



# NOT AN OFFICIAL DOCUMENT

3. Frank L. Witt and Ellen G. Witt acquired title to said real estate as Husband and Wife by Trustee's Deed on the 5th day of February, 2001 and recorded in the Office of the Lake County Recorder on the 9th day of February, 2001 as Document No. 2001 009513.

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.

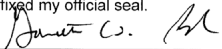
  
\_\_\_\_\_  
Ellen G. Witt, Affiant

STATE OF INDIANA

COUNTY OF LAKE

SS:

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.

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

**Garrett W. Bonk**  
Notary Public - Seal  
State of Indiana  
Commission Number - NP0714953  
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

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 306584

Local No 005212

EDR No 000011215803

State No 2021-074265

1. Decedent's Legal Name (First, Middle, Last) <b>Frank L. Witt</b>		1a. Maiden Name (If Female)		2. Gender <b>Male</b>	3. Time of Death <b>11:22 AM</b>	4. Date of Death (Month/Day/Year) <b>12/21/2021</b>	
5. Social Security Number <b>73</b>	6a. Age - Yrs <b>73</b>	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) <b>07/25/1948</b>	
8. Birthplace (City and State or Foreign Country) <b>Gary, Indiana</b>		10. If Death Occurred in A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Dead on Arrival					
11. Facility Name (If Not Institution, Give Street and Number) <b>Franciscan Health Crown Point</b>		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)					
12. City or Town, State, and Zip Code <b>Crown Point, Indiana 46807</b>		13. County of Death <b>Lake</b>		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 <b>Ellen Witt</b>		16a. Last Name Before First Marriage <b>Kennedy</b>		16. Decedent's Usual Occupation <b>Self Employed</b>		17. Kind of Business/Industry <b>Heavy Equipment Repair</b>	
18a. City or Town <b>IN</b>		18b. County <b>Lake</b>		18c. City or Town <b>Cedar Lake</b>		18d. Apt. No.	
18e. Zip Code <b>46303</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>Some college, but no degree</b>			
20. Decedent of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>Helen Witt</b>			
23a. Parent's Last Name Before First Marriage <b>Baranyos</b>		23b. Relationship To Decedent <b>Wife</b>		24. Mailing Address (Street and Number, City, State, Zip Code) <b>14005 W 132nd Place, Cedar Lake, IN, 46303</b>		25a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Natural From State <input type="checkbox"/> Other (Specify)	
25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Cedar Lake Community Cremations</b>		25c. Location - City, Town, and State <b>Cedar Lake, IN</b>		27a. Funeral Home License Number: <b>FH83002461</b>			
27b. Signature of Indiana Funeral Service Licensee: <b>Kenneth John Piant</b>		27c. License Number Of Licensee <b>FD21600024</b>		28. Cause of Death (See Instructions And Examples) <b>COVID 19 pneumonia/infection</b>			
28a. 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. <b>chronic obstructive pulmonary disease, interstitial lung disease</b>		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		Approximate Interval: Onset To Death <b>20 days</b>	
31. Did Obvious Cause 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/Not 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 43-90 Days In 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		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, Worked Area)		38. Street & Number	
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: <b>Kyle Kleist</b>			
41. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Kyle Kleist 1201 S Main Road, Crown Point, IN 46307</b>		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Public Health Officer		43. Registrar Only: Date Filed (Month/Day/Year) <b>12/23/2021</b>		44. Registrar Only: Date Filed (Month/Day/Year) <b>12/23/2021</b>	
46. Additional Funeral Service Provider:		47. Registrar Only: Date Filed (Month/Day/Year)		48. Registrar Only: Date Filed (Month/Day/Year)			
49. Signature of Local Health Officer: <b>Chandana Varshila</b>		49. Registrar Only: Date Filed (Month/Day/Year)		49. Registrar Only: Date Filed (Month/Day/Year)			

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
JAN 04 2022  
ELECTRONICALLY SIGNED  
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS