

NOT AN OFFICIAL DOCUMENT

4. 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.

Ellen G. Witt
Ellen G. Witt, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 6th day of April, 2022 Personally appeared: Ellen G. Witt 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
Garett W. Bonk, Notary Public
My commission expires 1/25/2027
Resident of Lake County

Garett W. Bonk
Notary Public - Seal
State of Indiana
Commission Number - NP0714853
My Commission Expires January 25, 2027

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. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45), (219) 864-7800
900 Parker Place, Suite A, Schererville, Indiana 46375

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 306584

Local No 005212

EDR No 00001215863

State No 2021-074265

1. Decedent's Legal Name (First, Middle, Last) Frank L. Witt				1A. Maiden Name (if female)		2. Gender Male		3. Time of Death 11:22 AM		4. Date of Death (Month/Day/Year) 12/21/2021							
5. Social Security Number 73		6a. Age - Yrs 73		6b. Under 1 Year Months Days		6c. Under 1 Month Hours Minutes		7. Date of Birth (Month/Day/Year) 07/25/1948		8. Birthplace (City and State or Foreign Country) Gary, Indiana							
9. 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 <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) Franciscan Health 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 Ellen Witt				15a. Last Name Before First Marriage Kennedy				16. Decedent's Usual Occupation Self Employed		17. Kind Of Business/Vocality Heavy Equipment Repair							
18. Residence - State IN				18a. County Lake				18b. City Or Town Cedar Lake		18c. Street And Number 14005 W 132nd Place							
18d. Apt. No.				18e. Zip Code 46303		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
19. Decedent's Educator Some college, but no degree				20. Race/Ancestry Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White									
22. Parents Name (First, Middle, Last) Robert Witt				23. Parents Name (First, Middle, Last) Helen Witt				23a. Parents Last Name Before First Marriage Baranyus									
24. Informant's Name Ellen Witt				24a. Relationship To Informant Wife				24b. Mailing Address (Street And Number, City, State, Zip Code) 14005 W 132nd Place, Cedar Lake, IN, 46303									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Cedar Lake Community Cremations				25c. Location - City, Town, And State Cedar Lake, IN									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Burdan Funeral Home Inc 12501 Wicker Avenue, Cedar Lake, Indiana, 46303				27a. Funeral Home License Number FH83002461									
27b. Signature Of Indiana Funeral Service Licensee: Kenneth John Prewitt				27c. License Number Of Licensee: FD21600024				27d. Electronically Signed									
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause 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. COVID 19 pneumonia/infection 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 chronic obstructive pulmonary disease, interstitial lung disease												Approximate Interval: Onset To Death 20 days					
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										30. 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. 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 type="checkbox"/> Passenger		41. Signature Of Person Certifying Cause Of Death: Kyle Kloist		42. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kyle Kloist 1201 S Main Road, Crown Point, IN 46307		43. Additional Funeral Service Provider:	
44. Signature Of Local Health Officer: Chandana Varadala										44. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number: 024061998A		45. Date Certified: 12/23/2021		46. Basis Certified: 47. Fatal: 48. For Registrar Only - Date Filed (Month/Day/Year): 12/23/2021	
49. Family Members-Mother's Maiden Last Name- amended to Electronically Signed AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) LAKE COUNTY HEALTH OFFICER																	