

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2022-020420
8:48 AM 2022 Jun 28

STATE OF INDIANA) Send tax bills to: 3616 Michigan St., Hobart, IN 46342
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Barbara A. Ast, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Siegfried B. Ast, deceased.
2. That Barbara A. Ast and Siegfried B. Ast, acquired the following property as Husband and Wife during the term of their marriage.

LOTS NINE (9) AND TEN (10), IN BLOCK FIVE (5), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF MATTHIAS ADDITION TO LIVERPOOL HEIGHTS, IN THE TOWN OF NEW CHICAGO, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORDED IN PLAT BOOK 3, PAGE 59, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

Commonly known as: 3616 Michigan St., Hobart, IN 46342
Parcel No.:45-09-19-357-028.000-022

3. That Barbara A. Ast and Siegfried B. Ast, remained married until the death of Siegfried B. Ast on the 3rd day of March, 2017.
4. That Barbara A. Ast became the fee simple owner of the property at the death of Siegfried B. Ast.

I affirm under the penalties for perjury that the forgoing statements are true.

Barbara A. Ast
Barbara A. Ast

EXECUTED AND DELIVERED IN MY PRESENCE:

M. Quinn Witness Signature

Maranda Quinn Witness Printed

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)



FILED
JUN 27 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Before me, a notary public in fore said county and state this 21 day of June, 2022, **Barbara A. Ast** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 21st day of June, 2022.

Shauna M. Lange Notary Signature

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange
Shauna M. Lange

This Instrument prepared by:
Shauna M. Lange, ESQ
REES AND LANGE, P.C.
301 Main Street, Hobart, IN 46342
(219) 947-1692

2025.00
C/L# 1515
KK
E



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TRAINING ONLY

2024.3

Local No 001183

EDR No 00000569620

State No 016548

1. Decedent's Legal Name (First, Middle, Last) SIEGFRIED B AST				2a. Maiden Name (If female)		2. Sex MALE	3. Time of Death 09:30 AM	4. Date of Death (Month/Day/Year) 03/30/2017			
5. Social Security Number		6a. Age - Yrs 75	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) 12/23/1941				
8. Birthplace (City and State or Foreign Country) OSTROWO, PO		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 Outpatient <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) ST MARY MEDICAL CENTER INC					12. City Or Town, State, And Zip Code		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 BARBARA AST			15a. Last Name Before First Marriage CESARE			16. Decedent's Usual Occupation STEELWORKER		17. Kind Of Business/Industry STEEL			
18a. County INDIANA			18b. City Or Town HOBERT			18c. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED											
20. Decedent Of Hispanic Origin NOT HISPANIC					21. Decedent's Race White						
22. Parent's Name (First, Middle, Last)					23. Parent's Name (First, Middle, Last) SOPHIE AST			23a. Parent's Last Name Before First Marriage AST			
24. Informant's Name BARBARA AST			24a. Relationship To Decedent SPOUSE			24b. Mailing Address (Street And Number, City, State, Zip Code) 3616 MICHIGAN STREET, HOBERT, IN 46342					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATION SERVICES			25c. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GARY, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBERT CHAPEL, 600 W OLD RIDGE RD, HOBERT, IN 46342			27a. Funeral Home License Number FH83003069					
27b. Signature Of Indiana Funeral Service Licensee JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD01008463					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. Do Not Abbreviate. Enter Only One Cause Of Death. Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death. Immediate Cause (Final Disease Or Condition Resulting In Death) A. MALIGNANT MELANOMA OF THE BRAIN											
28. Part II. Enter Other Significant Conditions Contributing to Death (But Not Resulting In The Underlying Cause Given in Part I)											
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 42 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"/> Should 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								
41. Signature, Of Person Certifying Cause Of Death: MILTON STANLEY GASPARIS, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MILTON STANLEY GASPARIS, 1352 SOUTH LAKE PARK AVE, HOBERT, IN 46342						44. License Number 01037515A		45. Date Certified 04/03/2017			
46. Additional Funeral Service Provider						47. "X" Mark					
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) APR 04 2017					

PROPERLY FILED

THIS IS A TRUE COPY OF EVERYTHING ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAY 09 2017

Approximate Interval: Onset To Death

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED