3

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

2020-049014
2020 Jul 30 1:18 PM

AFFIDAVIT OF DEATH

BUDDY W. GOETTSCH and FELICIA J. MADURA, upon personal knowledge and belief, makes these statements.

1. That Morris H. Goettsch and Patricia A. Goettsch were husband and wife, owning the real estate located at 41 Ruth Street, Hammond, IN 46320 and more specifically described below as joint tenants with the rights of survivorship.

2. That Morris H. Goettsch died on February 12, 1998 (a copy of the Owner's death certificate is attached as Exhibit A) owning at death an interest in the following described real estate:

    Lots Seventeen (17) and Eighteen (18), Block Four (4), Homewood Addition, in the City of Hammond, as shown in Plat Book 2, page 29, in Lake County, Indiana.

3. That by virtue of Morris H. Goettsch's February 12, 1998 death, the real estate passed to Patricia A. Goettsch in fee simple.

4. That Patricia A. Goettsch died on November 27, 2019, prior to the filing of any affidavit of surviving spouse. (a copy of the Owner's death certificate is attached as Exhibit B)

5. That Patricia A. Goettsch's estate is currently pending in the Lake Superior Court under cause number 45D02-1912-EU-000479 and affiant is appointed the personal representative of the estate and is authorized to sign pursuant to Indiana law. (a copy of letters testamentary attached as Exhibit C)

6. That by virtue of the death of the party listed in paragraph #1 above, the Estate of Patricia A. Goettsch is the fee simple owner of the above described property and requests that this fact be reflected on the land and tax records of the County.

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Dated this 29 day of July, 2020.

BUDDY W. GOETTSCH, Personal Representative
Estate of Patricia Goettsch, Deceased

FELICIA J. MADURA, Personal Representative
Estate of Patricia A. Goettsch, Deceased

FILED 024565
JUL 30 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) **SS:**
COUNTY OF LAKE)

Subscribed and sworn to before me, the undersigned, a Notary Public, in and for this County and State, personally appeared BUDDY W. GOETTSCH and FELICIA J. MADURA as co-personal representatives of the estate of PATRICIA A. GOETTSCH and acknowledged the execution of this instrument to be their voluntary act and deed for the uses and purposes expressed therein.

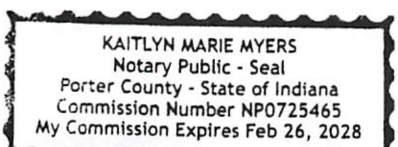
WITNESS MY HAND AND SEAL THIS 29 day of July, 2020.

Residing in Lake County
My Commission Expires: 2/26/28

Kaitlyn Myers, Notary Public

25
cc
am

Prepared by: Daniel J. Calhoun – 115 E. 113th Ave. Crown Point, IN 46307. I affirm, under penalties for perjury, I have taken reasonable care to redact each Social Security number on this document, unless required by law.



/s/ Daniel J. Calhoun
Daniel J. Calhoun, #31919-45

CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:

Witness Signature

James W. Hortsman
Witness name (must be typed or printed)

PROOF:
STATE OF INDIANA
COUNTY OF LAKE

ACKNOWLEDGMENT

I, the undersigned, a Notary Public for the State of Indiana, on 7/29/2020 (date) personally appeared the above named witness James Hortsman to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows BUDDY W. GOETTSCH and FELICIA J. MADURA to be the individual(s) described in and who executed the preceding instrument; that said witness James Hortsman was present and saw BUDDY W. GOETTSCH and FELICIA J. MADURA execute the same; and that said witness James Hortsman at the same time subscribed his/her name as witness thereto.

Given under my hand this 29 day of July, 2020.

Notary Public

My Commission Expires: 2/26/28

Property address: 41 Ruth Street, Hammond, Indiana 46320
Grantees Address and Tax Mailing Address: 41 Ruth Street, Hammond, Indiana 46320

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 – /s/ Kaitlyn Myers

Instrument prepared by: Kaitlyn Myers

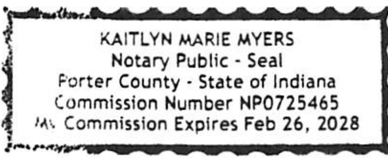


Exhibit "A"

* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. ....144..................

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE A COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

FEB 18 1998
Date Issued

[signature]
Hammond Health Commissione

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Morris H. Goettsch

2 SEX: Male

3a TIME OF DEATH: 2:05P M

3b DATE OF DEATH (Month Day Yr): February 12,1998

4 *SOCIAL SECURITY NUMBER: [illegible]

5a AGE—Last Birthday (Years): 63

5b UNDER 1 YEAR — Months / Days

5c UNDER 1 DAY — Hours / Minutes

6 DATE OF BIRTH (Mo Day Yr): Sept. 13,1934

7 BIRTHPLACE (City and State or Foreign Country): Christo PHER, IL.

8a WAS DECEDENT A U S VETERAN? yes

8b YEAR LAST SERVED IN US ARMED FORCES? 1962

9a PLACE OF DEATH (Check only one See instructions): HOSPITAL [X] Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number): St. Margarets Mercy North

9c CITY, TOWN, OR LOCATION OF DEATH: Hammond

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Married

11 SURVIVING SPOUSE (If wife, give maiden name): Patricia Adams

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Mill Mechanic

12b KIND OF BUSINESS/INDUSTRY: Inland Steel

13a RESIDENCE—STATE: IN.

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Hammond

13d STREET AND NUMBER: 41 Ruth

13e ZIP CODE: 46320

13f INSIDE CITY LIMITS: ☐ No [X] Yes

13g ON A FARM? [X] No ☐ Yes

14 CITIZEN OF WHAT COUNTRY? U.S.A

15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)

16 RACE—American Indian, Black, White, etc (Specify): White

17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+): 2

PARENTS

18 FATHER'S NAME (First Middle Last): Henry Goettsch

19 MOTHER'S NAME (First Middle Maiden Surname): Oleva White

INFORMANT

20a INFORMANT'S NAME (Type/Print): Patricia Goettsch

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 41 Ruth St. Hammond

20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): 2-16-1998 Chapel Lawn cemetery

21c LOCATION—City or Town, State: Schereville,IN.

22a EMBALMER'S NAME: James Porras

22b EMBALMER'S LICENSE NO: 1045964

23 WAS DEATH REPORTED TO CORONER? [X] No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: [signature]

24b LICENSE NUMBER (of Licensee): 8601763

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish FH #3002819 5840 Hohman Ave. Hammond, IN. 4

CAUSE OF DEATH

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Acute Stroke
DUE TO (OR AS A CONSEQUENCE OF)
b. Gangrenous Cholecystitis
DUE TO (OR AS A CONSEQUENCE OF)
c. Acute Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF)
d. Coronary artery disease

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Approximate Interval Between Onset and Death

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No

28a WAS AN AUTOPSY PERFORMED? (Yes or no): No

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated
☐ HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated
☐ CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated

29b SIGNATURE AND TITLE OF CERTIFIER: Sirajuddin Khaja

29c MEDICAL LICENSE NO: 1032557

29d DATE SIGNED (Month Day Year): February 16,199

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): S. Khaja, M.D. 921 Fran Lin Pkwy Munster, Indiana 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin J. Bremuda M.D.

32 DATE FILED (Month Day Year): February 18, 1998

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a DATE OF INJURY (Month Day Year)

34b TIME OF INJURY

34c INJURY AT WORK? (Yes or no)

34d DESCRIBE HOW INJURY OCCURRED

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)

34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g DATE PRONOUNCED DEAD (Month Day Year)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1