

2 **NOT AN OFFICIAL DOCUMENT**
SURVIVORSHIP AFFIDAVIT

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:

Part of the Southwest ¼ of Section 29, Township 35 North, Range 7 West of the 2nd Principal Meridian, in the Town of Merrillville, Lake County, Indiana, described as follows: Beginning at the Southeast corner of said Southwest ¼; thence North, along the East line of said Southwest ¼, a distance of 21781 feet to the point of beginning of the tract herein described; thence continuing North, along said East line, 217.81 feet; thence West, parallel to the South line of said Southwest ¼, a distance of 250 feet; thence South, parallel to said East line, 435.62 feet to a point on said South line; thence East, along said South line, 50 feet; then North, parallel to said East line, 217.81 feet; thence East, parallel to said South line, 200 feet to the point of beginning.

Property No: 45-13-29-300-005.000-030

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

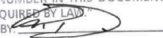
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

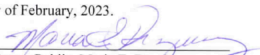
STATE OF INDIANA

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

2023-005616

2:20 PM 2023 Feb 15

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

25
20



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Form No. 29000

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 [REDACTED]		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"/> Hospice 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 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 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					19. 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. Parents 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 NWI Cremation Services					25c. Location - City, Town, and State Crown Point, IN									
26. 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):					27. Name and Complete Address of Funeral Facility Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307					27a. Funeral Home License Number: FH8302445									
28. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					29. Signature of Indiana Funeral Service Licensee: Gaurav K. Kumar					29a. License Number (Of Licensee): FD01009461									
30. Part I. Enter the Chain of Events - Diseases, Injuries, Or Complications - That Directly Cause 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. SARS Covid-19 Pneumonia										31. Approximate Interval: Cause To Death 4 weeks									
32. 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. _____ C. _____ D. _____										33. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Coronary <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. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
40. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										41. Signature of Person Certifying Cause of Death: Gaurav K. Kumar									
42. Name, Address And Zip Code Of Person Certifying Cause of Death: Gaurav Kumar 1331 State Street, Laporte, IN 46761										43. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer									
44. License Number: 01065464A										45. Date Certified: 08/30/2021									
46. Signature of Local Health Officer: Chandana Varshila										47. For Registrar Only - Date Filed (Month/Day/Year): 08/30/2021									
48. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										49. RAISED SEAL AFFIXED									