

2020-068413  
2020 Sep 28 9:09 AM

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

2020-072992

2020 Oct 14 8:36 AM

\*This documnet is being Re-Recorded to correct the grantors name

**SURVIVORSHIP AFFIDAVIT**

STATE OF Indiana  
COUNTY OF Lake

File No.: FNW2003661-SMS  
Case No.:

Comes now Jennifer M. Rachau, who being duly sworn upon his/her oath, deposes and says:

That, Dorothy J. Fiegler, is the surviving spouse of Leonard <sup>\*/W</sup>Fiegler, deceased who died domiciled in Lake County, Indiana, on April 12, 2020.

That Leonard <sup>\*/W</sup>Fiegler and Dorothy J. Fiegler acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

For APN/Parcel ID(s): 45-07-26-411-008.000-006

Lot 19 in Sheraton Gardens 2nd Addition to the Town of Griffith, as per plat thereof, recorded in Plat Book 32 page 89, in the Office of the Recorder of Lake County, Indiana.

Affiant states that Leonard <sup>\*/W</sup>Fiegler and Dorothy J. Fiegler continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Leonard Fiegler's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Dorothy J. Fiegler.

IN WITNESS WHEREOF, the undersigned have executed this document on September 18, 2020.

Executed: at Schererville, Indiana

Jennifer M. Rachau  
Signature

Jennifer M. Rachau  
Print Name

STATE OF Indiana  
COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Jennifer M. Rachau, who personally appeared and acknowledged the execution of the foregoing instrument on this 18th day of September, 2020.

Shannon Stienner

Notary Public: Shannon Stienner  
Resident of Lake County  
My Commission expires: 3-14-23



026935

FILED

OCT 09 2020

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

026513

FILED  
Page 1  
SEP 25 2020  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

FIDELITY NATIONAL  
TITLE COMPANY  
FNW2003661

25-RR  
CR#1820704772  
25-  
A/

**SURVIVORSHIP AFFIDAVIT**  
(continued)

Prepared by:  
Timothy R. Kuiper  
Austgen Kuiper Jasaitis P.C.  
130 North Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

Shannon Stiener.



CERTIFICATE OF PROOF

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

  
Witness Signature

Witness Name (Alicia Salinas)

PROOF:  
State of Indiana

County of Lake

Before me, a Notary Public in and for said County and State, on 09/18/2020 , personally appeared Alicia Salinas, the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows Jennifer M. Rachau, as Attorney-in-Fact for Dorothy J. Fiegle to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Jennifer M. Rachau, as Attorney-in-Fact for Dorothy J. Fiegle execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.

Witness my hand and Notarial Seal this 18th day of September, 2020

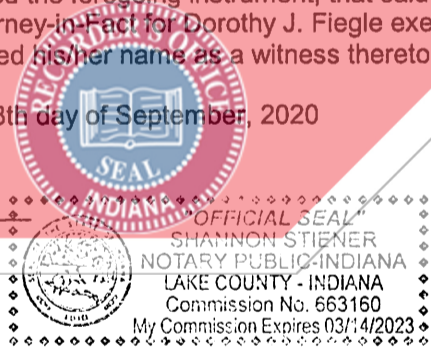
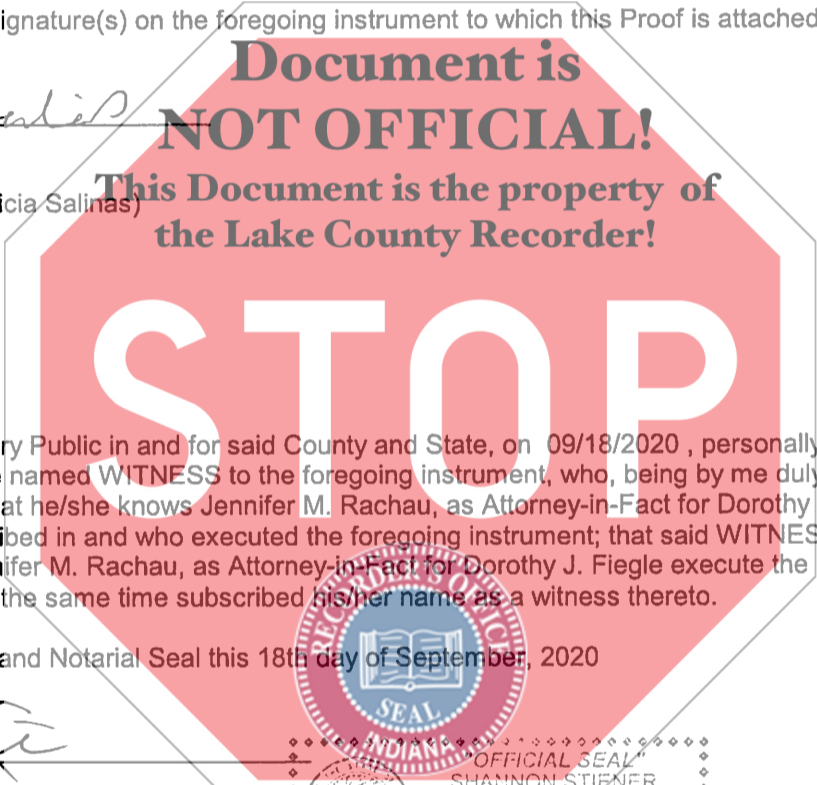
Signature 

