

NOT AN OFFICIAL DOCUMENT

FILED

Mar 16 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-511393
03/16/2022 02:52 PM
TOTAL FEES: 25.00
BY: SP
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Note to Recorder: Please index this instrument to the following, previously recorded instrument: *Warranty Deed, dated October 25, 1994, recorded on October 31, 1994, as Instrument Number 94074587, in the office of the Recorder of Lake County, Indiana (the "Vesting Deed")*.

Affiant, Kathleen A. Hawk, being first duly sworn upon an oath, deposes and says as follows:

1. Affiant is the surviving spouse of Robert D. Hawk, deceased.

2. Robert D. Hawk (hereafter, "Robert") and Kathleen A. Hawk (hereafter, "Kathleen"), were husband and wife when they acquired one-half (1/2) undivided interest in the Real Estate by Warranty Deed, dated October 25, 1994, recorded on October 31, 1994, as Instrument Number 94074587, in the office of the Recorder of Lake County, Indiana, to the following described Real Estate situated in Lake County, Indiana, to wit:

LOT 5 AND THE SOUTH 10 FEET OF LOT 4, BLOCK 3, WILCOX FIRST ADDITION TO WHITING, AS SHOWN IN PLAT BOOK 2, PAGE 51, IN LAKE COUNTY, INDIANA.

Common Address: 2712 New York Ave Whiting IN 46394
PIN: 45-03-18-277-005.000-023
(the "Real Estate")

3. Robert died February 1, 2018, predeceasing Kathleen, leaving Kathleen as his/her surviving spouse.

4. There were no federal estate taxes due by reason of the death of Robert.

See attached death certificate

1 of 5

22BAR 55882

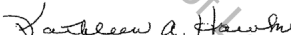
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5. Robert and Kathleen were never divorced subsequent to their acquisition by the Vesting Deed of the Real Estate as tenants by the entirety; consequently, by operation of law, title to fee simple interest in one-half (½) of the Real Estate immediately vested in Kathleen upon the death of Robert.

6. This affidavit is made for the purpose of establishing the facts herein contained and to record Kathleen's survivorship upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

Dated: March 8, 2022


Kathleen A. Hawk

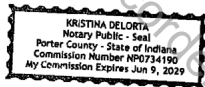
STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Kathleen A. Hawk who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Survivorship to be his/her free and voluntary act and deed.

WITNESS my hand and Notarial seal this March 8, 2022.



Kristina Delorta, Notary Public
My Commission Expires: 06/09/2029
My County of Residence: Porter
My Commission No.: NP0734190



No legal opinion given to grantors or grantees regarding deed or legal description or form of holding ownership. All information used in preparation of document was supplied by title company.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in the document, unless required by law. Daniel W. Granquist

This instrument prepared by: f Return to

Daniel W. Granquist, Attorney at Law, 1070 S. Calumet Road, Unit 892, Chesterton, IN 46304

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 317484



Local No 900457

EDR No 00002099709

State No 2018-007071

1. Decedent's Legal Name (First, Middle, Last) ROBERT D HAWK				2a. Maiden Name (If Female)		2. Gender Male		3. Time Of Death 09:39 PM		4. Date Of Death (Month/Day/Year) 02/01/2018	
5. Social Security Number 79		5a. Age - Yrs 79		5b. Under 1 Year Months		5c. Under 1 Month Days		5d. Under 1 Day Hours		5e. Under 1 Hour Minutes	
6. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Hospice 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) MUNSTER COMMUNITY HOSPITAL											
12. City Or Town, State, And Zip Code Munster, Indiana 46321						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 KATHLEEN HAWK				15a. Last Name Before First Marriage KNAPP				16. Decedent's Usual Occupation LAWYER		17. Kind Of Business/Industry LEGAL	
18. Residence - State IN		18a. County Lake		18b. City Or Town Munster		18c. Street And Number 8535 GREENWOOD Avenue		18d. Apt. No.		18e. Zip Code 46321	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White		23a. Parent's Last Name Before First Marriage KMECZA	
22. Parent's Name (First, Middle, Last) JOHN R HAWK				22. Parent's Name (First, Middle, Last) BERTHA HAWK				23b. Parent's Last Name Before First Marriage KMECZA			
24. Informant's Name KATHLEEN HAWK				24a. Relationship To Decedent Spouse		24b. Mailing Address (Street And Number, City, State, Zip Code) 8535 GREENWOOD Avenue, Munster, IN, 46321					
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) REGIONAL CREMATION SERVICE				25c. Location - City, Town, And State Munster, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Kish Funeral Home 10000 CALUMET AVE, Munster, Indiana, 46321						27a. Funeral Home License Number: FH10700038		
27b. Signature Of Indiana Funeral Service Licensee: <i>KEVIN W. KISH</i>						27c. License Number (Of Licensee): FD01021590		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 Venecutal Flaccidation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. PNEUMONIA B. _____ C. _____ D. _____			
28. Part II. Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Given In Part I)						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant/Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown/Indeterminate <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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?		
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 type="checkbox"/> Passenger <input checked="" type="checkbox"/> NO PVAL IN BUSINESS					
41. Signature, Of Person Certifying Cause Of Death: <i>SHELDON Roderick LEWIS</i>						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			43. Date Certified: 02/08/2018		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SHELDON Roderick LEWIS 3641 RIDGE ROAD, Highland, IN 46322						44. License Number 01Q4968BA			45. Date Certified 02/08/2018		
46. Additional Funeral Service Provider:						47. FAMES:			48. For Registrar Only - Date Had (Month/Day/Year) 02/12/2018		
49. Signature of Local Health Officer: <i>CYRUS WENZELCA</i>						50. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			51. _____		