## NOT AN OFFICIAL DOCUMENT

FILED Apr 11 2022 VH 2022-515351 04/12/2022 12:15 PM TOTAL FEES: 25.00 BY: JAS PG #: 3 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

Apr 11 2022 VH JOHN E. PETALAS LAKE COUNTY AUDITOR

STATE OF INDIANA )
(SS:

#### AFFIDAVIT OF SURVIVORSHIP

- I, Ellen G. Witt, being duly sworn, state as follows:
- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- Frank L. Witt and Ellen G. Witt are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

A parcel of land in the Southeast ¼ o fSection 20, Township 33 North, Range 9 West of the 2<sup>nd</sup> P.M. described as follows:

Commencing at the Southeast corner of said Section 20; Thence North 80 Degrees 01 Minutes 03 Seconds West 300.00 feet; Thence North 88 Degrees 22 Minutes 39 Seconds West Parallel with the South line of said Southeast ¼, 309.78 feet to the Point of Beginning; Thence North 88 degrees 22 minutes 39 Seconds West 30.62 feet; Thence North 00 Degrees 2 Minutes 07 Seconds East Parallel With the West line of the East ½ of the Southeast ¼ of the Southeast ¼, 55.14 feet; Thence North 88 Degrees 22 Minutes 39 Seconds West Parallel With said South Line 49.59 feet; Thence North 00 Degrees 02 Minutes 07 Seconds East Parallel with said with said west Line 208.85 feet; Thence South 88 Degrees 22 Minutes 39 Seconds East Parallel with said South line 80.26 feet; Thence South 00 Degrees 02 Minutes 07 Seconds West Parallel With said West Line 264.00 feet to the Point of Beginning, in Lake County, Indiana.

Commonly Known As: 181st #41, Lowell, IN 46356

Affiant's Address: 14005 W. 132<sup>nd</sup> Place, Cedar Lake, IN 46303

Tax ID #45-19-20-476-006.000-037

 Frank L. Witt and Ellen G. Witt acquired title to said real estate as Husband and Wife by Warranty Deed on the 13th day of January, 2003 and recorded in the Office of the Lake County Recorder on the 21st day of January, 2003 as Document No. 2003 006579.

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- Frank L. Witt died on December 21, 2021. See attached Death Certificate for Frank L. Witt.
- 5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax

STATE OF INDIANA

COUNTY OF LAKE

SUllin G. Witt, Affiant

| SS: |

Before me, the undersigned, a Notary Public in and for said County and State, this <u>6th</u> day of <u>April</u>, <u>2022</u> Personally appeared: <u>Ellen G. Witt</u> and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Garett W. Bonk, Notary Public My commission expires 1/25/2027 Resident of Lake County Garett W. Bonk

State of Indiana
Commission Number - NP0714853
My Commission Expires January 25, 2027

Laffirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. /s/Gary P. Bonk

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#### INDIANA STATE DEPARTMENT OF HEALTH

