2020-089680

2020 Dec 8

10:19 AM

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

Affidavit of Survivorship

State of Indiana

Return To: Rae Bodonyi/ AEG 5455 Detroit Rd, Suite B Sheffield Village, Ohio 44054 1 440-716-1820 DV

5219978-05

County of Lake

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 Dknow the contents of this Affidavit and that the statements are true and correct.

is the groven Richard E Strothoff

On this 2817 day of Spionser , 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.

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

ll

R 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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 211961

Local No 903 1. Decedent's Legal Name (First, Middle, Last)	<u>871</u>	E	DR No 0000	00073953	0	2. Sex		o 052	6 9	3	e Of Death (Month/Day/Year)
•				i i i i i i i i i i i i i i i i i i i			1				
VERONICA R STROTHOFF 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Mon	RAY	6e. Under 1 Hour 7	. Date of	FEMALE Birth (Month/Day		:12 PM . Birthplace (Sily an	Sta	10/28/2019 le or Foreign Country)
. 65	Months	Days	Hours	Minutes	0	4/03/1954		GREENV	ILLE	k	\
	Occurred In A Ho	spital:	- 	10a. If Death Occurre	l		Hospital	Home/Long-t			
Yes 🛭 No 🗌 Unknown 🔲 Inpatient	t 🔲 Emergency	Department Outpatie	nt 🔲 Dead on Arrival						e e		
11. Facility Name (If Not Institution, Give Street 58 NORTH WILSON STREET	and Number)										
12 City Or Town, State, And Zip Code				13. County Of I	Death			l			ne Of Death But Separated Divorced
HOBART, IN, 46342			i.	LAKE				☐ Widowe	4	PΝ	ever Married Unknown
15. Surviving Spouse's Name		1	5a. Last Name Before F	First Marriage		6. Decedent's U	sual Occup	etton		"	nd Of Business/Industry
RICHARD STROTHOFF	100	i. County	- +-	18b. City Or Town	N	URSE	<u> </u>		N	ψR	SING HOME
18. Residence - State	l	·									
INDIANA 18c. Street And Number	LAF	KE		HOBART	1	18d.	Apt. No.	18e. Z	ic Co	+	18f. Inside City Limits?
58 NORTH WILSON STREET			P						634	,	☑ Yes ☐ No
19 Decedent's Education	12	20. Decedent Of Hisp	panic Origin	21. Dec	edent's R	ace			034	1	,
ASSOCIATE DEGREE (AA, AS)	NOT HISPANI	С	White							
22. Parent's Name (First, Middle, Last)			:	23. Parent's Name (Fin	st, Middle,	Last)		23a	Pare	nt's L	est Name Before First Marriage
LOUIS SHELDON RAY				VERONICA RA					RPI	R	
24. Informant's Name		24a. Relationship	To Decedent	24b. Mailing Address (
RICHARD STROTHOFF	<u> </u>	SPOUSE	25 Pia	58 NORTH WIL	SON	SIREEI, H	OBARI	, IN 4634	*	+	
25a. Method Of Disposition Burial Coremation Donation Ento	i i	Place Of Disposition		rematory, Other Place)	25c. Loc	ation - City, Town	, And State				
Removal From State		/				, , , , , , , , , , , , , , , , , , ,	10.1				
Other (Specify): 26. Was Coroner Contacted? 27. 1	NOR Name And Comple	RTHWEST INI ete Address Of Funer	ral Facility	TION SERVICE	GKO A	VN ROINT,	IN		1	2 a.	Funeral Home License Number:
☐ Yes ☑ No	DAIC ELINES	DAV HOUSE		, HOBART, IN 4	200	TI				LIA	3002380
27b. Signature Of Indiana Funeral Service Licer JAMES E. BURNS , BY ELECT	1800:		"		7072	27c Lic	ense Numb	er (Of License		1.9	0002000
JAMES E BURNS DI ELECT		NIATIO	9					(71		
		THIS D		e instructions And Ex		erty O	700059			╁	Approximate
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EXECUTED AND DELIVERED in my presence:

Witness: Starte of INDIANA
) SS:
COUNTY OF LAKE
Before me, a Notary Public in and for said County and State, personally appeared (MCOUNTIAL (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 (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 ST day of STOTONGON (SEAL)
(Notary Public's Signature)
(Notary Public's Printed Name)
(Notary Public's Signature)
(Notary Public's Printed Name)
(Notary Public's Printed Name)
(Notary Public's Signature)
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This Document is the property of the Lake County Recorder!

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

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SON ST, HOBART, IN

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