

# NOT AN OFFICIAL DOCUMENT

**FILED**

Jan 05 2022 VH  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

2022-500968  
01/07/2022 10:25 AM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 2

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA  
COUNTY OF PORTER

File No.: CTNW2107315A  
Case No.:

Comes now Jeffery N. Hartog, who being duly sworn upon his oath, deposes and says:

That, Jeffery N. Hartog is the surviving spouse of Lora Hartog, deceased who died domiciled in Lake County, Indiana, on May 24, 2018. See attached Exhibit A.

That Jeffery N. Hartog and Lora Hartog acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

For APN/Parcel ID(s): 45-10-13-427-021.000-034

LOT 45 IN PEASANT HILL ADDITION UNIT 3 TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK RECORDED IN PLAT BOOK 41 PAGE 91, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

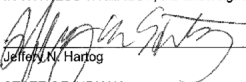
Property: 2524 James Dr, Dyer, IN 46311

Affiant states that Jeffery N. Hartog and Lora Hartog continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Lora Hartog's death. The Parties acquired title to the premises by Deed recorded June 21, 2000 as Instrument No. 2000-043720, in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Jeffery N. Hartog.

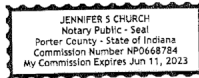
IN WITNESS WHEREOF, the undersigned have executed this document on December 23rd, 2021.

  
Jeffery N. Hartog

STATE OF INDIANA  
COUNTY OF PORTER

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Jeffery N. Hartog, this 23rd day of December, 2021.

Notary Public Jennifer S. Church  
Resident of Porter County  
My Commission expires: 10-11-2023



Prepared by: Dena Phillips Farling, for the benefit of Chicago Title Company, LLC

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 Dena Phillips Farling.

Return to: \_\_\_\_\_

CTNW2107315

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 160994



Local No 901842

EDR No 00000646178

State No 027054

1. Decedent's Legal Name (First, Middle, Last) <b>LORA ANN HARTOG</b>		2. Maiden Name (if female) <b>KNIGHT</b>		3. Sex <b>FEMALE</b>		3. Time of Death <b>01:38 PM</b>		4. Date of Death (MM/DD/YYYY) <b>05/24/2018</b>	
5. Social Security Number <b>54</b>		6a. Under 1 Year <b>Normal</b>		6b. Under 1 Hour <b>None</b>		7. Date of Birth (MM/DD/YYYY) <b>02/02/1964</b>		8. Birthplace (City and State or Foreign Country) <b>GREENVILLE KY</b>	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. Discharge Status in a Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient		11. Decedent's Usual Occupation <b>HOUSEWIFE</b>		12. Place Occurred (Home, Care Facility, or Other (Specify)) <input type="checkbox"/> Home <input type="checkbox"/> Care Facility <input type="checkbox"/> Other (Specify)		13. Date of Occurrence (MM/DD/YYYY) <b>05/24/2018</b>	
11. Facility Name (If not institution, give Street and City) <b>FRANCIS DAN HEALTHCARE - DYER</b>		12. City or Town, State and Zip Code <b>DYER IN 46311</b>		13. County of Death <b>LAKE</b>		14. Manner Status At Time of Death <input checked="" type="checkbox"/> Manner <input type="checkbox"/> Manner Not Specified <input type="checkbox"/> Unknown <input type="checkbox"/> Willowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced		15. Kind of Business/Industry <b>HOUSEWIFE</b>	
16. Surviving Spouse's Name <b>JEFFERY NICKOLAS HARTOG</b>		16a. Last Name Before First Marriage <b>LAKE</b>		16b. City of Town <b>DYER</b>		16c. State <b>INDIANA</b>		16d. Street Address <b>2524 JAMES DRIVE</b>	
17. Decedent's Place of Residence <b>2524 JAMES DRIVE</b>		18a. City or Town <b>DYER</b>		18b. State <b>INDIANA</b>		18c. Zip Code <b>46311</b>		18d. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Place of Birth <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent's Ethnic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Parents' Last Name Before First Marriage <b>KNIGHT</b>		23. Parents' Last Name Before First Marriage <b>POINTER</b>	
24. 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)		25. Place of Disposition (Name of Cemetery, Crematorium, Other Place) <b>MEMORY LANE MEMORIAL PARK</b>		26. Place of Disposition (Street and Number, or, Care, Zip Code) <b>CROWN POINT, IN</b>		27. Funeral Service License Number <b>FH11100003</b>		28. Cause of Death (See Instructions and Examples) <b>MAYO CARDIAC INFARCTION</b>	
29. Signature of Person Certifying Cause of Death <b>ROBERT A. ACEVIZ - BY ELECTRONIC SIGNATURE</b>		30. License Number (of Licensee) <b>FD2200099</b>		31. Signature of Person Certifying Cause of Death <b>JEFFERY HARTOG</b>		32. License Number (of Licensee) <b>FD2200099</b>		33. Signature of Person Certifying Cause of Death <b>ROBERT A. ACEVIZ - BY ELECTRONIC SIGNATURE</b>	
34. Date of Injury (Month/Day/Year) <b>05/24/2018</b>		35. Location of Injury - State <b>INDIANA</b>		36. Street & Number <b>2524 JAMES DRIVE</b>		37. City or Town <b>DYER</b>		38. Zip Code <b>46311</b>	
39. Describe How Injury Occurred <b>NOT VALID UNLESS</b>		40. Signature of Person Certifying Cause of Death <b>SUGHANTHI ESWARAMOORTHY - BY ELECTRONIC SIGNATURE</b>		41. License Number (of Licensee) <b>01059086A</b>		42. Signature of Person Certifying Cause of Death <b>CHANDANA VAVILALA - BY ELECTRONIC SIGNATURE</b>		43. License Number (of Licensee) <b>01059086B</b>	
44. Signature of Person Certifying Cause of Death <b>CHANDANA VAVILALA - BY ELECTRONIC SIGNATURE</b>		45. License Number (of Licensee) <b>01059086B</b>		46. Signature of Person Certifying Cause of Death <b>JEFFERY HARTOG</b>		47. License Number (of Licensee) <b>FD2200099</b>		48. Signature of Person Certifying Cause of Death <b>ROBERT A. ACEVIZ - BY ELECTRONIC SIGNATURE</b>	

THIS IS A TRUE COPY OF THE RECORD ENTRIES WITH THE LAKE COUNTY HEALTH DEPARTMENT

JUN 01 2018

LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED