

INSTRUMENT
RECORDED
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-009193
1:27 PM 2023 Mar 24

DUTY ENTERED FOR TITLED SUBJECT
FINAL RECORD PRICE FOR TRANSFER

MAR 01 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT OF SCRIVENERS ERROR

Comes now DANIEL J. CALHOUN, being duly sworn upon his oath, and states:

- 1. He is the attorney for MARION LEWIS who authored the Quit Claim Deed which was filed with the Lake County Recorder's Office on September 12, 2022 (instrument number 2022-032379) for the following described real estate in Lake County, Indiana:

The South 160 feet of the East 233 feet of the East half of the East half of the Southeast Quarter of Section 23, Township 36 North, Range 9 West of the 2nd P.M., in the Town of Griffith, Lake County, Indiana, except the South 50 feet thereof which is embraced in 37th Avenue and except the East 33 feet thereof which is embraced in Colfax Avenue.

Commonly known as: 3696 N. Colfax Ave., Griffith, IN 46319
Parcel Number: 45-07-23-477-028.000-006

- 2. Said Quit Claim Deed contained a scrivener's error in that it listed one of the Grantees as "MATION LEWIS."
- 3. Said Quit Claim Deed should have listed that GRANTEE as "MARION LEWIS."
- 4. The purpose of this affidavit is to correct the spelling error from GRANTEE "MATION LEWIS" to "MARION LEWIS" and to induce the Recorder of Lake County, Indiana to record said Quit Claim Deed and this Affidavit of Scrivener's Affidavit and to induce the Auditor of Lake County, Indiana to transfer said property of record to grantees MARION LEWIS and KRISTY R. WIENEKE as opposed to "MATION LEWIS" and KRISTY R. WIENEKE.

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Date: February 5, 2023

Daniel J. Calhoun
Daniel J. Calhoun

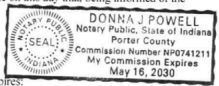
STATE OF INDIANA)
) SS:
LAKE COUNTY)

ACKNOWLEDGMENT

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Norman Palmer whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he, executed the same voluntarily on the day the same bears date.

Given under my hand this 5th day of February, 2023.

Donna J. Powell
Notary Public



My Commission Expires:

I affirm, under the penalties for perjury that I have taken reasonable care to redact each social security number in this document as required by law. This Instrument was prepared by Daniel J. Calhoun, Attorney No. 31919-45, CALHOUN LAW LLC, 123 N. Main St. Ste. 202
Crown Point, IN 46307.

Daniel J. Calhoun
Daniel J. Calhoun

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AFFIDAVIT OF DEATH

KRISTY R. WIENEKE upon personal knowledge and belief, makes these statements.

1. That MATION H. LEWIS and KRISTY R. WIENEKE are joint owners with rights of survivorship of real estate under a duly recorded deed under instrument number 2022-032379 in the office of the Lake County, Indiana Recorder commonly known as 3696 N. Colfax Ave., Griffith, IN 46319 parcel number 45-07-23-477-028.000-006.
2. That MATION H. LEWIS was a scrivener's error, in that it should have read "MARION H. LEWIS."
3. MARION H. LEWIS, who was incorrectly listed as "MATION H. LEWIS" (Co-Owner) died on January 5, 2023 (a copy of the Owner's death certificate is attached as Exhibit "A") owning at death an interest in the following described real estate:

The South 160 feet of the East 233 feet of the East half of the East half of the Southeast Quarter of Section 23, Township 36 North, Range 9 West of the 2nd P.M., in the Town of Griffith, Lake County, Indiana, except the South 50 feet thereof which is embraced in 37th Avenue and except the East 33 feet thereof which is embraced in Colfax Avenue.

4. That by virtue of the death of the party listed in paragraph #2 above, KRISTY R. WIENEKE became the fee simple owner of the above-described property and requests that this fact be reflected on the land and tax records of the County.

