

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2021-037740
10:24 AM 2021 May 19

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2021-069048
12:07 PM 2021 Nov 29

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
COUNTY OF Lake) SS:

Virginia M. Hoernig, being first duly sworn upon oath, deposes and says:

1. That Harold M. Hoernig died on July 6, 2018 at 14808 Resolves Lane, Charlotte, NC (City/State)
2. That Virginia M. Hoernig and Harold M. Hoernig were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
9001 STEFFIELD AVE. DYER, IN 46311
LAKE COUNTY, INDIANA PARCEL 45-10-25-401-004,000,032
(SEE ATTACHED LEGAL DESCRIPTION) EXHIBIT A.
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

KATHLEEN BALICKI
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Mar 26, 2023

Virginia M. Hoernig
Affiant Signature
VIRGINIA M. HOERNIG

STATE OF Indiana)
COUNTY OF Lake) SS: ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Virginia M. Hoernig who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 18th day of MAY, 2021.

Resident of LAKE County, Indiana.

Signature Kae Balicki

My Commission Expires: _____

Printed KATHLEEN BALICKI

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.

This instrument prepared by PATRICK HOERNIG (Name)

FILED
NOV 29 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED
MAY 19 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

RECORDING TO CORRECT PRINTED NAME THAT WAS MISSING.

Handwritten mark resembling a stylized 'f' or '4'.

Handwritten initials 'JH' and 'MB'.

Handwritten initials 'MB' and 'JH'.

NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

Andrea Kulig
Witness Signature

Andrea Kulig
Witness Printed Name

PROOF:

STATE OF INDIANA

COUNTY OF LAKE

Before me a Notary Public in and for said County and State, Dated on 05/18/21, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- ANDREA KULIG to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S)- VIRGINIA M. HOERNIG execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

Kate Bauck
NOTARY PUBLIC SIGNATURE

KATHERINE BAUCK
NOTARY PRINTED NAME

Notary Name exactly as Commission

Notary Public- State of

Seal

My Commission Expires: MARCH 26, 2023

Commission No: _____

NOT AN OFFICIAL DOCUMENT

MECKLENBURG COUNTY REGISTER OF DEEDS - HEALTH DEPARTMENT CHARLOTTE, NORTH CAROLINA CERTIFICATE OF DEATH

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH SERVICES
CERTIFICATE OF DEATH
COUNTY OF DEATH: Mecklenburg STATE FILE NO.

REGISTRATION DISTRICT NO. 060-95 LOCAL NO. 21800443

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 1A. FIRST NAME Harold | | 1B. MIDDLE NAME Merlin | | 1C. LAST NAME Hoernig | | 1D. SUFFIX None | |
| 1E. SEX M | | 1F. AGE AT DEATH 93 | | 1G. UNDER 18? (If Yes, Date of Birth) No | | 1H. BIRTHPLACE USA | |
| 1I. DATE OF BIRTH January 1, 1925 | | 1J. DATE OF DEATH July 6, 2018 | | 1K. PLACE OF DEATH Charlotte, NC | | 1L. PLACE OF DEATH (Country) USA | |
| 1M. PLACE OF DEATH (City/Town/Village) Charlotte, NC | | | | 1N. COUNTY OF DEATH Mecklenburg | | | |
| 1O. TYPE OF DEATH (Hospital/Other) At Home | | | | 1P. DEATH OCCURRED ELSEWHERE OTHER THAN HOSPITAL No | | | |
| 1Q. TO FACILITY NAME (If applicable) None | | | | 1R. CITY OR TOWN Charlotte | | | |
| 1S. TYPE OF DEATH (Hospital/Other) At Home | | | | 1T. TYPE OF DEATH (Hospital/Other) At Home | | | |
| 1U. SOCIAL SECURITY NUMBER 011-11-1111 | | | | 1V. OCCUPATION Teacher | | | |
| 1W. RESIDENCE STATE North Carolina | | | | 1X. RESIDENCE COUNTY Mecklenburg | | | |
| 1Y. RESIDENCE CITY/TOWN/VILLAGE Charlotte | | | | 1Z. RESIDENCE ZIP CODE 28277 | | | |
| 1AA. OCCUPATION Teacher | | | | 1AB. OCCUPATION Teacher | | | |
| 1AC. OCCUPATION Teacher | | | | 1AD. OCCUPATION Teacher | | | |
| 1AE. OCCUPATION Teacher | | | | 1AF. OCCUPATION Teacher | | | |
| 1AG. OCCUPATION Teacher | | | | 1AH. OCCUPATION Teacher | | | |
| 1AI. OCCUPATION Teacher | | | | 1AJ. OCCUPATION Teacher | | | |
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THIS IS TO CERTIFY THIS IS A TRUE AND CORRECT REPRODUCTION OF THE OFFICIAL RECORD FILED IN MECKLENBURG COUNTY.

V 1099754

WITNESS MY HAND AND OFFICIAL SEAL THIS DAY July 10, 2018

Gibbie Harris
Health Director & Registrar

Fredrick Smith
Register of Deeds

By:

[Signature]

Assistant/Deputy Register of Deeds



Property of Lake County Order

EXHIBIT A

A part of the North Half of the Southeast Quarter of Section 25, Township 35 North, Range 10 West of the 2nd P. M., in Lake County, Indiana, described as follows: Commencing at a point 1687.9 feet North of the Southeast corner of said Southeast Quarter, running thence North along the west line of said Southeast Quarter a distance of 173 feet; thence east a distance of 510 feet; thence South 173 feet to a point which is 1687.9 feet North of the South line of said Southeast Quarter; thence West 510 feet to the point of beginning.

STATE OF INDIANA
LAKE COUNTY