

4

2020-044594

2020 Jul 15 10:41 AM

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP (Real Estate)**

Comes now the affiant, Shawn C. Stur, and for her affidavit deposes and says:

1. That the affiant and Nicholas J. Stur were married on the 26 day of September, 2013, and such marital state continued until the death of Nicholas J. Stur on May 7, 2018. See Death Certificate attached hereto as Exhibit A.

2. That the affiant and the decedent, Nicholas J. Stur, were the owners as tenants by the entireties of the following described real estate in Lake County, Indiana, to-wit:

Lot 164 in Penn Oak Unit Four East, as per plat thereof recorded in Plat Book 100, Page 87, in the Office of the Recorder of Lake County.

Parcel No.: 45-16-09-470-006.000-042

Location of the above-described property: 1817 Greenwood Drive, Crown Point, Indiana 46307

Taxpayer's legal mailing address: 1817 Greenwood Drive, Crown Point, Indiana 46307

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

Further affiant sayeth not.

Shawn C. Stur  
Shawn C. Stur

002410

FILED

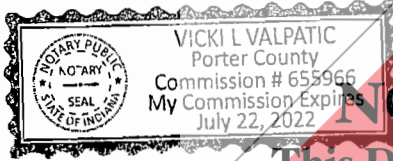
JUL 14 2020

1  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

\$25.00  
43329  
E JB

STATE OF INDIANA )  
 ) SS:  
COUNTY OF PORTER )

Before me, a Notary Public, in and for said County and State, this 2<sup>nd</sup> day of July, 2020, personally appeared **Shawn C. Stur**, who acknowledged the execution of the foregoing instrument to be her free and voluntary act.



*Vicki L. Valpatic*  
Notary Public  
**Document is NOT OFFICIAL!**

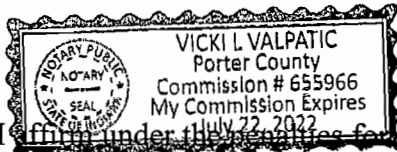
EXECUTED AND DELIVERED in my presence: **This Document is the property of the Lake County Recorder!**

*Morris A. Sunkel*  
Morris A. Sunkel, Witness

STATE OF INDIANA )  
 ) SS:  
COUNTY OF PORTER )

Before me, a Notary Public in and for said County and State, personally appeared **Morris A. Sunkel** being known to me to be the person whose name is described as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by **Shawn C. Stur** in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 2<sup>nd</sup> day of July, 2020.



*Vicki L. Valpatic*  
Notary Public

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. Morris A. Sunkel

This Instrument Prepared by:

Morris A. Sunkel (#503-64)  
HARRIS WELSH & LUKMANN  
107 Broadway  
Chesterton, IN 46304  
219-926-2114

Sent Future Tax Statements to:  
Shawn C. Stur  
1817 Greenwood Drive  
Crown Point, IN 46307







INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 160584

Local No 901809

EDR No 00000643266

State No 026523

1. Decedent's Legal Name (First, Middle, Last) <b>NICHOLAS STUR</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>05:55 AM</b>	4. Date Of Death (Month/Day/Year) <b>05/07/2018</b>	
5. Social Security Number	6a. Age - Yrs <b>44</b>	6b. Under 1 Year Months: Days:	6c. Under 1 Month Days:	6d. Under 1 Day Hours:	6e. Under 1 Hour Minutes:	7. Date of Birth (Month/Day/Year) <b>08/23/1973</b>	
8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) <b>1817 GREENWOOD DRIVE</b>				13. County Of Death <b>LAKE</b>		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	
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46311</b>		15a. Last Name Before First Marriage <b>FLAGG</b>		16. Decedent's Usual Occupation <b>STEEL WORKER</b>		17. Kind Of Business/Industry <b>STEEL</b>	
15. Surviving Spouse's Name <b>SHAWN STUR</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>		18d. Apt. No.	
18. Residence - State <b>INDIANA</b>		18c. Street And Number <b>1817 GREENWOOD DRIVE</b>		18e. Zip Code <b>46311</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>GERALD J STUR</b>	
23. Parent's Name (First, Middle, Last) <b>BARBARA STUR</b>		23a. Parent's Last Name Before First Marriage <b>YUHASZ</b>		24. Informant's Name <b>SHAWN STUR</b>			
24a. Relationship To Decedent <b>SPOUSE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1817 GREENWOOD DRIVE, CROWN POINT, IN 46311</b>					
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) <b>HILLSIDE CREMATORY</b>		25c. Location - City, Town, And State <b>HIGHLAND, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>HILLSIDE FUNERAL HOME &amp; CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322</b>				27a. Funeral Home License Number: <b>FH11700003</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>CORNELIUS A. KUIPER, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD01014511</b>					
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) <b>A. CONTACT GUNSHOT WOUND</b>		Cause Of Death (See Instructions And Examples) <b>CONTACT GUNSHOT WOUND</b>		Approximate Interval: Onset To Death		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT	
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. _____		C. _____		D. _____	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year) <b>05/07/2018</b>		35. Time Of Injury <b>05:55 AM</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>RESIDENCE</b>		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State <b>INDIANA</b>		38a. City Or Town <b>CROWN POINT</b>		38b. Street & Number <b>1817 GREENWOOD DRIVE</b>		38c. Apt. No. 38d. Zip Code <b>46307</b>	
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: <b>MERRILEE D. FREY, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307</b>		44. License Number		45. Date Certified <b>05/29/2018</b>			
46. Additional Funeral Service Provider		47. Akas		48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>			
49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 29 2018</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