Tracking No. 306584

				-												
Local No 005212 1. Decedent's Legal Name (First, Middle, Last)				EDR No 000011215863 1a. Maiden Name (li fernale)					1 2 Gero	State No 2021-074205 2.Gerder   3. Time Of Death   4. Date Of Death (Month/Day/Year)						
				la.	ie (a rear	(a remove)		1	Male 11:22				12/21/2021			
Frank L. Witt  5. Social Security Number   6a. Age - Yn	6c. Under 1 N	fonth 6d. U	nder 1 Day	Se. Ur	nder 1 Hour	7. Date o	Birth (Mor	nth/Day/Year)	8. B	irthplace (City	and Stat	o or Foreign Cour	viry)			
73	Days	Hours		Africate	Minutes 07/25/				Sary, Indiana							
73 Months Days Ever in U.S. Armed Forces? 10. II Death Occurred in A Hospital:				11000		10a. H	Death Cocu			e Other Than A Hospital						
M Yes □ No □ Unknown M In	partment Outpo	tient Dead on Arrival Other (Specify) Decedent's Home Nursing Homen, Ong-term Care Facility														
11. Facility Name (II Not institution, Give	Street and Num	ber) Fran	ciscan He	alth Crov	vn Point											
12. City Or Town, State, And Zip Code					13. County C	O/ Death					atus At Time Of Death					
Crown Point, Indiana 46307						Lake			S W			Married Married, But Separated Divorced Midowed Never Married Lichknown				
16. Surviving Spouse's Name				15a, Last N	amo Before F	irst Marri	- 1			Decedent's Lieual Occupation						
Ellen Witt				Kenned	у					elf Employed			Heavy Equipment Repair			
18. Residence - State 18a. County								16b. City Or Town								
IN			Cer	dar Lake							18f. Inside	00-10-00-0				
IBc. Street And Number									18d, Apt. No.			18e. Zip Coda 46303		□ No		
14005 W 132nd Place							21. Decedent's Rec				46303		20,100			
19. Decedent's Education	Hispanic Origin Hispanic/Latino			White		1809										
Como conego, par ne degree				apanio cian		23 Par	rant's Name (	First Middle	Last		23a, Parent's Last Name Before First Marriage					
22. Parents Name (First, Middle, Last) Robert Witt			<			1	n Witt	,,				Baranyos				
				ship to Diece	and the same of			is (Street A	nd Number	City, State, 2						
Ellen Witt	Wife		14005 W 132nd Place, Cedal													
		1			25 Pia	ce Oi Dis	position									
25a. Method Of Disposition Burial M Cremation Donation	o Of Dispositio	in (Name Of	Comstery, Cr	ematory,	Other Place)	256, Lo	cation - City	y, Town, And	State							
☐ Removal From State Co				ommunity Cremations			_	Ceda	ar Lake,	Lake, IN						
Cither (Specify): 26. Was Coroner Contacted?		27a. Funaral Home Ucense							mea Number:							
☐ Yes Ø No	12901 se, Indiana, 46303						FH83002461									
27b. Signature Of Indiana Funeral Service Licenses:					Electronically Signed					27c, License Number (Ol Licensee): FD21600024						
Kenneth John Puent	Course Of Death (Gea Instructions And Examples)										Appro	idinate al; Onsot				
28. Part I. Enter The <u>Chain OI Event</u> Such As Cardiac Arrest, Respiratory A Line. Add Additional Lines If Nece	B. That Unitary Casasa The Base On To Death ut Showing The Eticlogy. Do Not Abbreviate. Enter Only One Cause On									eath						
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. COVID 19 pneumonia/infection 20 ds									iya			
Sequentially List Conditions, If Any, Leading To The Ceuse Listed Cn Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting in Death) Last				В.												
				Care to Kife As A Connequence III(s)												
				C. Double (Or As A Consequence OC)												
Part II. Enter Other Significant Conditions	Cantilly days to	Dooth But h	led Daniellon Is	D. The Herforts	ino Causa Gi	wen In Pa	w! I	T 29 Was	An Autores	y Performed?		Yes	130			
chronic obstructive pulmona					ng ousse o							omplate The C			s 🗆 No	
31. Did Tobacco Use Contribute To Deal	lo:						33, Manner Ol Death:									
Yes Probably No MUnicromn No Proposet Strike Proposet					nor Pregnant At Tima Ot Death Riot Pregnant, But Pregnant Within 42 De 43 Days To 1 year Belora Death Linknown It Pregnant Within The Past Yo					☐ Suicide ☐ Could Not Be Determined						
34. Date Of Injury (Month/Day/Year) 35. Time Of Injury			of Injury		36. Pfc	ace Of Ing	ury (E.G., De	cedent's Ho	me, Constr	uction Site, R	tostaurar	it, Wooded An	na)	37. Injuly At Wi	iik?	
		- CH- C	- Y		20h 1	Stmol 8.6	distribut					38c. Apt.	No.	38d. Zip Code	U 140	
38. Location Of Injury - State 38a. City Or		Or Town 380. 8			Street & Number											
39. Describe How Injury Occurred												ation injury, Sp				
					THIS IS A TRUE COPY OF					DOWN D'NO PVALID'UNLESS						
41. Signature. Of Person Centifying Cause Of Death:  Kyle Kfeist				THE RECORD ON FULL WITH THE LAKE COUNTY HEALTH DEPARTMENT					42. C	42. Certifier (Check Only One).    Cortiving Physician   Coroner   Health Officer						
43, Name, Address And Zip Code Of Person Cortifying Cause Of Death:				LAKE COUNTY HEALTH DEPARTMENT					-	44. Ucenee Number 45. Gate Gettilled						
Kyle Kleist 1201 S Main Road, Crown Point, IN 46307					LAN	0.4	4 2022				2006			12/23/2021	1	
46. Additional Funeral Service Provider:		****	MAL	U 4	7077	532		- 1	7. PAkas	CARRIER .	See and	Total Section 1	Hiloma			
48. Signature of Local Health Officer: Chandana Vavilala		Electronically Signed 49 For Registrar Only						ily - Cal	- Cate Filed Intentivibility(Year): 12/23/2021							
	АМЕ	NOMENT TO CERTISICATE OF DEATH (ENTRY OR ORIG					RIGNAL	NAL)								
Family Members-Mother's N	Malden Last	t Name-	amende	on bet	56-2HM	YHE	ALTH OF	FICER			1, 4, 5 1, 30 m			A CONTRACTOR		
The state of the s																