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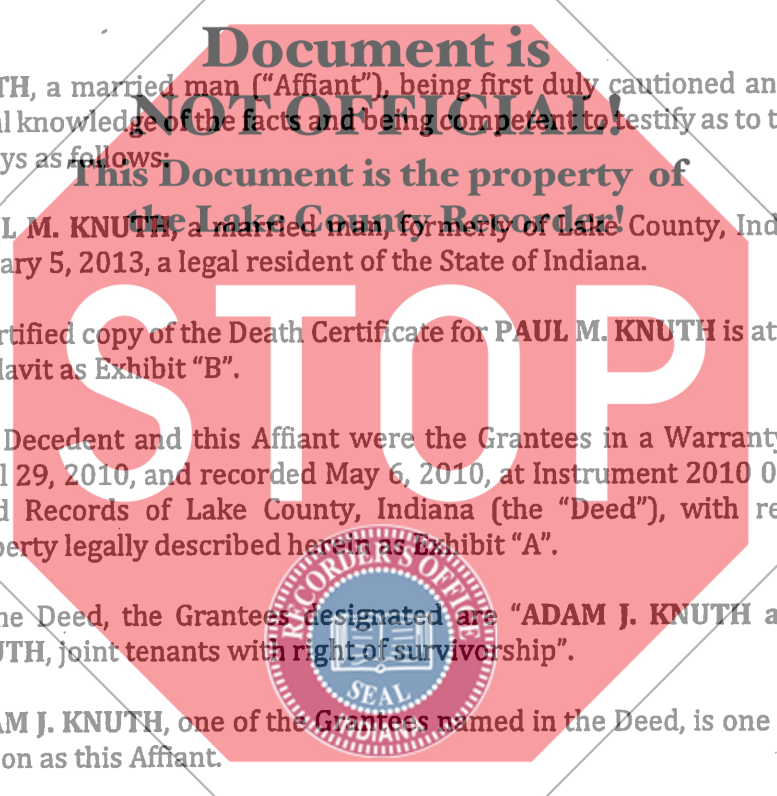
LAKE COUNTY
FILED FOR RECORDS

2017 DEC 28 AM 9:19

MICHAEL B. BROWN
RECORDER

AFFIDAVIT FOR TRANSFER TO SURVIVOR

ADAM J. KNUTH, a married man ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:



1. **PAUL M. KNUTH**, a married man, formerly of Lake County, Indiana, died on January 5, 2013, a legal resident of the State of Indiana.
2. A certified copy of the Death Certificate for **PAUL M. KNUTH** is attached to this Affidavit as Exhibit "B".
3. The Decedent and this Affiant were the Grantees in a Warranty Deed dated April 29, 2010, and recorded May 6, 2010, at Instrument 2010 026060, of the Deed Records of Lake County, Indiana (the "Deed"), with respect to the property legally described herein as Exhibit "A".
4. In the Deed, the Grantees designated are "**ADAM J. KNUTH and PAUL M. KNUTH**, joint tenants with right of survivorship".
5. **ADAM J. KNUTH**, one of the Grantees named in the Deed, is one and the same person as this Affiant.
6. The address of Affiant is 703 North Glenwood Street, Griffith, Indiana 46319

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FILED

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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AB

7. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Lake County, Indiana.

Executed by the undersigned this 15 day of August, 2017.




ADAM J. KNUTH

STATE OF INDIANA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 15 day of August, 2017, by ADAM J. KNUTH, a married man, who is personally known to me or has produced DRIVERS LICENSE as identification and, furthermore, the aforementioned person has acknowledged that his signature was his free and voluntary act for the purposes set forth in this instrument.



NOTARY PUBLIC

This instrument prepared by: 
Jay A. Rosenberg, Esquire, Rosenberg LPA - Attorney at Law, 3805 Edwards Road, Suite 550, Cincinnati, Indiana 45209 Phone: (513) 247-9605 Fax: (866) 611-0170

**EXHIBIT "A"
LEGAL DESCRIPTION**

SITUATED IN THE COUNTY OF LAKE AND STATE OF INDIANA:

BEING LOT FIFTEEN (15) IN VINE GARDENS SECOND (2ND) ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 35, PAGE 99, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

SUBJECT TO ALL EASEMENTS AND RESTRICTIONS OF RECORD.

COMMONLY KNOWN AS: 703 NORTH GLENWOOD STREET, GRIFFITH, INDIANA 46319

PARCEL NUMBER: 45-07-35-228-017.000-006





**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **000098**

EDR No **000000299293**

State No **001170**

1. Decedent's Legal Name (First, Middle, Last) PAUL M KNUTH				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:24 PM		4. Date Of Death (Month/Day/Year) 01/05/2013	
5. Social Security Number		6a. Age - Yrs 54		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour	
		Months		Days		Hours		Minutes		7. Date of Birth (Month/Day/Year) 01/25/1958	
										8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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) 3313 FARMER DRIVE											
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name VICKI KNUTH				15a. (If Wife) Give Maiden Last Name PETERSEN				16. Decedent's Usual Occupation MECHANIC		17. Kind Of Business/Industry HOSTESS	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No.		18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 3313 FARMER DRIVE											
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE				20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) ALPHONSE KNUTH				23. Mother's Name (First, Middle, Last) JOSEPHINE KNUTH				23a. Mother's Maiden Last Name GOSTOMSKI			
24. Informant's Name VICKI KNUTH				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street Number, City, State, Zip Code) 3313 FARMER DRIVE, HIGHLAND, IN 46322			
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 CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311				27a. Funeral Home License Number: FH10900001					
27b. Signature Of Indiana Funeral Service Licensee: CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20700033									
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. METASTATIC ADENOCARCINOMA OF THE COLON 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Due to (Or As A Consequence Of):											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I.										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										Approximate Interval: Onset To Death MONTHS	
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: LYLE R MUNN, 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: LYLE R MUNN, 1190 NORTH STATE ROAD 49, PORTER, IN 46304						44. License Number 01031582A		45. Date Certified 01/10/2013			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 11 2013					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											



THIS CERTIFICATE IS A TRUE AND COMPLETE REPLICATION OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JAN 11 2013