

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-040719
2:18 PM 2022 Dec 8

2

This document is being re-recorded to correct the legal description &

MO

STATE OF INDIANA) AFFIANT'S NAME
) SS:
COUNTY OF LAKE)

Corrected

AFFIDAVIT OF SURVIVORSHIP

I, Michael D. Dorneker, being duly sworn, do depose and say as follows: *(also known as Michael Dorneker) MO*

1. That I am the Husband of the now deceased Stephanie A. Dorneker, who died on October 21, 2007.

2. That the decedent, Stephanie A. Dorneker and I were Husband and Wife at the time of her death;

3. That the decedent, Stephanie A. Dorneker and I at the time of her death, owned certain real property as Husband and Wife, tenants by entireties; and

4. That the legal description of said certain real property is:

Lot 5 in Block 70 in Pheasant Hills Addition, Unit 2B, to the Town of Dyer, as per plat thereof, recorded in Plat Book 41, Page 12, in the Office of the Recorder of Lake County, Indiana.

Parcel No.: 45-10-13-404-008.000-034
Address: 2627 Hart Street, Dyer, IN 46311

Further, your Affiant saith not

MO
Michael Dorneker, also known as MICHAEL D. DORNEKER, AFFIANT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)
PREPARED BY: *[Signature]*

Before me, a Notary Public in and for said County and State, this 8th day of June, 2016, did personally appear Michael D. Dorneker, and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
19 January 2017
Resident of Lake County

[Signature]
ANTOINETTE KRUPA, NOTARY

*Proposed by Atty Joseph S. Doherty
921 E. Broadway
Merrillville IN 46404
JTE*

FILED
NOV 21 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

ANTOINETTE KRUPA
Notary Public, State of Indiana
Lake County
My Commission Expires
January 19, 2017

25 cash UK

non \$14.00
can \$16038

FILED
2022 NOV 21 PM 1:11
NICHOLE B. DEWITT
RECORDER

IF YOU ARE THE PERSON FOR WHOM THIS DOCUMENT WAS FILED, PLEASE TAKE REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW.
PREPARED BY: *Michael Dorneker*

FILED
DEC 08 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

NOT AN OFFICIAL DOCUMENT

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to raise its celebratory responsibility. Disclosure is voluntary and there will be no penalty for refusal.
 Social No. 25.23-07

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-10

PER/PRINT
 IN
 PERMANENT
 LACK INK

DECEDENT

PARENTS

FORMANT

POSITION

USE OF
 BATH

ARTIFIER

ALTH
 FICER

1. DECEASED-NAME (First, Middle, Last) STEPHANIE ANN DORNEKER		2. SEX FEMALE		3a. TIME OF DEATH 5:30 PM		3b. DATE OF DEATH (Month, Day, Year) OCTOBER 21, 2007	
4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (Years)		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 YEAR Hours Minutes	
6a. WAS DECEDENT A U.S. VETERAN? NO		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		6c. PLACE OF BIRTH (Mo, Day, Yr) JULY 9, 1954		7. BIRTH-PLACE (City and State or Foreign Country) CHICAGO, ILLINOIS	
8a. FACILITY NAME (if not institution, give street and number) 2627 HART STREET				8b. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA		8c. RESIDENCE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
9a. CITY, TOWN, OR LOCATION OF DEATH DYER				9b. CITY, TOWN, OR LOCATION OF DEATH LAKE			
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) MICHAEL DORNEKER		12b. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) ONLINE BANK ADMINISTRATOR		12c. KIND OF BUSINESS/INDUSTRY SANDRIDGE BANK	
13a. RESIDENCE - STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION DYER		13d. STREET AND NUMBER 2627 HART STREET	
15a. ZIP CODE 46311		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE - American Indian, Black, White, etc. (Specify) WHITE	
17. DECEDENT'S EDUCATION (Elementary/secondary 9-12) 12				17. DECEDENT'S EDUCATION (Elementary/secondary 9-12) 12			
18. FATHER'S NAME (First, Middle, Last) STEVE LOMBARDI				19. MOTHER'S NAME (First, Middle, Maiden Surname) SHIRLEY HEWITT			
20a. INFORMANT'S NAME (Type/Print) MICHAEL DORNEKER		20b. MARSHING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 2627 HART STREET DYER, IN 46311		20c. Relationship HUSBAND			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) OCTOBER 24, 2007 NORTHWEST INDIANA CREMATION SERVICES		21c. LOCATION - City or Town, State CROWN POINT, INDIANA			
22a. EMBALMER'S NAME NOT EMBALMED		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Rob Mills</i>		24b. LICENSE NUMBER (If Licensee) FD20400030		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME 1920 HART ST DYER, IN 46311			
25. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. Agreement between Cause and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Cervix carcinoma					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF):					
		c. DUE TO (OR AS A CONSEQUENCE OF):					
		d. DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
27. WAS DECEDENT PREGNANT OR ON DATE POSTPARTUM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28b. DATE PERFORMED (Month, Day, Year)		28c. DATE BEGUN (Month, Day, Year)	
29a. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.		29b. HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		29c. CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.			
29. SIGNATURE AND TITLE OF CERTIFIER: <i>[Signature]</i>		29c. MEDICAL LICENSE NO. 33507		29d. DATE BEGUN (Month, Day, Year) 10-22-07			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) 7054 Columbia Mooresville, TN 37021							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	
		34c. INJURY AT WORK? (Yes or No)		34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g. DATE PRODUCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.					