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FILED

Apr 11 2022 VH JOHN E. PETALAS LAKE COUNTY AUDITOR 2022-515358 04/12/2022 01:05 PM TOTAL FEES: 25.00 BY: JAS PG #: 3 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

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 Quarter of Section 20, Township 33 North, Range 9 West of the 2^{nd} P.M. described as follows:

Commencing at the Southeast corner of said Section 20; thence North 88 degrees 22 minutes 39 seconds West along the South line thereof 664.30 feet to the Southwest corner of the East half of the Southeast Quarter of the Southeast Quarter; Thence North 00 degrees 02 minutes 07 seconds East along the West line thereof 672.14 feet to the point of beginning; thence continue North 00 degrees 02 minutes 07 seconds East 655.84 feet to the Northwest corner of said East half; thence South 88 degrees 23 minutes 16 seconds East along the North line thereof 615.48 feet to the West right of way line of U.S. 41; thence South 00 degrees 05 minutes 16 seconds West along said right of way 350.00 feet; thence North 88 degrees 23 minutes 16 seconds West parallel with said North line 261.04 feet; thence South 00 degrees 02 minutes 07 seconds West parallel with said West line 334.01 feet; thence South 88 degrees 22 minutes 39 seconds East parallel with said South line 260.74 feet to said West right of way; thence South 00 degrees 05 seconds West along said right of way 80.03 feet; thence North 88 degrees 22 minutes 39 seconds West parallel with said South line 340.80 feet; thence North 00 degrees 02 minutes 07 seconds East parallel with said West line 108.15 feet: thence North 88 degrees 22 minutes 39 seconds West parallel with said South line 273.98 feet to the point of beginning.

Commonly Known As: 18000 Wicker Avenue, Lowell, IN 46356

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

Tax ID #45-19-20-476-004 000-037

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- 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 Don't of lakes: Tax.

STATE OF INDIANA

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.