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Date: 2/7/23

Kristy R. Wieneke
KRISTY R. WIENEKE

STATE OF INDIANA)

) SS:
LAKE COUNTY)

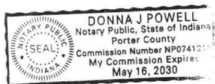
ACKNOWLEDGMENT

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that KRISTY R. WIENEKE whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, she, executed the same voluntarily on the day the same bears date.

Given under my hand this 2/7/23 (2023)

Donna J. Powell

Notary Public



Prepared by: Attorney Daniel J. Calhoun, of Calhoun Law LLC, 123 N. Main St. Ste. 202, Crown Point, Indiana 46307. I affirm, under penalties for perjury, I have taken reasonable care to redact each Social Security number on this document, unless required by law.

/s/ Daniel J. Calhoun
Daniel J. Calhoun, Attorney at Law

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 052273



Local No 00091

EDR No 000011488024

State No 2023-001648



1. Decedent's Legal Name (First, Middle, Last) Marion Lewis				1a. Maiden Name (if female)		2. Gender Male		3. Time of Death 01:23 AM		4. Date of Death (Month/Day/Year) 01/05/2023			
5. Social Security Number		6a. Age - Yrs 88		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) 03/04/1934		8. Birthplace (City and State or Foreign Country) Moan, Kentucky											
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 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) Community Hospital Munster													
12. City or Town, State, And ZIP Code Munster, Indiana 46321						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				15a. Last Name Before First Marriage Painter				16. Decedent's Usual Occupation Painter		17. Kind Of Business/Industry Painter Union Local 460			
15. Residence - State IN		15a. County Lake		15b. City Or Town Gary		15c. Apt. No.		15d. Zip Code 46408		15e. Inmate City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18. Street And Number 3696 Colfax Street		18a. Apt. No.		18b. Zip Code		18c. Inmate City Limits?							
18. Decedent's Education 9th-12th grade, No Diploma			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White							
22. Parent's Name (First, Middle, Last) Rosco Lewis				23. Parent's Name (First, Middle, Last) Evadie Lewis				25a. Parent's Last Name Before First Marriage Barker					
24. Informant's Name Kristy Wienske				24a. Relationship To Decedent Granddaughter				24b. Mailing Address (Street And Number, City, State, Zip Code) 118 Beacon Drive, Hobart, IN, 46342					
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) Calumet Park Cemetery				25c. Location - City, Town, And State Merrillville, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322				27a. Funeral Home License Number FH11700003					
27b. Signature Of Indiana Funeral Service Licensee <i>Cornelius A. Kasper</i>				Electronically Signed				27c. License Number (Of Licensee) FD01014511					
Cause of Death (See Instructions And Examples)													
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.										Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death)										A. ischemic bowel <small>ICD-10: I65.91</small>		unknown	
Secondarily 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. Paroxysmal Atrial Fibrillation <small>ICD-10: I48.91</small>		unknown	
										C. Gastrointestinal Bleed <small>ICD-10: K91.9</small>		unknown	
										D. Myeloma unknown <small>ICD-10: C90.9</small>		Unknown	
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 Findings 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 checked="" type="checkbox"/> Probably <input 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"/> Undeclared <input type="checkbox"/> Not De Determined					
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Hospital Area)					
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 <input type="checkbox"/> Other <input type="checkbox"/> Not Valid Unless													
41. Signature, Of Person Certifying Cause Of Death <i>Stuart Marshall Klein</i>				Electronically Signed				43. Certifier (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 Stuart Marshall Klein 9696 Gordon Drive, Highland, IN 46322				44. License Number 01Q31791A				45. Date Certified 01/16/2023					
46. Additional Funeral Service Provider													
47. Place													
48. Signature of Local Health Officer <i>Chandana Hirsula</i>				Electronically Signed				49. For Registrar Only - Date Filed (Month/Day/Year) 01/17/2023					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
LAKE COUNTY HEALTH OFFICER													

NOT AN OFFICIAL DOCUMENT



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

GINA PIMENTEL
Recorder

PHONE (219) 755-3730
FAX (219) 648-6094

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11. OTHER: _____

CUSTOMER INITIALS: DP DATE: 3 / 24 / 23

EMPLOYEE INITIALS: Rm DATE: 3 / 24 / 23