10/12/2021 03:23PM Total Fees: 25.00 By: KNK Pg #: 3 FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED

Oct 12 2021 cR JOHN E. PETALAS LAKE COUNTY AUDITOR

AFFIDAVIT STATING SURVIVORSHIP

TAX: I.D. NO. 45-13-05-380-038.000-018

FURTHER, your Affiant saith naught.

My Commission Expires Mar 22, 2025

STATE OF ____
COUNTY OF

MICHAEL J. DEPTA, being first duly sworn upon oath, deposes and says:

- That JOHN G. DEPTA A/K/A JOHN GEORGE DEPTA, died on the 22nd day of February, 2012 at Hobart, Lake County, Indiana.
- That at the time of acquisition through the time of his death, he held title with his spouse, JANE F. DEPTA, as husband and wife in the following described real estate:

APARTMENT UNIT NUMBER I-B, 743 HIDDEN OAK TRAIL, IN BARRINGTON WOODS CONDOMINIUM, A HORIZONTAL PROPERTY REGIME, AS CREATED BY A CERTAIN DECLARATION RECORDED OCTOBER 11, 1994, AS DOCUMENT NO. 94070058, AND ALSO FILED IN PLAT BOOK 77 PAGE 44, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED L388% INTEREST IN THE COMMON AND LIMITED AREAS AND FACILITIES APPURENMENT HERETO.

COMMONLY KNOWN AS: 743 HIDDEN OAK, #1-B, HOBART, IN 46342

- That all funeral expenses in connection with the death of said decedent have been paid in full. That all
 of the assets of said decedent which would be included for Federal Estate Tax purposes including joint
 bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of the
 Federal Estate Tax.
- That this Affiant's relationship to the Decedent was SON.

tembers 20 1, personally appeared MICH foregoing Affidavit. In witness whereof, I have hereun	AEL J. DEPTA, and acknowledged the execution of the to subscribed my name and affixed my official seal.
Commission Number: 678325 My Commission Expires: 3/02/2005 Resident of	Signature Jan J. J. J. J. Printed Ch. 24 Ku. K/NZul., Notary Public
ELIZABETH R. KINZIE Saal Nobary Public – Stade of Indiana	

N@FutAnna @F=FICIAL DOCUMENT

This instrument prepared by:

NATHAN D. VIS. Attorney-at-Law, ID No. 29535-45 VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303

No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company.

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.