Printed: Shannon Stiener

Resident of: Lake County

State of: INDIANA

My Commission expires: March 14, 2023





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 230622

Local No 001510

EDR No 000000772896

State No 019421

1 Decedent's Legal Name (First, Middle, Last) <b>LEONARD FIEGLE</b>		1a Maiden Name (if female)		2 Sex <b>MALE</b>	3 Time of Death <b>9:39 AM</b>	4 Date of Death (Month/Day/Year) <b>04/12/2020</b>	
5 Social Security Number <b>31-28-1790</b>	6a Age - Yrs <b>-89</b>	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) <b>12/05/1930</b>	8 Birthplace (City and State or Foreign Country) <b>CROWN POINT 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11 Facility Name (if Not Institution, Give Street and Number) <b>BRENTWOOD AT HOBART</b>				12 City Of Town, State, And Zip Code <b>HOBART, IN, 46342</b>		13 County Of Death <b>LAKE</b>	
14 Marital Status At Time Of Death <input 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"/> Unmarried		15 Surviving Spouse's Name <b>DOROTHY FIEGLE</b>		15a Last Name Before First Marriage <b>WELCH</b>		16 Decedent's Usual Occupation <b>SALES</b>	
17 Kind Of Business/Industry <b>LIQUOR SALES</b>		18 Residence - State <b>INDIANA</b>		18a City Or Town <b>LAKE HOBART</b>		18b Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c Street And Number <b>1420 ST. MARY CIRCLE</b>		18d Apt. No. <b>410</b>		18e Zip Code <b>46342</b>		19 Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>	
20 Decedent's Race <b>NOT HISPANIC</b>		21 Decedent's Sex <b>MALE</b>		22 Parent's Name (First, Middle, Last) <b>PAUL FIEGLE</b>		23a Parent's Last Name Before First Marriage <b>SCHUSTER</b>	
24 Informant's Name <b>DOROTHY FIEGLE</b>		24a Relationship To Decedent <b>WIFE</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>1420 ST. MARY CIRCLE APT 410, HOBART, IN 46342</b>		25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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>ST MARY'S CEMETERY</b>		25c Location - City, Town, And State <b>CROWN POINT, IN</b>		26 Name And Complete Address Of Funeral Facility <b>GEISEN FUNERAL, CREMATION &amp; RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307</b>		27a Funeral Home License Number <b>FH10700031</b>	
27b Signature Of Indiana Funeral Service Licensee <b>LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE</b>		27c License Number (Of Licensee) <b>FD09000013</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 ACUTE CORONARY EVENT</b>  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		30 Were Autopsy Findings 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32 If Female: <input type="checkbox"/> Not Pregnant When Died <input type="checkbox"/> Pregnant When Died <input type="checkbox"/> Not Pregnant, But Pregnant 3 Days To 1 Year Before Death	
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 Location Of Injury - State	
37 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38a City Or Town <b>LAKE</b>		38b Street & Number <b>APR 20 2020</b>		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 <b>CHIRAG N. PATEL, BY ELECTRONIC SIGNATURE</b>	
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 <b>CHIRAG N. PATEL, 521 EAST 86TH AVENUE, SUITE 2, MERRILLVILLE, IN 46410</b>		44 Additional Funeral Service Provider		45 For Registrar Only - Date Filed (Month/Day/Year) <b>APR 15 2020</b>	
46 Signature Of Local Health Officer <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		47 Akas		48 Additional Information		49 For Registrar Only - Date Filed (Month/Day/Year)	



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

NOT VALID UNLESS

RAISED SEAL AFFIXED

State Form 5239 - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary.