

NOT AN OFFICIAL DOCUMENT

FILED

Mar 15 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-511151
03/16/2022 09:15 AM
TOTAL FEES: 25.00
BY: SP
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
COUNTY OF Lake)

Shirley A Burrell-Krebes, of legal age and being duly sworn, deposes and says:

1. Shirley A Burrell-Krebes acquired title to subject premises with Jerome L. Krebes as husband and wife, evidenced by Quit Claim Deed recorded August 20, 1998 as Instrument No. 98065451, commonly known as 1529 West 97th Place, Crown Point, IN 46307 and more particularly described as:

Lot 97, Indian Ridge Addition, Unit 2, to the City of Crown Point, as shown in the Plat Book 51, Page 13, in Lake County, Indiana

Parcel Number: 45-12-33-331-002-000-029

2. The marriage of Shirley A Burrell-Krebes and Jerome L. Krebes continued uninterrupted from the time they acquired title to the real estate until the death of Jerome L. Krebes on January 22, 2021, at which time title passed solely to Shirley A Burrell-Krebes as surviving tenant by the entireties by operation of law.

Affiant makes this affidavit for the purpose of inducing the county auditor of the county in which the Property is located to transfer said Property to Affiant as the surviving spouse of decedent, pursuant to Indiana Code § 32-17-3-1.

Further Affiant Saith Not.


Shirley A Burrell-Krebes, Affiant

See attachment, death cert.

IV2200680
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STATE OF INDIANA)
)
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared Shirley A Burrell-Krebes, who acknowledged the execution of the foregoing document, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 11th day of March , 2021.

Signature [Handwritten Signature], Notary Public

Printed: Lisa M Matson

My Commission Expires:

02/01/2024

My County of Residence is:

 Lake

NNTG File No.: IN2200680



Prepared by and return deed to:
Adrienne M. McCollister, Attorney at Law
Near North Title Group, 101 East 90th Drive, Suite C, Merrillville, IN 46410

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, Adrienne M. McCollister, Attorney at Law.

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Tracking No. 268616



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000661

EDR No 000011053995

State No 2021-010492

1. Decedent's Legal Name (First, Middle, Last) Jerome Lewis Krebs		1a. Maiden Name (if female)		2. Gender Male	3. Time of Death 05:35 AM	4. Date of Death (Month/Day/Year) 01/22/2021	
5. Social Security Number 7	6a. Age - Yrs 76	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 01/11/1945	
8. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9a. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		9b. If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. Birthplace (City and State or Foreign Country) Gary, Indiana	
11. Facility Name (If Not Institution, Give Street and Number) 1529 W 97th Place							
13. 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 Shirley A Krebs		15a. Last Name Before First Marriage Burrell		16. Decedent's Usual Occupation City of Gary		17. Kind of Business/Industry Police Officer	
18. Residence - State IN		18a. County Lake		18b. City or Town Crown Point		18c. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street and Number 1529 W 97th Place		18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits <input checked="" type="checkbox"/> Yes <input 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) Ignatius Paul Krebs		23. Parents Name (First, Middle, Last) Martha Krebs		23a. Parents Last Name Before First Marriage Phorelic			
24. Informant's Name Shirley A. Burrell-Krebs		24a. Relationship to Decedent Wife		24b. Mailing Address (Street and Number, City, State, Zip Code) 1529 W 97th Place, Crown Point, IN, 46307			
25. Place of Disposition							
25a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25b. Place of Disposition (Name of Cemetery, Crematory, Other Place) Calumet Park Cemetery		25c. Location - City, Town, and State Merrillville, IN			
26. Was Organ Donated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address Of Funeral Facility Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307		27a. Funeral Home License Number: FHB3002445		27b. License Number (Of Licensee) FD01009461	
27c. Signature of Indiana Funeral Service Licensee: James F. Burns		Electronically Signed				27d. License Number (Of Licensee) FD01009461	
Cause of Death (See Instructions And Examples)							
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. Lung cancer		B. _____					
C. _____		D. _____					
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 Applicable Underlying Conditions or Injuries But Not Resulting In The Underlying Cause Given in Part I				28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If 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. Title 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. 38	
38d. Zip Code		39. Describe How Injury Occurred					
41. Signature, Of Person Certifying Cause Of Death Chirag Patel		42. Title, Address And Zip Code Of Person Certifying Cause Of Death Chirag Patel 521 East 86th Avenue, Suite 2, Merrillville, IN 46410		43. Certifier (Check Only One) <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Physician <input type="checkbox"/> Other (Specify)		44. License Number 01052839B	
46. Additional Funeral Service Provider		47. "Age" 76		48. License Number 02/23/2021		49. Date Certified 02/26/2021	
48. Signature of Local Health Officer: Chandana Vaselala		Electronically Signed		49. For Registrar Only - (Not Filled Month/Day/Year) 02/26/2021			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							
LAKE COUNTY HEALTH OFFICER							

State Form 53395 ATTENTION ESTATE: The Social Security x is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

RAISED SEAL AFFIXED