

NOT AN OFFICIAL DOCUMENT

SURVIVORSHIP AFFIDAVIT

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Comes now, who being duly sworn upon his/her oath, deposes and says:

That John T. Shelhart, is the surviving spouse of Pamela J. Shelhart, deceased who died domiciled in 19th South County Line Road, Crown Point, Indiana, 46307, Lake County, Indiana on August 28, 2021.

That John T. Shelhart and Pamela J. Shelhart acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 1 IN J & P SHELHART'S ACRE, IN THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 52 PAGE 34, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.

Commonly Known as: 7200 East 93rd Avenue, Crown Point, Indiana 46307

Property No: 45-13-29-300-006.000-03000

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-005615

2:20 PM 2023 Feb 16

Affiant states that they continued to live and cohabit together as husband and wife continuously from date they took title to the above-described real estate, until the date of Pamela J. Shelhart's death.

Exhibit "A" Indiana State Department - Certificate of Death,

Local No: 003363, EDR No: 00001156151

State No: 2021-046878

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana to transfer the above-described real estate to **John T. Shelhart**.

Executed: February 13, 2023



John T. Shelhart

FILED

FEB 15 2023


PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 13th day of February, 2023

Witness my hand and Notarial seal on this 13th day of February, 2023.

"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."
PREPARED BY: 


Notary Public, Maria E. Dominguez
Resident of Lake County
My Commission expires: September 12, 2025

Prepared by:
Roy Dominguez
Law Office of Roy Dominguez
O: 219-769-6213 F: 219-769-6219
Roy@dominguezlawyer.com



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Form No. 2 9007

Local No 003363

EDR No 00001156151

State No 2021-046878

1. Decedent's Legal Name (First, Middle, Last) Pamela Joyce Shelhart		19. Maiden Name (if female) Bukur		2. Gender Female		3. Time Of Death 09:20 AM		4. Date Of Death (Month/Day/Year) 08/28/2021	
5. Social Security Number 65		6a. Age - Yrs 65		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) 04/17/1956		8. Birthplace (City and State or Foreign Country) Gary, 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 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"/> Home/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 Hobart									
12. City Or Town, State, And Zip Code Hobart, Indiana 46342				13. County Of Death Lake		14. Marital Status At Time Of Death <input 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 John Thomas			15a. Last Name Before First Marriage Shelhart			16. Decedent's Usual Occupation Secretary		17. Kind Of Business/Industry Ivy Tech	
18. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point					
18c. Street And Number 19 S County Line Road		18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
18g. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) James Samuel Bukur			23. Parent's Name (First, Middle, Last) Millie Elaine Bukur			23a. Parent's Last Name Before First Marriage Baron			
24. Informant's Name John Thomas Shelhart		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 19 S County Line Road, Crown Point, IN, 46307					
25. Place Of Disposition									
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) NWI Cremation Services		25c. Location - City, Town, And State Crown Point, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307		27a. Funeral Home License Number: FH83002445					
27b. Signature Of Indiana Funeral Service Licensee: James F. Burnas				Electronically Signed		27c. License Number (Of Licensee): FD01009461			
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 Ventilator Discontinuation 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. SARS Covid-19 Pneumonia		See ICD-10 Code(s) on Back Cover		Approximate Interval: Onset To Death 4 weeks			
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.		See ICD-10 Code(s) on Back Cover					
		C.		See ICD-10 Code(s) on Back Cover					
		D.		See ICD-10 Code(s) on Back Cover					
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 checked="" 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		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. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Woods/Other 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			
41. Signature, Or Person Certifying Cause Of Death: Gaurav Kumar				Electronically Signed		42. Center (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: Gaurav Kumar 1331 State Street, Laporte, IN 46340						44. License Number: 01065464A Date Expired: 08/30/2021			
45. Additional Funeral Service Provider: LAKE COUNTY HEALTH DEPARTMENT						47. ANKAS: 08/30/2021			
48. Signature of Local Health Officer: Chandana Vavilala				Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year): 08/30/2021			
LAKE COUNTY HEALTH OFFICER									

NOT VALID UNLESS

AUG 31 2021

LAKE COUNTY HEALTH OFFICER