NOT AN OFFICIAL DOCUMENT

FILED
Apr 11 2022 VH
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-515380
04/12/2022 01:26 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

Property of Lake County Recorder

I, Ellen 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.

2. Frank Witt (also known as Frank L. Witt) and Ellen Witt are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Turkey Acres Lot 1

Commonly Known As: 18011 Wicker Blvd., Lowell, IN 46356

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

Tax ID #45-19-20-476-005.000-037

3. Frank Witt (also known as Frank L. Witt) and Ellen Witt acquired title to said real estate as Husband and Wife by Quit-Claim Deed on the 16th day of March, 2005 and recorded in the Office of the Lake County Recorder on the 16th day of March, 2005 as Document No. 2005 020075.

4. Frank Witt (also known as Frank L. Witt) died on December 21, 2021. See attached Death Certificate for Frank Witt (also known as 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 Witt

Ellen Witt, Affiant

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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 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, 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

Property of Lake County Recorder

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 000011215663 State No 2021-074205

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:	6a. Age - Yrs: 73	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): 07/25/1948
8. Birthplace (City and State or Foreign Country): Gary, Indiana	9. Ever In U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown	10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department/Outpatient ☐ Dead on Arrival	10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ 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: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ 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/Industry: 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? ☒ Yes ☐ No
19. Decedent's Education: Some college, but no degree	20. Decedent Of Hispanic Origin: Not Spanish/Hispanic/Latino	21. Decedent's Race: White	
22. Parent's Name (First, Middle, Last): Robert Witt	23. Parent's Name (First, Middle, Last): Helen Witt	23a. Parent's Last Name Before First Marriage: Baranyos	
24. Informant's Name: Ellen Witt	24a. Relationship To Decedent: Wife	24b. Mailing Address (Street And Number, City, State, Zip Code): 14005 W 132nd Place, Cedar Lake, IN, 46303	
25a. Method Of Disposition: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ 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? ☐ Yes ☒ No	27. Name And Complete Address Of Funeral Facility: Burdan Funeral Home Inc 12901 Wickes Avenue, Cedar Lake, Indiana, 46303		27a. Funeral Home License Number: FH83002461
27b. Signature Of Indiana Funeral Services Licensee: Kenneth John Ewert		27c. License Number (Of Licensee): FD21600024	

Electronically Signed

Cause Of Death (See Instructions And Examples)

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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death) A. COVID 19 pneumonia/infection — 20 days

Due to (Or As A Consequence Of)

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. _____ Due to (Or As A Consequence Of)

C. _____ Due to (Or As A Consequence Of)

D. _____

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I: chronic obstructive pulmonary disease, interstitial lung disease

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown	32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined	37. Injury At Work? ☐ Yes ☐ No
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)	
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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other/Unknown	
41. Signature, Of Person Certifying Cause Of Death: Kyle Klaist	42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Medical Examiner	43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kyle Klaist 1201 S Main Road, Crown Point, IN 46307	
44. License Number: 02006198A	45. Date Certified: 12/23/2021	46. Additional Funeral Service Provider:	
47. Facility:	48. Signature of Local Health Officer: Chandana Vavilala	49. For Registrar Only: Date Filed (Month/Day/Year): 12/29/2021	

Electronically Signed

LAKE COUNTY HEALTH OFFICER

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Family Members-Mother's Maiden Name- amended on 04/05/2022 (Memory Dunkowski)

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JAN 04 2022
NOT VALID UNLESS

Property of Lake County Recorder