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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 085937

2017 DEC 19 AM 9:00

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP (Real Estate)

Comes now the affiant, Richard D. Leitch, and for his affidavit deposes and says:

1. That the affiant and Elke J. Leitch were married on August 17, 1965, and such marital state continued until the death of Elke on May 20, 2017.

2. That the affiant and the decedent, Elke J. Leitch, were the owners as tenants by the entireties of the following described real estate in Lake County, Indiana.

Parcel No.: 45-17-28-400-003.000-044

Location of the above-described property: 9001 E. 137th Avenue, Hebron, Indiana 46341

Taxpayer's legal mailing address: 9001 E. 137th Avenue, Hebron, Indiana 46341

3. That all bills, expenses, and taxes attributable to the estate of the late Elke J. Leitch have been paid.



FILED

DEC 15 2017

JOHN E. PETALAS
LAKE COUNTY RECORDER

43675

AMOUNT \$ 25100
CASH _____ CHARGE _____
CHECK# 30656
OVERAGE _____
COPY _____
NON-CONF _____
 DEPUTY MB

EXHIBIT 'A'

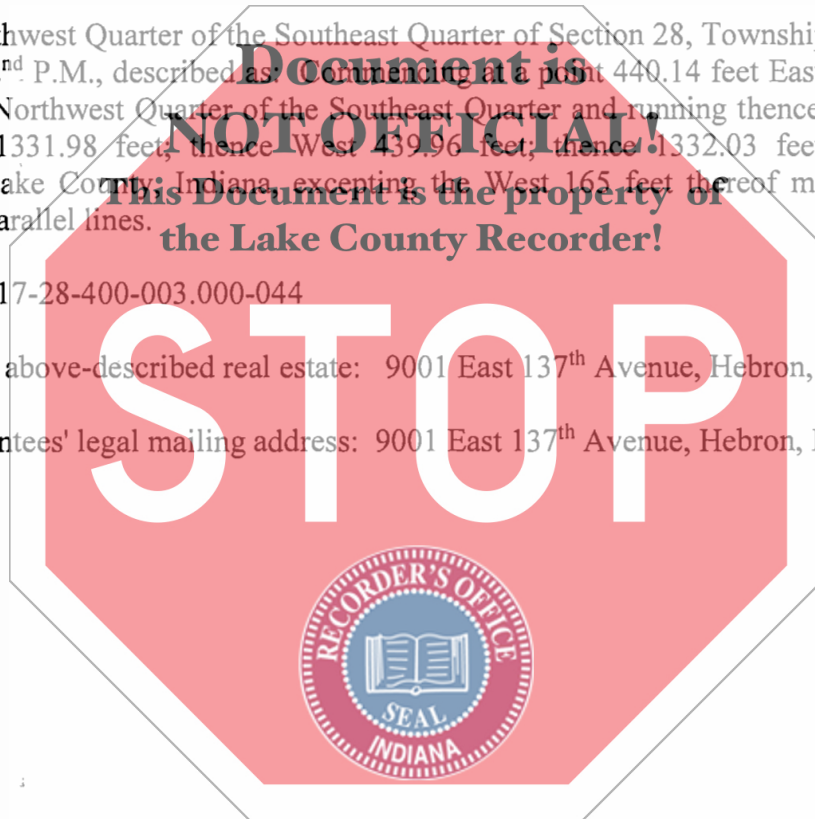
Legal Description:

Part of the Northwest Quarter of the Southeast Quarter of Section 28, Township 34 North, Range 7 West of the 2nd P.M., described as: Commencing at a point 440.14 feet East of the Northwest corner of said Northwest Quarter of the Southeast Quarter and running thence East 440.14 feet; thence South 1331.98 feet; thence West 439.96 feet; thence 1332.03 feet to the place of beginning in Lake County, Indiana, excepting the West 165 feet thereof measured along the South line by parallel lines.

Parcel No.: 45-17-28-400-003.000-044

Location of the above-described real estate: 9001 East 137th Avenue, Hebron, Indiana 46341

Taxpayers'/Grantees' legal mailing address: 9001 East 137th Avenue, Hebron, Indiana 46341





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 124474

Local No 001808

EDR No 00000578653

State No 025586

1. Decedent's Legal Name (First, Middle, Last) ELKE J LEITCH				1a. Maiden Name (If female) SCHMITZ		2. Sex FEMALE	3. Time Of Death 06:50 AM	4. Date Of Death (Month/Day/Year) 05/20/2017	
5. Social Security Number [REDACTED]		6a. Age - Yrs 69	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) 08/05/1947		8. Birthplace (City and State or Foreign Country) LEIMEN, GM
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 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 checked="" 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) 9001 EAST 137TH AVENUE									
12. City Or Town, State, And Zip Code HEBRON, IN, 46341					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Mamed, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name DAVID LEITCH			15a. Last Name Before First Marriage SCHMITZ			16. Decedent's Usual Occupation MEAT CUTTER		17. Kind Of Business/Industry RETAIL GROCERY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HEBRON		18d. Apt. No	18e. Zip Code 46341	18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 9001 EAST 137TH AVENUE									
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) JOHANN SCHMITZ				23. Parent's Name (First, Middle, Last) ERIKA SCHMITZ			23a. Parent's Last Name Before First Marriage WALDEIS		
24. Informant's Name DAVID LEITCH				24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 9001 EAST 137TH AVENUE, HEBRON, IN 46341			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HEIGHTS CREMATORY			25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CROWN CREMATION SERVICES, 850 N. MADISON STREET, CROWN POINT, IN 46307					27a. Funeral Home License Number. FH11300014		
27b. Signature Of Indiana Funeral Service Licensee: PHILLIP RICHARD SALLIE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700050			
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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. MALIGNANT NEOPLASM OF ASCENDING COLON Due to (Or As A Consequence Of) B. _____ Due to (Or As A Consequence Of) C. _____ Due to (Or As A Consequence Of) D. _____ 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						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Part II Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NO						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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) NOT VALID UNLESS			
41. Signature. Of Person Certifying Cause Of Death. BRETT ALAN BRECHNER, 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. BRETT ALAN BRECHNER, 9150 E. 109TH AVE. SUITE 2A, CROWN POINT, IN 46307						44. License Number 02002495A		45. Date Certified 05/22/2017	
46. Additional Funeral Service Provider						47. *Aka's			
48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) MAY 23 2017			

