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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 062243

2017 SEP 13 AM 9: 17

MICHAEL B. BROWN RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, April H. Luna, this 12th day of September, 2017, being first duty sworn upon oath, states as follows:

- 1. That I am the daughter of William Er Engle, deceased
- 2. That my fame: When the Engle's asset pway of Hely 50 day of July, 2017. A copy of William E. Hugle's aleath Certificate is attached largeto.
- 3. That William E. Engle was duly and legally married to Denise L. Engle at the time they, as husband and wife, acquired the following real estate:

THE SOUTH 35 FEET OF LOT 28 AND THE NORTH 35 FEET OF LOT 29 IN BLOCK 2 IN UNIVERSITY GARDENS, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 42, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 6914 Basing Avence, Hammond, IN 46324

Key No.: 45-07-08 327-023.000-023

- 4. That the marital relationship which existed between William E. Engle and Denise L. Engle at the time they acquired like to said real estate remained in effect and unbroken until the date of William E. Engle's death;
- 5. That all funeral expenses in connection with the death of William E. Engle have been paid in full; and
- 6. That the estate of William E. Engle did not necessitate the filling of a Federal Estate Tax Return.

FILED

SEP 13 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR Basion

1#005623

041784

FURTHER AFFIANT SAYETH NOT,
April H. Luna
STATE OF INDIANA)) SS:
COUNT OF LAKE
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this day of Subtraction of Public of Pub
day of the last of
My commission expires: This Document of the polar of the commission expires: This Document of the polar of the commission expires this Document of the polar of the commission expires this Document of the polar of the commission expires this Document of the polar of the commission expires the commi
KIMBERLY A. SEITZINGER County Notary Public! My Commission Expires June 25, 2022Resident of Jake County
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. Robert F. Tweedle
Return Recorded Document to: instrument prepared by:
Robert F. Tweedle, #20411-45
2850 – 45 th Street, Suite A Highland, IN 46322 **Baland, IN 46322/219-924-0770** *

