

**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

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

1. That JOHN G. DEPTA A/K/A JOHN GEORGE DEPTA, died on the 22<sup>nd</sup> day of February, 2012 at Hobart, Lake County, Indiana.

2. 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 1-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 1.388% INTEREST IN THE COMMON AND LIMITED AREAS AND FACILITIES APPURTENANT THERETO.

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

3. 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.

4. That this Affiant's relationship to the Decedent was SON.

FURTHER, your Affiant saith naught.  
*Michael J. Depta*  
MICHAEL J. DEPTA

STATE OF IN )  
COUNTY OF Lake ) SS:

Before me, the undersigned, a Notary Public in and for said county and state this 20 day of September, 2021, personally appeared MICHAEL J. DEPTA, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 698325

My Commission Expires: 3/02/2025

Resident of Lake County

Signature *Elizabeth Kinzie*  
Printed Elizabeth Kinzie, Notary Public



# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-5237, 1

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



Printed Name

Elizabeth Kinzie

Property of Lake County Recorder

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-0237-72

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Local No **000205**

EDR No **00000246284**

State No **008469**

1. Decedent's Legal Name (Print, Middle, Last) <b>JOHN GEORGE DEPTA</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>08:56 AM</b>	4. Date Of Death (Month/Day/Year) <b>02/22/2012</b>	
5. Social Security Number [REDACTED]	5a. Age - Yrs <b>81</b>	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Hour Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>01/24/1931</b>	
8. Birth in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. If Death Occurred in A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. Death Occurred Somewhere Other Than A Hospital <input checked="" type="checkbox"/> Hospice Facility <input 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) <b>VNA HOSPICE CENTER</b>	
12. City Or Town, State, And Zip Code <b>VALPARAISO, IN, 46383</b>		13. County Of Death <b>PORTER</b>		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. Current Spouse's Name <b>JANE DEPTA</b>	
16. Street And Number <b>743 HIDDEN OAK TRAIL</b>		17a. County <b>INDIANA</b>		17b. City Or Town <b>HOBERT</b>		18. Decedent's Usual Occupation <b>CONSTRUCTION WORKER</b>	
19. Residence - State <b>INDIANA</b>		19a. County <b>LAKE</b>		19b. City Or Town <b>HOBERT</b>		19c. Zip Code <b>46342</b>	
20. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		21. Decedent's Race <b>NOT HISPANIC</b>		22. Decedent's Sex <b>White</b>		23. Decedent's Ethnicity <b>Other (Specify)</b>	
24. Marital Status At Time Of Death <b>WIFE</b>		25. Name And Complete Address Of Funeral Facility <b>GEISEN CREMATION CENTRE CROWN POINT, IN</b>		26. License Number (Of License) <b>FD09000011</b>		27. Approximate Interval Onset To Death <b>2 WEEKS</b>	
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terminal Events A Line. Add Additional Lines If Necessary. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. PNEUMONIA B. ASPIRATION C. UNKNOWN</b>		29. Part II: Enter Other Associated Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>PARINATAL DISEASE</b>		30. Part III: Enter Other Associated Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>UNKNOWN</b>		31. Part IV: Enter Other Associated Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>UNKNOWN</b>	
32. Date Of Injury (Month/Day/Year)		33. Time Of Injury		34. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)		35. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Address 36d. Zip Code	
37. Describe How Injury Occurred		38. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		39. Certifier (Check Only One) <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		40. License Number <b>01035172A</b>	
41. Signature Of Person Certifying Cause Of Death <b>SHARON ANN HARIG, BY ELECTRONIC SIGNATURE</b>		42. Name, Address And Zip Code Of Physician Certifying Cause Of Death <b>SHARON ANN HARIG, 8895 BROADWAY, MERRILLVILLE, IN 46410</b>		43. Date Certified <b>02/27/2012</b>		44. Date Filled (Month/Day/Year) <b>MAR 05 2012</b>	
45. Signature of Local Health Officer <b>MARIA L STAMP, VIA ELECTRONIC SIGNATURE</b>		46. Amendment To Certificate Of Death (Entry Or Original)		47. For Registrar Only - Date Filled (Month/Day/Year)		48. Date Certified	

49: 28-FEB-12  
45: 3/27/2012 6:06:05 PM  
18c-Zip: 45342  
49: 28-FEB-12  
18c-Zip: 45342  
49: 2/27/2012 6:06:05 PM  
State Form 33395

18c-Zip: 45342  
45: 2/27/2012 6:06:05 PM  
49: 28-FEB-12  
24b-Zip: 45342

COMMUNITY TITLE COMPANY  
FILE NO. **2122757**