Signature

JUZABUK/NZIE or lake County Recorder

CERTIFICATE OF DEATH - RESUBMIT

9. Ever in U.S. Armud Farces? 10. If Dealin	Bb Dapie I Veda 6c I Months Days Cocurred in A Hospital: If Emergency Opparin	Inder 1 Months 63	ours	002462 s (Il fornals) se: Under 1 Ho.		2 Sex	3. Tim	lo 0084 e Cr Grain	169 4. Data C	Death (Meath Dr. V.)	
JOHN GEORGE DEPTA 3. Social Sensity Manifer 19. Age. Yes 18. East in U.S. Aminot Genes 10. Age. Yes 20 Yes No. Unknown Unpatient 19. Second Teach in Excensions of Examinot Genes 10. Genes (Control of Control	Months Days Cocurred In A Hospital: If Emergency Departin	н	i. Under Day	se. Under 1 Ho.	r 7. Da		3. Tim	e C/ Ceath	4. Dota C	Death (Unath DecV)	
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9. Boar in U.S. Ammed Facency 10, 11 Seculing 12 Seculing 12 Project 11. Packing In the Impation 11. Packing Plant In the Impation In Seculing In the Impation In the Impa	Months Days Cocurred in A Hospital: If Emergency Departm	н	ours			te of Birth (More		3:56 AM	02/22/2012		
■ Yes □ No □ Unknown □ Inpatient 11. Facoly Name fit led institution. Give Street VNA HOSPICE CENTER 12. Criy G. Trenn, State, And 25 Cods VALPARAISO, IN. 48383	t 🗀 Emergency Departin	ani Outpatient			-			The state of the s			
12. Facolly Name pt not institution, Give Street: VNA HOSPICE CENTER 12. City G: Town, State, And 25 Cody VALPARAISO, IN. 45383	t 🔲 Emergency Departm and Number)	ent Outpatient		iba. N Death (2)	curred Scr	01/24/19	ton & Florented	GARY, IN			
12 City G: Town, Signe, And 25 Cods VALPARAISO, IN. 46383	and Number)		Dead on Arrival	☐ Hospice Faci	By □	Decedent's Hom	Nursing	Home/Long-ten	m Care Facili	у	
VALPARAISO, IN. 46383											
VALPARAISO, IN, 46383	own, State, And 2th Cody 13. County Of Death						14. Manital Status A			21 Death	
	ALPARAISO, IN, 46383			PORTER				Married Married, Bull Separated Divor			
comment obsesses reams	ASIR (II YSTRE) GAVE MENDER LES			Last Name	Name 16. Decedun's Usuai Opcu			pation 17. Kind Of Business ladgeby			
JANE DEPTA 18. Residence - State	SHAPLEY CON				CONSTR	ONSTRUCTION WORKER CONSTRUCTION					
INDIANA				188. City Or T	Den	1	3011014 41	ONNER	CONST	RUCTION	
18c, Skeel And familier	LAKE			HOBART							
743 HIDDEN OAK TRAIL	3 HIDDEN OAK TRAIL				the Apt No.				189. Zip Code 18t. Inside Cit.		
19. Decedent's Education HIGH SCHOOL GRADUATE OR	20. Deces	ent Of Hispanis Or	igin	21.	Doordenii	s Race	1 B	463	342	⊠ Yes □ No	
COMPLETED 22. Father's Name (Field, Middle, Last)	NOT H	SPANIC		Whi	le						
	:_		2	3. Mother's Hame	(First, Mid	(fo, Last)		23a, R	folher's Meids	n Last Name	
JOHN T DEPTA 24. Informani's Name	- las	daliumship to Dec	A	NNA DEPT	Α			RON	GERS		
JANE DEPTA	WiFe	~ /·		4b. Making Addres				0)			
25a. Method Of Disposition			25. Place (43 HIDDEN	OAK 7	RAIL APT	1 B, HOBA	RT, IN 46:	342		
☐ Burial ☑ Cremation ☐ Donation ☐ Entorn ☐ Removal From State	nbment 250. Place Of Di	position (Alama D	Constony, Croma	Nory, Other Place	25c. L	ocation - City, To	im, And State				
Other (Specify):	GEISEN CE	REMATION	CENTRE		CDC	MAN COLO					
26. Was Coroner Contacted? 27. Na						WN POIN			27a. Funora	Home Litense Numb	
Tyes ☑ No ☐ GEIS 40410 27b. Signalure Of Indiana Funcial Scryles License	SEN FUNERAL HO 0-5559	DWF INCW	ERRIULVII	F, 7905 BF	VOADV	VAY, MERI	RII I VILLE,	IN .			
LARRY ALLEN GEISEN, BY ELE	ECTRONIC SIGN	ATURE		()			Joense Number 9000013	(Of Licensen):	FH83007	762	
28. Parl I. Enter The Chain Of Events - Dise:	anns, Injuries, Or Compil	Cause C	W Death (See ins	Park Callett	Examples					Approximate	