Gárett 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, 202

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

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 306584

Local No 00	5212	Е	EDR No 000011215863					State No 2021-074265						
. Decedent's Legal Name (First, Middle, Last)		1a. Mair	1a. Maiden Name (If Iemale)			2. Gender		3. Time Of Death		Date Of Death (Month/DayYear)				
Frank L. Witt							M		:22 AN		12/21			
5. Social Security Number 6s. Age - Yrs	6b. Under 1 Year	Sc. Under 1 Mo	onth 6d, Under	1 Day	6e, Under 1 He				tonth/Day/Year) 8. Birthplace (City and State or Foreign Country)					
73	Months	Days	Hours		Minutes		/25/194							
	Death Occurred In A Hosp				10a. If Death C			here Other Than A Hospital sedant's Home \(\sum \) Nursing Home/Long-term Caro Facility						
IN Yes □ No □ Unknown IN irpatient □ Errergercy Department Cutpatient □ Dead on Assivel □ Cher (Specify)														
11. Facility Name (# Not Institution, Give Street and Number) Franciscan Health Crown Polint														
12. City Or Town, State, And Zip Code					1	nly Of Death				Marital Stat				
Crown Point, Indiana 46807			Lake								Married, But Separated. Never Metried Unknown			
15. Surviving Spouse's Name	7_		15a. Last Name Before First Marriage 1				Decedent's Usual Occupation				17. Kind Of Business/Industry			
Ellen Witt Kennedy					Self Employed						Heavy Equipment Repair			
18. Residence - State	186.	County			18b. City O									
IN	Lai	ce			Cedar La	ke					-			
18c. Street And Number	</td <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>18d, Apt. N</td> <td>ь.</td> <td>18e. Zip 0</td> <td>Code</td> <td>18f. Inside City (imits?</td>	_						18d, Apt. N	ь.	18e. Zip 0	Code	18f. Inside City (imits?		
14005 W 132nd Place										46303		WEITER LINE		
19. Decedent's Education	1	. Droedent Of H				1. Decedent Vhite	Haoo							
Some college, but no degree		Not Spanish/His	ipanid Latino									st Name Betero First Marriage		
22. Parent's Name (First, Middle, Last)		- /			23, Parents Na	me (First, Mid	die, Last)					st Natio Edibid Pest Mainage		
Robert Witt			'S		Helen Witt					Dara	inyos .			
24. Informant's Name		24a. Relations Wife	hip to Decemen					ber, City, State, Zi dar Lake, IN,						
Ellen Witt		AAIIG		Θ.		DZIIU FIG	60, 000	Jai Cake, 114	40000					
25a, Method Of Disposition 25b. Place Of Disposition (Name Of Contilleto, remarker, Other Place) 25c. Location - City, Town, And State														
☐ Burial 🖾 Cromation ☐ Donation ☐						000	dar Lak	M o						
C(her (Specify):		r Lake Com		nation	<u></u>	Ce	uai Lar				T 975 E	ungral Home License Number:		
26. Was Corener Contacted?	27. Name And Complet Burdan Funeral	Home Inc 17	2901		. 0/							3002461		
☐ Yes 🍱 No	Wicker Avenue,	Cedar Lake	, Indiana, 46	303		/		27c. License N	Carabar W	f I (connect)				
270. Signature Of Indiana Funeral Servic Kenneth John Quest	a Licensee:				Electronical	y Signed		27C. Liconse N	minner (C	i Eraniosoj.	FD218			
Course Of Death (See Instructions And Examples)														
28. Part I, Enter The Chain Of Events - Diseases, illumes, Or Compications - that Linety Coalest miss to the Chain Coalest miss Coalest														
A Line. Add Additional Lines If Nece Immediate Cause (Final Disease Or		Death)	A. COVID	19 pr	neumonia/int		AL A Comm	<u> </u>				20 days		
						Day to (C	r As A Goine	70						
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			B. Doe to (Cr As				r As A Core	Correquests Ob:						
The Events Resulting In Death) Last	C. Due to 00 As				r As A Coron	Constant Of:								
			D.						<u> </u>					
Part II. Enter Other Significant Conditions	Contributing to Death Bu	Not Resulting In	The Underlying 0	Sause Gi	ven in Part I			opsy Performed?		Yes	DX) 1	ło		
chronic obstructive pulmona	ry disease, inters	titial lung dis	sease			30. W	ere Autop	sy Finding Availab 33. Mare			Cause Of I	Ocolth? ☐ Yes ☐ No		
31. Did Tobacco Use Contribute To Deal	[7] Nat Pro	ualie: gewn Wakin Past York	Pregnant At Tie	N OFFICE	Mol Pregnant, B	ut Pregnan Willia	42 Days Ol D	·····n 🔀 Neitur	al 🔲 Ho	miekše 🖽		Pending Investigation		
☐ Yes ☐ Probably ☐ No 🛣 Unkn	OWN Not Pro	gnant. But Pregnant 43	Days To 1 year Bulson	Doorh Code Ole	Unknown II Prop	Danadants	Homa Co	Suicien Site, Ro	ie Co	Wooded Are	octormines na)	37. Injury Al Work?		
34. Date Of Injury (Month/Day/Year)	35. 1810	Ot Injury		30. 14	ior or ripary (c. o	. Decreases					.	Yes No		
38. Location Of Injury - State	38a. City	Or Town		38b. 5	Street & Number					38c. Apt.	No.	38d. Zlp Code		
39. Describe How Injury Occurred								40. N Tr	ansportes	on Injury, Sp	pecity:	Tother Specific		
			THIS	IS A	TRUE COP	Y OF	_	Dumey		NOT	VAL	D'UNLESS		
41. Signature, Of Person Certifying Cau Kyle Kleist			THE RE	CORD	EALTH DE	配种距	NT I	Certifier (Check Certifying Phys	cia)	Corbi	9	(45. Desp Certified)		
49, Name, Address And Zip Code Of Pe			LAKE COU	NIYF	TEALIN DE				Uperse L			12/28/2021		
Kyle Kleist 1201 S Main Ro	ad, Crown Point,	N 46307		I A id	0 4 202	1			1906/15	MAN.		12/20/2021		
46. Additional Funeral Service Provider:			*				0		Digital Services	100000	(47)			
48. Signature of Local Health Officer: Chandana Vavilala				/	Electronical	lly Signed	49 F	or Registrar Onl	y - Cale	lmonti	visityi 102	12/23/2021		
		AME	NOMENT TO CE	RTISIC	ALE-OF DEALE	(ENTRY OF	COHIGIN	IAL)	111			1-100/2001/10/19		
Family Members-Mother's M	faiden Last Name	- amende	on beken	2624	Y HEALTH	OFFICEI nknown;	لــــــــــــــــــــــــــــــــــــــ		Lines					
Family Members-Mother's Maiden Last Name- amender on backs/99W17/HEALTH OFFICER														
1														