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. | 129528

Loca	al No 002	2459		EDR No 000	0005882	76		Stat	te No	<u>0351</u>	18		
1. Decedent's Legal Name (F	irst, Middle, Last)			1a. Maiden N	lame (If female)		2. Sex	3	. Time Of	Death	4. Date	Of Death (Month/Day/Year)	
WILLIAM E ENGLE							MAI	LE	09:15	PM		07/15/2017	
5. Social Security Number		6b. Under	Year 6c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mor	th/Day/Yea			and State	or Foreign Country)	
	61	Months	Days	Hours	Minutes	1	10/07/19	955	VA	LLEJO, (CA		
9. Ever in U.S. Armed Forces		h Occurred in	A Hospital:		10a. If Death Occu		where Other	Than A Hos	pital				
Hospice Facility ☐ Decedent'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)													
COMMUNITY HOS	PITAL									·			
12. City Or Town, State, And Zip Code 13. County Of Death								14. Marital Status At Time Of Death Married Married, But Separated Divorced					
MUNSTER, IN, 46321					LAKE					Widowed	Widowed Never Married Unknown		
15. Surviving Spouse's Name				15a. Last Name Befor	e First Marriage		16. Deced	ents Usual (Occupation)	17. Kind	Of Business/Industry	
DENISE ENGLE				KEILMAN			LABORE	≅R			MANII	FACTURING	
18. Residence - State			18a. County	11/21/21/07/11	18b. City Or To	wn	<u> </u>	<u> </u>			140 1110	AOTORINO	
INDIANA			LAKE		HAMMONE	,		•					
18c. Street And Number			LANE		LIMINIOIAE			18d. Apt.	No.	18e. Zip	Code	18f. Inside City Limits?	
COLA BADING AVE	All II											⊠ Yes □ No	
6914 BARING AVE	NUE		20. Decedent Of	Hispanic Origin	T110 P134	Decedents	Raca			46	324		
SOME COLLEGE (CREDIT, BL	T NOT		DUC			,,,,,,						
DEGREE 22. Parent's Name (First, Mic	Idio Lasti		NOT HISPA	NE	While 23. Parents Name	(Elect Mile	To Tast			1 22 a D	emove I no	t Name Before First Marriage	
22. Fastita Hanta (Filat, Mic	шо, шоу		1	OI O			4.0			230. F	alcius Las	r iverito peroto Etrat Mistusõe	
WILLIAM ENGLE S	R		This I	ship to Decedent	WANDA ENG	3LEnn	ertv	of		PRO	KOCK		
24. Informant's Name													
DENISE ENGLE			WIFE	e Lake Co		GAVE	NUETHA	MMONI), IN 4	6324			
25a. Method Of Disposition			25b. Place Of Dispositi	on (Name Of Cemetery,	Place Of Disposition Crematory, Other Place) 25c. L	ocation - City	, Town, And	State			•	
☐ Burial 🖾 Cremation [Donation 🔲 Er												
Removal From State Other (Specify):			CELLY CARRO	LL CREMATOR	ev	GAE	RY, IN						
28. Was Coroner Contacted?	27.		Complete Address Of Fe			JOA!	VI , (IV				27a. Fu	neral Home License Number:	
☐ Yes ⊠ No		DAID (C)	NI ELINES AL I	IOME INIC MAIN	10750 0445 0								
27b. Signature Of Indiana Fu	ineral Service Lice	:nsee:		HOME INC-MUN	NSTER, 8415 CA	ALUME	I AVE,	C. License	Number (46321 Of Licensee):	JFH83	004968	
BRIAN T. BURNS	BY ELECT	RONIC S	SIGNATURE	Cause Of Beeth #	See Instructions And	Guannia		D08601	763				
28. Part I. Enter The Cha	in Of Events - D	Diseases, Inj	uries, Or Complication	ns - That Directly Caus	sed The Death, Do Not	Enter Ter	minal Event	ŝ				Approximate Interval: Onset	
Such As Cardiac Arrest, A Line. Add Additional L	Respiratory Arre ines If Necessan	st, Or Ventri	cular Fibrillation With	out Showing The Etiolo		. Enter Or	nly One Cau	se On				To Death	
Immediate Cause (Final			ng In Death)	A. ACUTE KIDNEY	INJURY ON CHRONI	IC KIDNE	Y DISEASE						
				80	The second second	Due to (Or .	As A Consequence	01):					
Sequentially List Condition Line A. Enter The Under	ons, If Any, Lead	ling To The	Sause Listed On	B. <u>CIRRHOSIS</u>		Due to (Or	As A Consequence	Ot):	/			-	
The Events Resulting In i		ooo or inge	, , , , , , , , , , , , , , , , , , , ,	C. DIABETES MEL	LITUS								
				E	Ser	Due to (Or .	As A Consequence	100:					
Part II. Enter Other Significan	t Conditions Contr	ibuting to De	ath But Not Resulting Ir	D. <u>HYPOTENSION</u> The Underlying Chuse (I 29. Wa	s An Autopsy	Performed?					
				1 100	MANATA	1	re Autopsy Fi			Tiplete The C	Suse Of Do	adh?	
31. Did Tobacco Use Contrib	oute To Death?	32.	If Female:	\ <u> </u>			$\overline{}$	33. Mar	ner Of De	eth:		Yes No	
☐ Yes ☐ Probably 🛭 N	o Unknown		Not Prognant Within Past Year	Days To year Better Dects	th Not Pregnant, But Preg			T:				Pending Investigation	
34. Date Of Injury (Month/Da	y/Year)		Time Of Injury	36.1	ECORD ON FILE		ome Constru	ion Site, R	ae 🔲 Co	uld Not Be Do Wooded Are	etermined a) 3	7. Injury At Work?	
				LAKECO	ECORD ON FILE UNTY HEALTH I	DEPAR	TMENT	1				Yes No	
38. Location Of Injury - State	1	38a	City Or Town	395-	Circol & Number					38c. Apt. N	lo. 3	8d. Zip Code	
					1111 100	017		1					
39. Describe How Injury Occ	urred				JUL 10 2	01/ 		40. If Tr	ensportation	on Injury, Spe	cify:	An - 10 - 14	
										"NOT	VAL	DUNLESS	
41. Signature, Of Person Ce WADDAH AHDAB			SIGNATURE		(in -		42. Ce 53 Ce	ifier (Chec	k Only Om	Corone		I-Health Officer	
43. Name, Address And Zip				LAKE	COUNTY HEALT	H OFFI			License !			5. Date Certified	
WADDAH AHDAB	. 9696 GOF	RDON DE	R., HIGHLAND		COUNTY REALT	n OFFI	CEN	J 01	04685	Δ		07/17/2017	
46. Additional Funeral Service			,						' Akas:		+ +	VIIIIVII	
48. Signature of Local Health	Officer.			 			49. For Re	gistrar Onl	y - Date F	iled (Month)	Day/Year		
CHANDANA VAVIL	ALA, VIA E	LECTRO								JUL 18 2			
			AMEN	IDMENT TO CERTIFIC	CATE OF DEATH (EN	TRY OR (ORIGINAL)		1.57				
									1			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
									1		1;		
											1 1 2		