

2020-089680

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

2020 Dec 8 10:19 AM

Affidavit of Survivorship

State of Indiana
County of Lake

Return To: Rae Bodonyi/ AEG
5455 Detroit Rd, Suite B
Sheffield Village, Ohio 44054
440-716-1820

5219978-05

I Richard E Strothoff, residing at 58 N Wilson St Hobart, IN. 46342, and being of legal age, do state the following:

1. That by Deed dated May 5, 1994 and recorded on May 12, 1994 as Document Number: 94035688 of the Lake County records, the Affiant Richard E Strothoff and his wife, Veronica R Strothoff, became the owner of the property legally described in Exhibit A, attached hereto and commonly known as 58 N Wilson St Hobart, IN. 46342, Parcel #45-08-25-478-011.000-018.
2. That Veronica R Strothoff expired on October 28, 2019, and her Death Certificate is attached hereto.
3. This affidavit is made for the purpose of furnishing a recordable document showing the termination of interest held by Veronica R Strothoff, upon her death.

I certify under penalty of perjury that I know the contents of this Affidavit and that the statements are true and correct.

Richard E Strothoff Date 11/27/2020
Richard E Strothoff
Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

On this 28TH day of SEPTEMBER, 2020, before me personally appeared Richard E Strothoff, known to me to be the individual described in and who has executed the foregoing instrument in my presence.



KIMBERLEE J RITTER, Notary Public
Lake County, State of Indiana
Commission Number NP0723457
My Commission Expires November 7, 2027

Kimberlee J Ritter
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 (Kecia Williams)

PREPARED BY: Kecia Williams
FIRST FINANCIAL BANK

DULY ENTERED FOR TAXATION SUBJECT
TO FINAL ACCEPTANCE FOR TRANSFER

DEC 04 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25.00
CWA 209489
KIK

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

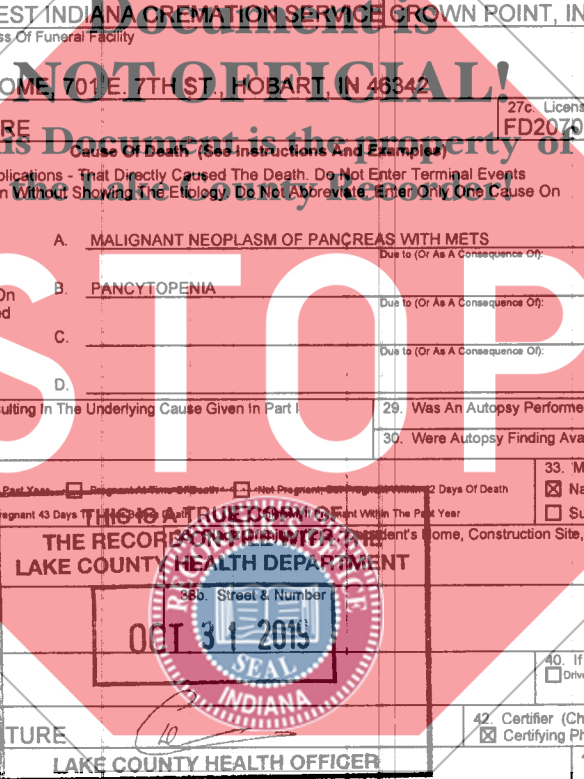
Tracking No. 211961

Local No 903871

EDR No 00000739530

State No 052693

1. Decedent's Legal Name (First, Middle, Last) VERONICA R STROTHOFF				1a. Maiden Name (if female) RAY		2. Sex FEMALE	3. Time Of Death 01:12 PM	4. Date Of Death (Month/Day/Year) 10/28/2019	
5. Social Security Number		6a. Age - Yrs 65	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) 04/03/1954		8. Birthplace (City and State or Foreign Country) GREENVILLE, KY
9. Ever in U.S. Armed Forces? <input checked="" 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) 58 NORTH WILSON STREET						12. City Or Town, State, And Zip Code HOBART, IN, 46342		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 RICHARD STROTHOFF		15a. Last Name Before First Marriage NURSE		16. Decedent's Usual Occupation NURSING HOME	
17. Kind Of Business/Industry		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18c. Street And Number 58 NORTH WILSON STREET	18d. Apt. No.
18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) LOUIS SHELDON RAY			23. Parent's Name (First, Middle, Last) VERONICA RAY			23a. Parent's Last Name Before First Marriage HARPER			
24. Informant's Name RICHARD STROTHOFF		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 58 NORTH WILSON STREET, HOBART, IN 46342					
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) NORTHWEST INDIANA CREMATION SERVICE CROWN POINT, IN			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342					27a. Funeral Home License Number FH83002380		
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20700059			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. MALIGNANT NEOPLASM OF PANCREAS WITH METS Due to (Or As A Consequence Of):			Approximate Interval: Onset To Death 6 MONTHS				
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. PANCYTOPENIA Due to (Or As A Consequence Of):			6 MONTHS				
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 PASSED PEACEFULLY ON HOSPICE SERVICES						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						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 43 Days Of 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 (City, Town, State, Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT	
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: SHANE DAVID BUSH, 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: SHANE DAVID BUSH, 85 E. US HIGHWAY 6, VALPARAISO, IN 46383						44. License Number 01071914A		45. Date Certified 10/29/2019	
46. Additional Funeral Service Provider:						47. *Ases:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 30 2019			



NOT VALID UNLESS

RAISED SEAL AFFIXED

EXECUTED AND DELIVERED in my presence:

[Signature] [Witness's Signature]

Witness: Sharon C. [Signature] [Witness's Printed Name]

STATE OF INDIANA

) SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared [Signature] [Witness's Name], being known to me to be the person whose name is subscribed 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 [Signature] [Grantor's or other Signer's Name] 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 21st day of SEPTEMBER, 2020.

[Signature]
(Notary Public's Signature)
KIMBERLEE J. RITTER
(Notary Public's Printed Name)



KIMBERLEE J. RITTER, Notary Public
Lake County, State of Indiana
Commission Number NP0723457
My Commission Expires November 7, 2027

Notary Public - State of Indiana
Residing at SCHERERVILLE, INDIANA
My Commission Expires: NOV 7, 2027
Commission No. NP0723457

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. Kecia Williams [Preparer's Name]

Instrument prepared by: Kecia Williams
First Financial Bank, 225 Pictoria Drive, Suite 700, Cincinnati, OH 45246.
[PREPARER'S NAME and contact information].



EXHIBIT A

THE FOLLOWING LANDS AND PROPERTY, TOGETHER WITH ALL IMPROVEMENTS LOCATED THEREON, LYING IN LAKE COUNTY, IN TO WIT:

LOT 1, BLOCK B IN PLEASANT PARK, AS SHOWN IN PLAT BOOK 32, PAGE 17, LAKE COUNTY, INDIANA.

THIS BEING THE SAME PROPERTY CONVEYED TO RICHARD E. STROTHOFF AND VERONICA R. STROTHOFF, HUSBAND AND WIFE, DATED 05/05/1994 AND RECORDED ON 05/12/1994 IN INSTRUMENT NO. 94035688, IN THE LAKE COUNTY RECORDERS OFFICE.

PARCEL NO. 45-08-25-478-011.000-018

5219978

Address: 58 N WILSON ST, HOBART, IN

