: 43

MICHAEL B. BROWN RECORDER

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

) SS:

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COUNTY OF LAKE

Comes now Julie G. Pfote Thauer, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

NOT OFFICIAL!

- 1. Julie G. Pfotenhauer is an adult residing at 1413 Lantz Lane, Schererville, IN 46375, and has personal knowledge of the facts stated herein as the surviving spouse of George H. Pfotenhauer. the Lake County Recorder!
- 2. Julie G. Pfotenhauer holds a life estate interest in and to the following described real estate:

Lot 48 in Lakeview Estates 2nd Addition Phase One to the Town of Schererville, as per plat thereof, recorded in Plat Book 67, page 51, amended by Certificate of Correction recorded December 28, 1990 as Document No. 141068, in the Office of the Recorder of Lake County, Indiana.

Commonly known as:

413 Lantz Lane chererville, IN 46375

Property Number:

**17** | **156** - **005**.000 - **036** 

- 3. A life estate interest in and to said real estate was formerly held by George H. Pfotenhauer.
- 4. The life estate interests of George H. Pfotenhauer and Julie G. Pfotenhauer, Husband and Wife, were reserved in the Deed in Trust dated October 17, 2013, and

FILED

(Survivorship Affidavit - Page 1 of 2)

IN009137

JUL 13 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR HOLD FOR GREATER INDIANA TITLE COMPANY

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recorded October 23, 2013, as Document Number 2013 078932, in the Office of the Recorder of Lake County, Indiana, made by George H. Pfotenhauer and Julie G. Pfotenhauer, Husband and Wife, to George H. Pfotenhauer and Julie G. Pfotenhauer, as Trustees, under the provisions of that certain Trust Agreement dated the 15<sup>th</sup> day of April, 1998, and known as the George H. Pfotenhauer and Julie G. Pfotenhauer Living Trust Agreement dated April 15, 1998.

- 5. George H. Pfotenhauer died on May 9, 2014, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death of Lawrence C. Gyllstrom is attached to this Survivorship Affidavit as Exhibit "A" and made part of this Survivorship Affidavit by reference.
- 6. There were no Federal Estate taxes the by Season of George H. Pfotenhauer's death.
- 7. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Julie G. Rfotenhauer is the sole holder of a life estate interest in and to of said real estate and to place of with the Lake County Recorder's Office evidence that Julie G. Pfotenhauer is the sole holder of a life estate interest in and to said real estate.

Further Affiant saith not.

Julie G. Pfotenhauer

Subscribed and sworn to before me, the understood Notary Public in and for said County and State, on this 7th day of July, 2017.

BRENDA SOHOVICH
Notary Public - Seal
State of Indiana
Porter County
My Commission Expires Nov 5, 2022

otary's Signature

btary's Printed Name: Brends So how ch

Notary's County of Residence:

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Notary's Commission Expires: 1) 15/2527

After recording return to: Julie G. Pfotenhauer, C/O Greater Indiana Title Company 8700 Broadway Ste B, Merrillville In 46410

Prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86<sup>th</sup> Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Greater Indiana Title Company commitment number IN002132.

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. <u>Chris Fox</u>

## Tracking No. 25959

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 001494 EDR No 000000384344 State No 021488 1. Decedent's Legal Name (First, Middle, Last) 4. Date Of Death (Month/Day/Year) 3. Time Of Death GEORGE H PFOTENHAUER MALE 07:30 PM 05/09/2014 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) Days Hours Minutes 01/09/1940 BLUE ISLAND, IL 9. Ever in U.S. Armed Forces? 10. If Death Occurred in A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital Mospice Facility ☐ Decadent's Home ☐ Nursing Home/Long-term Care Facility ☐ Yes 🗵 No 🔲 Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival Other (Specify) 11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE 13. County Of Death 14. Marital Status At Time Of Death Married Married, But Separated Widowed Nevor Married MUNSTER, IN. 46321 ☐ Never Married ☐ Unknown LAKE 15a. (If Wife)Give Maiden Last Name 17. Kind Of Business/Industry 16. Decedent's Usual Occupation JULIE PFOTENHAUER KOMOROWSKI POLICE DEPARTMENT CHIEF OF POLICE 18a. County 18b. City Or Town INDIANA LAKE SCHERERVILLE 18c. Street And Number 18e. Zip Code 18f. Inside City Limits? ⊠ Yes □ No 1413 LANTZ LANE 46375 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED

22. Father's Name (First, Middle, Last) 23a, Mother's Maiden Last Name CLARENCE PFOTENHAUER Document HENRIETO PROTENHAVERO MULDER WILLIAM COUNTY AND COME COTERERVILLE, IN 46375 JULIE PFOTENHAUER 25a. Method Of Disposition ☐ Bunal 🖾 Cremation 🔲 Donation 🗀 Enton Removal From State Other (Specify): 26. Was Coroner Contacted? SMITS CREMATORY DYER, IN dress Of Funeral Facility 27a. Funeral Home License Number. SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311 FH11000037 27b. Signature Of Indiana Funeral Service License er (Of Licensee): TIMOTHY G SMITS, BY ELECTRONIC SIGNATURE FD20600101 Cause Of Death (See Instructions And Examples) Approximate 28. Part I, Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events - Diseases, Injuries, Or Complications - That Directly Caused The Death Directly Caused The Death Directly Caused The Death Directly Caused The Death Directly Caused The Directly Caused The Death Directly Caused Interval: Onset To Death LAKE COUNTY HEALTH DEPARTMENT PROSTATE CANCER R'S Immediate Cause (Final Disease Or Condition Resulting in Death) **YEARS** Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enfer The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last 63117 360 Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying 29. Was An Autopsy Performed? Yes No Yes No 31. Did Tobacco Use Contribute To Death? 33. Manner Of Death: Kot Pregnant Witton Paul Your Matural ☐ Homicide ☐ Accident ☐ Pending Investigation Program At Tone Of Death | Hot Pregnant, But Pregnant Within Days Of Death ☐ Yes ☐ Probably 🗵 No 🗌 Unknown Hot Pregnant, But Pregnant 43 Days To 1 year Before Ocalh
35. Time Of Injury Unknown if Pregnant Whiten The Past Year Suicide Could Not Be Determined 34. Date Of Injury (Month/Day/Year) 36. Place Of Injury (E.G., Decedent's Home, Construction Sito, Restaurant, Wooded Area); 37. Injury At Work? - ☐ Yes 38. Location Of Injury - State 38d. Ziò Code 38h Street & Number 38a. City Or Town 39c. Apt. No. . - . 39. Describe How Injury Occurred 40. If Transportation Injury: Specify: ONE ISPAN EESS 41. Signature, Of Person Certifying Cause Of Death:
ERWIN L ROBIN , BY ELECTRONIC SIGNATURE
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 42. Certifier (Check Only One) Cofoner ☐ Heath Officer

☐ Certifying Physician 1 ☐ Cofoner ☐ Heath Officer

☐ 44. Ucertise Number ☐ 45. Date Certified ERWIN L ROBIN, 801 MACARTHUR BOULEVARD SUITE 401, MUNSTER, IN 46321 01038072A 47. \*Akasi+ (7 48. Signature of Local Health Officer. Date Filed (Month/Day/Year): 49. For Registrar Only SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) 454