

NOT AN OFFICIAL DOCUMENT

FILED

Oct 28 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-543908
10/28/2022 01:13 PM
TOTAL FEES: 25.00
BY: SP
PG #: 5

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER



2389034-1753-0

AFFIDAVIT OF SURVIVORSHIP

Property Address: 71 East Washington Avenue, New Chicago, IN 46342
Property County: Lake

Sharon L. Nelson, also known as Sharon Nelson, of adult age, being first duly sworn, upon deposes and says:

That **Sharon L. Nelson, also known as Sharon Nelson**, is the Wife of Larry W. Nelson, deceased, who died on November 14, 2021 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Sharon L. Nelson recorded November 1, 2011 as Document No. 2011-060715 in the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **Sharon L. Nelson, also known as Sharon Nelson**, surviving spouse or tenant of the decedent. *see exhibit A*

Further, Affiant sayeth not.

Sharon L. Nelson *Kate Criff* 2022-543821

MTC File No.: 22-33592 (AOS)

HOLD FOR MERIDIAN TITLE CORP

2

22-33592

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Sharon L. Nelson, also known as Sharon
Nelson

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Sharon L. Nelson, also known as Sharon Nelson** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 24th day of October, 2022.

2/25/27
My Commission Expires:

NP0718840

Commission No.

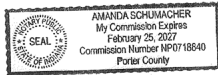
Porter, IN
Notary Public County and State of Residence

This instrument was prepared by:
Andrew R. Drake, Attorney-at-Law
11711 N. Pennsylvania St., Suite 110, Carmel, IN 46032

Property Address:
71 East Washington Avenue
New Chicago, IN 46342

A Schumacher
Signature of Notary Public

Amanda Schumacher
Printed Name of Notary



Grantee's Address and Mail Tax Statements To:

16832 N. 100 W.
Whitfield, IN 46392

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. Andrew R. Drake

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LEGAL DESCRIPTION

Lots 4, 5, 6, 7 and 8, in Block 6, in Fifth Addition to New Chicago, as per plat thereof, recorded in Plat Book 6 page 18, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
State ID Number Only 45-09-19-303-013.000-022

Property of Lake County Recorder



Local No 001532

EDR No 00001197036

State No 2021-065886

1. Decedent's Legal Name (First, Middle, Last) Larry Wayne Nelson				1a. Maiden Name (if female)		2. Gender Male		3. Time Of Death 09:32 AM		4. Date Of Death (Month/Day/Year) 11/14/2021			
5. Social Security Number 81		6a. Age - Yrs Months		6b. Under 1 Year Days		6c. Under 1 Month Hours		6d. Under 1 Day Minutes		7. Cause of Death (Month/Day/Year) 09/03/1940			
8. Birthplace (City and State or Foreign Country) French Lick, Indiana		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in a Hospital: <input 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (if Not Institution, Give Street and Number) Golden Living Center-Valparaiso													
12. City Or Town, State, And Zip Code Valparaiso, Indiana 46383				13. County Of Death Porter				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 Sharon Nelson				16a. Last Name Before First Marriage Cook				16. Decedent's Usual Occupation Head Custodian		17. Kind Of Business/Industry Education			
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart				18d. Apt. No.		18c. Zip Code 46342			
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18c. Street And Number 71 E Washington Street		18e. Inside City Limits?		18d. Apt. No.		18c. Zip Code		18e. Inside City Limits?			
19. Decedent's Education 9th-12th grade, No Diploma			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White							
22. Parent's Name (First, Middle, Last) Harry C. Nelson				23. Parent's Name (First, Middle, Last) Dolly Nelson				23a. Parent's Last Name Before First Marriage Winenger					
24. Informant's Name Debbie Lapine		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 6863 Mellon Road, Portage, IN, 46368									
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 Service		25c. Location - City, Town, And State Gery, IN		25d. Place Of Disposition		25e. Location - City, Town, And State		25f. Location - City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home Hobart Chapel 600 W Old Ridge Road, Hobart, Indiana, 46342				27c. License Number (Of Licenses) FD29700036		27a. Funeral Home License Number: FH63003069					
27b. Signature Of Indiana Funeral Service Licensee: <i>Josifina K Krause</i>		Electronically Signed				27c. License Number (Of Licenses)		FD29700036					
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. cerebral infarction B. dementia 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													
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings 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 checked="" type="checkbox"/> Probably <input 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 <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <i>Michael F Mirochna</i>						Electronically Signed		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: Michael F Mirochna 1919 State St #340, New Albany, IN 47150			
44. License Number 01069622A		45. Date Certified 11/19/2021		46. Additional Funeral Service Provider:		47. "Attest:"		48. Signature of Local Health Officer: <i>Marla L Stamp</i>					
49. For Registrar Only - Date Filed (Month/Day/Year): 11/19/2021		Electronically Signed											

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)

State Form 59396 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.