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STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2023-003194

8:51 AM 2023 Jan 23

**AFFIDAVIT TENANTS BY THE ENTIRETIES**

Comes now Bedahlia Truttling, being duly sworn upon her oath, and states as follows:

That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows: Lot 1 and the West 22 1/2 feet of Lot 2, Block 16 in Gary Land Company's 4th sub in the City of Gary as per plat thereof, recorded in plat book 14, page 15, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 2131 West 5th Avenue, Gary, Indiana 46404

That the affiant and the decedent Clarence F. Truttling, were married on the 28th day of October, 1978. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 15th day of February, 1989, and recorded in the Office of the Lake County Recorder on the 27th Day of February, 1989.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Clarence F. Truttling on the 2nd day of May, 2022, at which time this affiant acquired title to the real estate as surviving tenant by the entireties. (See attached Certified Death Certificate.)

**FILED**

JAN 23 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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1163  
Rr

# NOT AN OFFICIAL DOCUMENT

That 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.

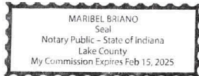
That the decedent's estate was not subject to Indiana Inheritance Taxes.

Bedahlia Truttling  
BEDAHILIA TRUTTLING

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, this 4th day of January, 2023, came BEDAHILA TRUTTLING, and acknowledge the execution of the foregoing document.

Witness my hand and official seal.



Maribel Briano  
MARIBEL BRIANO, Notary Public  
Residing in Lake County, Indiana

My Commission Expires: February 15, 2025

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

Lonnie M. Randolph

Prepared by: Lonnie M. Randolph, Attorney at Law  
1414 E. Columbus Drive, East Chicago, IN 46312



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **321807**

Local No 001990

EDR No 000011281161

State No 2022-026549

1. Decedent's Legal Name (First, Middle, Last) <b>Clarence Frederick Truttling</b>		14. Maiden Name (If female)		2. Gender <b>Male</b>	3. Time of Death <b>07:19 AM</b>	4. Date of Death (Month/Day/Year) <b>05/02/2022</b>			
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>86</b>	6b. Under 1 Year <b>Months</b>	6c. Under 1 Month <b>Days</b>	6d. Under 1 Day <b>Hours</b>	6e. Under 1 Hour <b>Minutes</b>	7. Date of Birth (Month/Day/Year) <b>07/22/1935</b>	8. Birthplace (City and State of Foreign Country) <b>East Chicago, Indiana</b>		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				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)				10b. If Death Occurred Somewhere Other Than A Hospital	
11. Facility Name (If Not Institution, Give Street and Number) <b>Community Hospital Munster</b>									
12. City or Town, State, and Zip Code <b>Munster, Indiana 46321</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>Bedahlia Truttling</b>			15a. Last Name Before First Marriage <b>Hannibal</b>		16. Decedent's Usual Occupation <b>Steel Worker</b>		17. Kind Of Business/Industry <b>LTV Steel</b>		
18. Residence - State <b>IN</b>		18a. Country <b>Lake</b>		18b. City or Town <b>Gary</b>					
18c. Street And Number <b>2131 W 5th Avenue</b>		18d. Apt. No.		18e. Zip Code <b>46404</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>High School graduate or GED completed</b>			20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>Black or African American</b>				
22. Parents Name (First, Middle, Last) <b>Sim Truttling</b>				23. Parents Name (First, Middle, Last) <b>Ora Truttling</b>		23a. Parents Last Name Before First Marriage <b>Tombo</b>			
24. Informant's Name <b>Bedahlia Truttling</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2131 W 5th Avenue, Gary, IN, 46404</b>					
25. Place Of Disposition									
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>Evergreen Memorial Park</b>		25c. Location - City, Town, And State <b>Hobart, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Hinton &amp; Williams Funeral Home, Inc. (Lake) 4859 Alexander Ave, East Chicago, Indiana, 46312</b>				27a. Funeral Home License Number: <b>FH83001520</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>Tracy Chert Williams</b>				27c. License Number (Of Licensee): <b>Electronically Signed</b>		27d. License Number (Of Licensee): <b>FD08600238</b>			
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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> A. <b>Septic Shock</b> B. <b>Metastatic Prostate Cancer</b> C. <b>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> D.							Approximate Interval: Onset To Death <b>24 hours</b> <b>unknown</b>		
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 Finding 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 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 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		36a. City Or Town		36b. Street & Number		36c. Apt. No.			
36d. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Describe How Injury Occurred		39. Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> <b>NOT VALID UNLESS</b>			
41. Signature, Of Person Carrying Cause Of Death: <b>Satish Patel</b>				42. Center (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Forensic Pathologist		43. Name, Address And Zip Code Of Person Carrying Cause Of Death: <b>Satish Patel 9108 Columbia Avenue, Suite 3, MARIETTA, IN 46752</b>			
44. License Number <b>01042363A</b>				44a. Date Certified <b>05/08/2022</b>		47. (If Filed) (Month/Day/Year) <input type="checkbox"/> Issued <input type="checkbox"/> Renewed <input type="checkbox"/> Reinstated <input type="checkbox"/> Suspended <input type="checkbox"/> Expired			
48. Signature of Local Health Officer: <b>Chandana Varshila</b>				49. For Registrar Only <b>05/09/2022</b>		47. (If Filed) (Month/Day/Year) <input type="checkbox"/> Issued <input type="checkbox"/> Renewed <input type="checkbox"/> Reinstated <input type="checkbox"/> Suspended <input type="checkbox"/> Expired			