

Cmw 2102112

**RETURN RECORDED INSTRUMENT  
AND MAIL TAX BILL TO:**

Karen A. Doffin

10913 College Place Dr.CARMEL IN 46080-1130

Auditor Stamp

**FILED**Apr 27 2021 VH  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR**AFFIDAVIT OF SURVIVORSHIP**

Comes now affiant, Karen A. Doffin, having first been duly sworn upon her oath, states as follows:

That William G. Doffin died on March 22, 2021.

That William G. Doffin and Karen A. Doffin were husband and wife at the time of his death.

That William G. Doffin and Karen A. Doffin are currently reflected in the county records as the owners of the following described real estate located in Lake County, State of Indiana, more particularly described as follows:

PART OF E1/2 SW1/4 S.35 T.35 R.9 LYG NORTH OF THE NORTH LINE OF 101ST AV. CONT'G .803AC

Commonly Known Address: 7414 W 101<sup>st</sup> Ave., Crown Point, IN 46307  
Parcel Number: 45-11-35-377-001.000-032

That William G. Doffin and Karen A. Doffin were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate.

*\*see attached exhibit H*  
That the marital relationship which existed between William G. Doffin and Karen A. Doffin continued unbroken from the time they so acquired title to said real estate until the death of William G. Doffin on March 22, 2021, at which time this affiant, Karen A. Doffin, acquired title to the real estate as the surviving tenant by the entireties.

That the purpose of this Affidavit of Survivorship is to update the county records.

No Sales Disclosure Needed

Apr 27 2021

By: FGR

Office of the Lake County Assessor

I, Karen A. Doffin, hereby affirm under the penalties of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Karen A. Doffin  
Karen A. Doffin

STATE OF INDIANA )  
COUNTY OF Lake ) SS: ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Karen A. Doffin who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 22nd day of April, 2021.

My commission expires:  
11/4/2022

Signature [Signature]  
Printed Marion Craig, Notary Public  
Resident of Lake County, Indiana



This instrument was prepared by Anthony L. Manna, #23663-49

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law. Anthony L. Manna, #23663-49

Return:  
Anthony Manna, #23663-49  
4238 Honeysuckle Lane  
Zionsville, IN 46077  
317-769-5131



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 001319

EDR No 000011082554

State No 2021-018263

1. Decedent Legal Name (First, Middle, Last) <b>William Gerard Doffin</b>		1a. Maiden Name (If Female)		2. Gender <b>Male</b>	3. Time of Death <b>02:30 AM</b>	4. Date of Death (Month/Day/Year) <b>03/22/2021</b>	
A. Social Security Number [REDACTED]		5a. Under 1 Year <b>89</b>	5b. Under 1 Month Months <b>11/27/1951</b>	5c. Under 1 Day Days	6. Date of Birth (Month/Day/Year) <b>11/27/1951</b>	8. Birthplace (City and State or Foreign Country) <b>Gary, Indiana</b>	
11. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		12. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. Is Death Considered Sudden/Other Than At Hospital? <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
13. Facility Name (If Institution, Give Street and Number) <b>Methodist Hospital Inc-Slake Campus</b>							
13. City or Town, State, and Zip Code <b>Marionville, Indiana, 46410</b>				13a. County of Death <b>Lake</b>		14. Medical Status At Time of Death <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Mended, But Separated <input type="checkbox"/> Deceased Unknown <input type="checkbox"/> Never Mended <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>Karen Doffin</b>		15a. Last Name Before First Marriage <b>Kaplan</b>		16. Decedent's Usual Occupation <b>Heavy Equipment Operator</b>		17. First Business/University <b>County Highway Dept.</b>	
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City or Town <b>Crown Point</b>			
18c. Street and Number <b>7414 W 101st Avenue</b>		18d. Apt. No.		18e. Zip Code <b>46307</b>		19. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18. Decedent's Education <b>High School graduate or GED completed</b>		20. Decedent of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>Ralph Doffin Sr</b>		23. Father's Name (First, Middle, Last) <b>Allan Doffin</b>		23a. Father's Last Name Before First Marriage <b>Rick</b>			
24. Mother's Name <b>Karen Doffin</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street and Number, City, State, Zip Code) <b>7414 W 101st Avenue, Crown Point, IN, 46307</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>Heights Crematory</b>		25c. Place of Disposition <b>Crown Point, IN</b>		25d. Location - City, Town, and State <b>Crown Point, IN</b>	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address of Funeral Facility <b>Crown Cremation Services 950 N. Madison Street, Crown Point, Indiana, 46307</b>		27a. Funeral Home License Number <b>FH11300014</b>		27b. Signature of Indiana Funeral Service Licensee: <b>John S. Schaefer, Syracuse</b>	
28. Signature of Indiana Funeral Service Licensee: <b>John S. Schaefer, Syracuse</b>		28a. Electronically Signed		28b. License Number (Of Licensee) <b>FD21700031</b>			
29. Part I. Enter The Chain Of Events - Diseases, Injuries, or Complications - That Directly Caused the Death; Do Not Enter Terminal Causes Such As Coronal Artery, 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. Asystole</b> minutes <b>B. Cardiopulmonary Failure</b> hours <b>C. Left Hemispheric Subdural Hematoma</b> hours <b>D. Cerebral Vasculer Hemorrhage</b> hours							
30. Part II. Enter Other Significant Conditions Contributing to Death BUT NOT Resulting In The Underlying Cause Given In Part I <b>Systemic Hypertension, Normal Pressure Hydrocephalus, Atrial Fibrillation, Essential Hypertension, Diabetes Mellitus With Neurologic Complications</b>							
31. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. Were Autopsy Findings Available To Complete The Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Manner of Injury: <input 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. Year of Injury (Month/Day/Year) <b>03/22/2021</b>	
34. Date of Injury (Month/Day/Year)		35. Time of Injury		36. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. Location of Injury - State		36a. City or Town		36b. Street and Number		36c. Apt. No. 36d. Zip Code	
37. Describe How Injury Occurred							
41. Signature of Person Certifying Cause of Death: <b>Albert Reynolds</b>		42. Name, Address and Zip Code of Person Certifying Cause of Death: <b>Albert Reynolds 600 W Grant Street, Gary, IN 46502</b>		43. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other		44. License Number (If Applicable) <b>01051168A</b>	
44. Signature of Local Health Officer: <b>Chandrasekhar Vasudha</b>		45. Date of Death (Month/Day/Year) <b>04/05/2021</b>		46. For Registrar Only - Date Filed (Month/Day/Year) <b>04/05/2021</b>			

RAISED SEAL AFFIXED