

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-010182

12:36 PM 2022 Mar 16

4 STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Richard Lee Otterman, Affiant, 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 15428 S. Grove, Hebron, Indiana, 46341, and more particularly described as follows:

LEGAL: See Attached Exhibit "A"

Parcel Number: 45-20-02-400-018.000-012

That the Affiant and Mary Irene Otterman, were married on the 13th day of October, 1970. That he acquired title to said real estate with his spouse on January 19, 2001 by a Quitclaim Deed. That title to the real estate was held as tenants by the entirety. That Mary Irene Otterman died on the 29th day of April 2016, 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 15th day of March 2022.


RICHARD LEE OTTERMAN, AFFIANT

ATTACHMENT: DEATH CERTIFICATE (S.S. # REDACTED)

FILED

MAR 16 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25-1084
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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 295340

Local No 001433

EDR No 000001983057

State No 2016-020704

1. Decedent's Legal Name (First, Middle, Last) MARY IRENE OTTERMAN				1a. Maiden Name (If Female) JORDAN				2. Gender Female		3. Time of Death 08:25 PM		4. Date of Death (Month/Day/Year) 04/28/2018			
5. Social Security Number 96		6a. Age - Yrs 86		6b. Under 1 Year Months Days		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 04/29/1930		8. Birthplace (City and State or Foreign Country) Bumham, Illinois			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred in A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Home/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) ST ANTHONY HOSPICE-CROWN POINT															
12. City or Town, State, and Zip Code Crown Point, Indiana 46307						13. County of Death Lake			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. Surviving Spouse's Name RICHARD OTTERMAN				15a. Last Name Before First Marriage				15. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry DOMESTIC					
16a. Residence - State IN				16b. County Lake				16c. City or Town HEBRON							
16c. Street And Number 15428 S GROVE Road				16d. Apt. No.		16e. Zip Code 46341		16f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White							
22. Parents Name (First, Middle, Last) FRED JORDAN				23. Parents Name (First, Middle, Last) CORA JORDAN				23a. Parents Last Name Before First Marriage MORGAN							
24. Informant's Name RICHARD OTTERMAN				24a. Relationship To Decedent Spouse				24b. Mailing Address (Street And Number, City, State, Zip Code) 15428 S GROVE Road, Hebron, IN, 46341							
25a. 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):				25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) ORCHARD GROVE CEMETERY				25c. Location - City, Town, And State Lowell, IN							
26. Was Coronary Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address of Funeral Facility Sheets Funeral Home And Cremation Services 604 E. COMMERCIAL AVENUE, Lowell, Indiana, 46356				27a. Funeral Home License Number FH83004277							
27b. Signator of Indiana Funeral Service License: JENNIFER LYNN QUESBLY				Electronically Signed				27c. License Number Of Licensee FD21300013							
28. 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.															
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CEREBROVASCULAR ACCIDENT 1 WEEK															
B. See in Part II, Cause No. 10															
C. See in Part II, Cause No. 10															
D. See in Part II, Cause No. 10															
29. Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last.															
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Given in Part I.															
30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
31. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown <input type="checkbox"/> Pregnant Within The Past Year															
33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined															
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number				38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred															
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS															
41. Signature of Person Certifying Cause of Death: ERIN Marie VICARI				Electronically Signed				42. CERTIFY (Check One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other <input type="checkbox"/> Health Officer <input type="checkbox"/> Coroner							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ERIN Marie VICARI 2050 N. MAIN STREET, SUITE F, Crown Point, IN 46307				THIS IS A TRUE COPY OF THE DEATH CERTIFICATE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT				43. Date 01/08/2018		43. Time 05:03:2018					
44. Additional Funeral Service Provider:				45. Signature of Local Health Officer: SUSAN W. BEST				46. For Registrar Only - Date Recd. (Month/Day/Year) 05/04/2018							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>OCT 07 2018</p> <p>Amendment to Certificate of Death (Entry on Original)</p> <p>LAKE COUNTY HEALTH OFFICER</p> </div>															

NOT AN OFFICIAL DOCUMENT

Property of Lake County

PARCEL NO. : 45-26-02-400-011000-012

AND ALSO EXCEPTING A PARCEL OF LAND DESCRIBED AS FOLLOWS; COMMENCING AT THE
 NORTHWEST CORNER OF THE SOUTHEAST QUARTER SOUTH 87 DEGREES 44 MINUTES 33
 SECONDS EAST 21.91 FEET ALONG THE NORTH LINE OF SAID QUARTER TO THE CENTERLINE OF SOUTH
 GROVE ROAD; THENCE SOUTH 49 DEGREES 51 MINUTES 07 SECONDS EAST 667.24 FEET ALONG THE
 CENTERLINE OF SOUTH GROVE ROAD TO THE WEST LINE OF ABOVE SAID TRACT AND THE POINT OF
 BEGINNING; THENCE CONTINUING ALONG SAID CENTERLINE 363.32 FEET; THENCE SOUTH 46 DEGREES
 08 MINUTES 53 SECONDS WEST 229.19 FEET; THENCE NORTH 88 DEGREES 40 MINUTES 25 SECONDS
 WEST 75.0 FEET TO A POINT ON THE WEST LINE OF SAID TRACT; THENCE NORTH 01 DEGREES 19
 MINUTES 35 SECONDS EAST 439.95 FEET ALONG SAID WEST LINE TO THE POINT OF BEGINNING
 CONTAINING 1.46 ACRES +/-

EXCEPT: THE EAST 5 ACRES OF SAID TRACT

THENCE EAST 40 RODS TO THE PLACE OF BEGINNING, IN LAKE COUNTY, INDIANA.

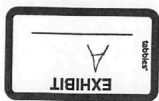
TO A POINT; THENCE NORTH 80 RODS TO THE NORTH LINE OF SAID QUARTER SECTION;

SOUTH 10 RODS WEST OF THE NORTHEAST CORNER OF SAID QUARTER SECTION; THENCE
 SOUTH 80 RODS TO THE SOUTH LINE OF SAID QUARTER SECTION; THENCE WEST 40 RODS
 TO A POINT; THENCE NORTH 80 RODS TO THE NORTH LINE OF SAID QUARTER SECTION; THENCE
 EAST 40 RODS TO THE PLACE OF BEGINNING, IN LAKE COUNTY, INDIANA.

ALL THAT PART OF THE FOLLOWING DESCRIBED TRACT LYING SOUTH OF THE CENTERLINE OF
 COUNTY ROAD "A"; PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION
 2, TOWNSHIP 23 NORTH, RANGE 3 WEST OF THE SECOND PRINCIPAL MERIDIAN, COMMENCING AT A
 POINT 10 RODS WEST OF THE NORTHEAST CORNER OF SAID QUARTER SECTION; THENCE
 SOUTH 80 RODS TO THE SOUTH LINE OF SAID QUARTER SECTION; THENCE WEST 40 RODS
 TO A POINT; THENCE NORTH 80 RODS TO THE NORTH LINE OF SAID QUARTER SECTION;

LEGAL DESCRIPTION:

PROPERTY ADDRESS: 15428 S GROVE ROAD LOWELL, IN 46356

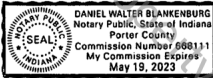


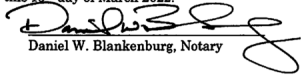
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared RICHARD LEE OTTERMAN who acknowledges the execution of the foregoing Affidavit.

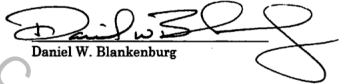
IN WITNESS my hand and Notarial Seal, this 15th day of March 2022.




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.

Notary Public of Lake County Recorder