 Pari I, Enter The Chain Of Events - Disessuch As Cardiac Arrest, Respiratory Arrest, C A Line. Add Additinal Lines if Necessary. 		Wilhout Showing	The Eliology. Do	Not Abbreviate.	Enter On	ly One Cause C	n			Approximate Interval: Onset To Death	
immediate Cause (Final Disease Or Condition	n Resulting in Death)	A. PNEU	MONIA	7		10				2 WEEKS	
Sequentially List Conditions, If Any, Loading	To The Cause Listed On	B. ASPIE	BATION		0110107	Constitute Dic					
Sequentially List Conditions, If Any, Loading Line A. Enter The Underlying Cause (Disease The Events Resulting in Dooth) Last	e Or Injury That Initiated	G.			See Se St. As	4 Car House Ct.				UNKNOWN	
		D.			thin in 1877, by	ACCIPINATION) -				
Part II. Easter Other Significant Conditions Contribute	etg In Death Bui Not Result	og le The Underly	ing Cause Givin In	PanT	29. Wat	An Autopsy Penti	mist?				
PARKINSONS DISEASE 31. Did Tobacco Use Contribute To Death?	32. If Famele.					Autopsy Finding		Yes molels The Cau	ie Of Douth?	Dr. Dr.	
☐ Yes ☐ Probably ☑ No ☐ Unknown	Not Programs William Part	Year Programs	NTITURE OF Death	for Pregnant, the Pregna	nt Within 42 D	ex Of David	Manner Of De	inter D		Yes No	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	ave 43 Clays To 1 year Be	Kare Death 1 1	Injury (E.G., Doce	A The Beer 18		Sukide C	uld Not Ba Dele	rmined		
				aport (C.C., C.)	OSHI S FIDE	in, Constitution	ale. Keslaurani,	Wooded Anga)		try Al World	
09. Lecation Of Injury - State	36a. City Or Town		38n. Sirect 8	& Number				36s. Apt No.	26d 2	_	
19. Creatiba How Injury Occurred								4			
						Ê	Direitoperator	ns legyry, Sporth Paisenger Pedes	rion ∏one (s	pedigg	
		URE				42 Certifier	Check Only On Physician	t) C			
11. Sgnamme, Of Ferson Certifying Couse Of Death HARON ANN HARIG , BY ELEC	TRONIC SIGNAT					and outsigning	44. License I	Number Caroner	45. Oa	t: Officer le Certified	
III. Signature. Of Person Certifying Cause Of Death FHARON ANN HARIG , BY ELEC' 3. Name, Address And 2p Code Of Person Certifyi	ing Cause Of Osatis:						040004	24	1 _		
11. Sgnamme, Of Ferson Certifying Couse Of Death HARON ANN HARIG , BY ELEC	ing Cause Of Osatis:		46410				0103517	CA.		2/27/2012	
Sepatiania, Of Person Certilying Cause Of Death HARON ANN HARIG, BY ELEC' Name, Address And 2p Code Of Person Certilyi HARON ANN HARIG, 8895 BR(6, Additional Paneral Sorvice Provider.	ing Cause Of Osatis:		N 46410				47. *Akas:			2/27/2012	
Signaturie, Of Forson Cartilying Cause Of Death HARON ANN HARIG, BY ELEC' Marine, Address And 2tp Code Of Parison Cartilyi HARON ANN HARIG. 8805.807.	OADWAY, MERR	ILLVILLE. IN				9 For Registra	47. *Akag: r Only - Date #	led (Mosti-Day	Year):	2/27/2012	
11. Separation Of Ferian Certifying Costs Of Datable HARON ANN HARIG, 8Y ELEC'S Amendment of State Costs of St	OADWAY, MERR	ILLVILLE. IN	ERTIFICATE OF		Y OR OR		47. *Akag: r Only - Date #		Year):	2/27/2012	
11. Bignahim, OF Fettin Estimpting Cruse Of Dash HAROON ANN HARIG, 8Y ELEC JAMEN, ASSIGN ENTER SECTION OF THE CONTROL HARON ANN HARIG, 8895 BRX 6. ASSIGNED HEART CHEETING AND THE SECTION OF THE CONTROL OF THE CONTROL HARDEN SECTION OF THE CONTROL OF THE CONTROL (18-17) AND THE CONTROL OF TH	OADWAY, MERR	ILLVILLE. IN	CERTIFICATE OF	8e-Zip: 45342 15: 2/27/2012 6:06	Y OR OR		47. *Akag: r Only - Date #	AAR 05 20	mari: 12		
11. Separation Of Ferian Certifying Costs Of Datable HARON ANN HARIG, 8Y ELEC'S Amendment of State Costs of St	OADWAY, MERR	ILLVILLE. IN	CERTIFICATE OF		Y OR OR		47. *Akag: r Only - Date #	AAR 05 20	mari: 12	E COMPANY	