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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-067802

9:10 AM 2021 Nov 17

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Werner Riecken, Affiant and Trustee, being duly sworn upon his oath states as follows:

He is the owner in fee simple of the real estate located in Lake County, Indiana, commonly known as 1:7 Redar Drive, Schererville, Indiana 46375, and more particularly described as follows:

Lot Eight (8) and the West half of Lot Seven (7), Block Twenty (20), Town of Schererville, as shown in Plat Book "A", page 512, in Lake County, Indiana.

Parcel Number: 45-11-15-105-012.000-036

That the Affiant and Ursula Riecken were married on July 7, 1950. That he acquired title to said real estate with his spouse on July 16, 2007, by a Quitclaim Deed. That title to the real estate was held as tenants by the entirety. That Ursula Riecken died on the 7th day of October 2021, as evidenced by the attached Certificate of Death, at which time all interests were released and real estate became the sole property of the Affiant.

That any required Federal Estate Tax Return has been filed and the assessed taxes paid.

Dated this 16th day of November 2021.



WERNER RIECKEN, AFFIANT and TRUSTEE

FILED

NOV 17 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25-
986
BT

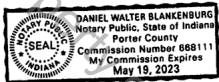
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NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared WERNER RIECKI N who acknowledges the execution of the foregoing Affidavit.

IN WITNESS my hand and Notarial Seal, this 16th day of November 2021.



Daniel W. Blankenburg, Notary

My Commission Expires: May 19, 2023
My County of Residence: Porter

I affirm under penalties for perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Daniel W. Blankenburg

This instrument prepared by: Daniel W. Blankenburg
Attorney-at-Law
300 East 90th Drive
Merrillville, Indiana, 46410.

County of Lake Recorder



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003978

EDR No 00001176841

State No 2021-056352

1. Decedent's Legal Name (Last, First, Middle, Last)		2. Maiden Name (if female)		3. Gender	4. Date of Death	5. Month/Day/Year
Ulrika Reckten		Holst		Female	06:05 AM	10/07/2021
6. Social Security Number	8a. Age - Yrs	8b. Under 1 Year	8c. Under 1 Month	8d. Under 1 Day	8e. Under 1 Hour	8f. Under 1 Minute
92	92				09/19/1929	
7. Date of Birth (Month/Day/Year)			8. Birthplace (City and State or Foreign Country)			
09/19/1929			Sihope, Germany			
9. Ever in U.S. Armed Forces?		10. If Death Occurred in a Hospital:		11a. If Death Occurred Somewhere Other Than a Hospital:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		<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)		
12. Facility Name (If not institution, give Street and Number)						
William J. Riley Memorial Residence, Hospice						
13. City or Town, State, and Zip Code				14. Master Status At Time of Death		15. Divorced/Unknown
Munster, Indiana 46321				Married		<input type="checkbox"/> Divorced <input type="checkbox"/> Unknown
16. Surviving Spouse's Name		17a. Last Name Before First Marriage		17b. Decedent's Usual Occupation		17c. Kind of Business Industry
Wemar		Reckten		dry cleaner		dry cleaning
18. Residence - State		18a. County		18b. City or Town		
IN		Lake		Scharnville		
19a. Street and Number			19b. Apt. No.		19c. Zip Code	19d. Inlet City Limits?
127 Radar Drive					46375	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Decedent's Education		21. Decedent of Hispanic Origin		22. Decedent's Race		
8th grade or less		Not Spanish/Hispanic/Latino		White		
23. Person's Name (First, Middle, Last)			24. Person's Name (First, Middle, Last)		25. Person's Last Name Before First Marriage	
Erk Holst			Elele Holst		NA	
26. Informant's Name		27a. Relationship to Decedent		27b. Mailing Address (Street and Number, City, State, Zip Code)		
Michael Reckten		Son		2743 Oak Leaf Court, Crown Point, IN, 46307		
28a. Method of Disposition		28b. Place of Disposition (Name of Cemetery, Urnchapel, Other Place)		28c. Location (City, Town, and State)		
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		Northwest Indiana Cremation Services		Crown Point, IN		
29. Was Coroner Contacted?		30. Name and Complete Address of Funeral Facility		31. Funeral Home Use Number		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307		FH83002445		
32. Signature of Indiana Funeral Service Licensee				33. License Number (if Licensed)		
Joseph P. Shurtz				Electronically Signed		FD01008461
34. 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.						35. Apopt Intery : Onset To Death
Immediate Cause (Final Disease or Condition Resulting in Death)						1 MONTH
A. CEREBRAL INFARCTION WITH APHASIA AND DYSPHAGIA						
B. _____						
C. _____						
D. _____						
36. Sequentially List Conditions, if Any, Leading to The Cause Listed on Line A. Enter the Underlying Cause (Disease or Injury That Initiated The Event Resulting in Death) Last.						
Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting in the Underlying Cause Given in Part I.						
37. Was Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
38. Was Autopsy Finding Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
39. Basic Metabolic Index = 13.77						
40. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown						
41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.						
41. Signature of Person Certifying Cause of Death: <i>Chandana Versalia</i>						
42. Name, Address and Zip Code of Person Certifying Cause of Death: Lyle R Munn 800 Superior Avenue, Munster, IN 46320						
43. Additional Funeral Service Provider:						
44. Signature of Local Health Officer: <i>Chandana Versalia</i>						
45. For Registrar Only - Date Filed (Month/Day/Year): 10/08/2021						

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
 OCT 12 2021
 LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS
HEALTH OFFICER'S SIGNATURE