

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-040683

9:38 AM 2022 Dec 8

Parcel No. 45-09-32-279-014.000-018  
Mail tax bills to: 450 South Hobart Road, Hobart, IN 46342

### AFFIDAVIT OF DEATH AND SURVIVORSHIP

Mary J. Mettenburg, being first duly sworn, makes the following statements:

1. On or about October 8, 1970, HAROLD DEAN METTENBURG and MARY J. METTENBURG, as husband and wife, acquired an interest in the title to the following described real estate in Lake County, Indiana:

Lot 139 in Stendahl's Wood-dale Addition to Hobart, as per plat thereof, recorded in Plat Book 31, page 16, in the Office of the Recorder of Lake County, Indiana; together with all rights, privileges, improvements, and appurtenances thereunto belonging.

Commonly known as 450 South Hobart Road, Hobart, IN 46342

2. HAROLD DEAN METTENBURG died on the 23rd day of June, 2022 interest in the above-described real estate with his wife, MARY J. METTENBURG. A certified copy of the Owner's death certificate is attached to this Affidavit as Exhibit "A" and made part of it by reference.

3. MARY J. METTENBURG survived the joint tenant, and parties' marriage remained undissolved until the date of HAROLD DEAN METTENBURG's death.

4. This Affidavit is made, executed and recorded to transfer on death HAROLD DEAN METTENBURG's interest in the above-described real estate.

Dated this 1<sup>st</sup> of September, 2022.

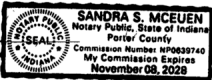
Mary J. Mettenburg  
MARY J. METTENBURG

STATE OF INDIANA )SS:  
PORTER COUNTY )

Subscribed and sworn to by MARY J. METTENBURG before me, a Notary Public in and for said County and State, this 1<sup>st</sup> day of September, 2022.

Witness my hand and notarial seal.  
My Commission Expires: 11/08/2028  
My Commission No. 639740

Sandra S. McEuen  
Sandra S. McEuen, Notary Public  
Resident of Porter County



This instrument prepared by: Patrick B. McEuen, #17441-45, McEuen Law Office, 6382 Central Avenue, Portage, Indiana 46368.

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Smaller 17441-45

25.00  
CL# 2484  
KK

FILED

DEC 08 2022

JOHN E. PETALAS  
LAKE COUNTY AUDITOR



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **380067**

Local No 002625

EDR No 000011391783

State No 2022-035405

1. Decedent's Legal Name (First, Middle, Last) <b>Harold Dean Mettenburg</b>		1a. Maiden Name (If female)		2. Gender <b>Male</b>		3. Time Of Death <b>02:47 PM</b>		4. Date Of Death (Month/Day/Year) <b>06/23/2022</b>	
5. Social Security Number ██████████		6a. Age - Yrs <b>80</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>01/08/1942</b>		8. Birthplace (City and State or Foreign Country) <b>Sedalia, Missouri</b>					
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 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 checked="" 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) <b>450 S Hobart Road</b>									
12. City Or Town, State, And Zip Code <b>Hobart, Indiana 46342</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>Mary June Mettenburg</b>			15a. Last Name Before First Marriage <b>Greer</b>			16. Decedent's Usual Occupation <b>Overhead Crain Repair Technic</b>		17. Kind Of Business/Industry <b>Steel Mill</b>	
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Hobart</b>		18c. Street And Number <b>450 S Hobart Road</b>		18d. Apt. No.	
18e. Zip Code <b>46342</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>John Mettenburg</b>			23. Parent's Name (First, Middle, Last) <b>Marguerite Mettenburg</b>			25a. Parent's Last Name Before First Marriage <b>Jackels</b>			
24. Informant's Name <b>Mary June Mettenburg</b>			24a. Relationship To Decedent <b>(Wife)</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>450 S Hobart Road, Hobart, IN, 46342</b>				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>Memorial Park Cemetery</b>			25c. Location - City, Town, And State <b>Valparaiso, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Burns Funeral Home 701 E. 7th St., Hobart, Indiana, 46342</b>			27a. Funeral Home License Number: <b>FH83002380</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>James F. Burns</b>						27c. License Number (Of Licensee): <b>FD01009461</b>		27d. License Number (Of Licensee): <b>FD01009461</b>	
Cause Of Death (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused This 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 Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. <b>cardiorespiratory failure</b>									
B. <b>chronic obstructive pulmonary disease</b>									
C. <b>acute hypoxic respiratory failure</b>									
D. <b>chronic diastolic heart failure</b>									
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									
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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Driver/Operator <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. 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 checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other									
41. Signature, Of Person Certifying Cause Of Death: <b>Joseph A Venditti Jr</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01(35813A)</b>		45. Date Certified <b>06/25/2022</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Joseph A Venditti Jr 2000 Roosevelt Road 101, Valparaiso, IN 46383</b>				47. PAXIS		49. For Registrar Only - Date Filled (Month/Day/Year) <b>06/27/2022</b>			
46. Additional Funeral Service Provider:				48. Signature of Local Health Officer: <b>Chandana Varadala</b>		49. For Registrar Only - Date Filled (Month/Day/Year) <b>06/27/2022</b>			

Property of State of Indiana

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JUN 29 2022

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)