

NOT AN OFFICIAL DOCUMENT

FILED

Mar 31 2023 GM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-509395
03/31/2023 09:37 AM
TOTAL FEES: 25.00
BY: SP
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Comes now SUSAN STEURBAUT, on this 30th day of March, 2023, who, being first duly sworn, deposes and states as follows:

1. Affiant is the surviving spouse of DANIEL K. STEURBAUT ("Decedent"), and is qualified to make this Affidavit.
2. Decedent died a resident of Lake County, Indiana on April 6, 2022. A redacted copy of Decedent's death certificate is attached hereto.
3. At the time of his death, Decedent had an interest in real estate legally described as follows ("Real Estate"):

LOT 136 IN CANDLELIGHT TRAILS FOURTH ADDITION TO THE TOWN OF ST. JOHN AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 66, PAGE 13, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 11634 W. 96TH AVENUE, ST. JOHN, IN 46373.

Parcel No. 45-11-32-253-015.000-035

Mail Tax Bills To: 11634 W. 96TH AVENUE, ST. JOHN, IN 46373


4. At the time of the death of Decedent, SUSAN STEURBAUT and DANIEL K. STEURBAUT, owned the Real Estate by the entireties, having received title to the Real Estate by deed dated June 2, 1989, which deed was recorded in the Office of the Recorder of Lake County, Indiana, on July 6, 1989.
5. At the time of his death, SUSAN STEURBAUT and DANIEL K. STEURBAUT were not divorced and were living together as husband and wife

NOT AN OFFICIAL DOCUMENT

6. Upon the death of DANIEL K. STEURBAUT, and by operation of law, SUSAN STEURBAUT became the sole owner of the Real Estate.

7. SUSAN STEURBAUT, surviving spouse of Decedent and surviving joint owner of the Real Estate, pursuant to Indiana law, is the owner of all right, title, and interest to the Real Estate.

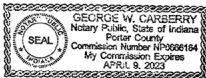
Further Affiants Saycth Naught.

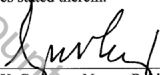


SUSAN STEURBAUT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 30th day of March, 2023, personally appeared SUSAN STEURBAUT and acknowledged the execution of the foregoing affidavit as her voluntary act for the purposes stated therein.





George W. Carberry, Notary Public
My Commission Expires: 4/9/2023
Commission No. 666164
Resident of Porter County, Indiana

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. George W. Carberry

This instrument prepared by: George W. Carberry, Burke Costanza & Carberry LLP
156 S. Washington Street, Valparaiso, IN 46383 (219) 769-1313

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **322419**

Local No 001634

EDR No 00011270543

State No 2022-021465

1. Decedent's Legal Name (First, Middle, Last) Daniel K. Stuebaut				2. Gender Male		3. Time of Death 03:00 PM		4. Date Of Death (Month/Day/Year) 04/06/2022		
5. Social Security Number		6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)		8. Birthplace (City and State or Foreign Country)	
		80	Months	Days	Hours	Minutes	07/23/1941		Chicago, Illinois	
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 type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Death 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) Symphony Of Dyer										
12. City Or Town, State, And Zip Code Dyer, Indiana 46311					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 Susan Stuebaut			15a. Last Name Before First Marriage Woods			16. Decedent's Usual Occupation Computer Technical Engineer		17. Kind Of Business/Industry Technology		
18. Residence - State IN			18a. County Lake			18b. City Or Town Saint John				
19c. Street And Number 11634 W 96th Avenue			19d. Apt. No.		19e. Zip Code 46373		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education Associate's degree (e.g. AA, AS)			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Parents Name (First, Middle, Last) Lambert Stuebaut			23. Parents Name (First, Middle, Last) Lavergne Stuebaut			23a. Parents' Last Name Before First Marriage Nispon				
24. Informant's Name Susan Stuebaut			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 11634 W 96th Avenue, Saint John, IN 46373				
25a. Method Of Disposition <input 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) Midwest Crematory			25c. Location - City, Town, And State Naperville, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Ridgeman Funeral Home, Inc. 4201 W Ridge Road, Gary, Indiana, 46408			27a. Funeral Home License Number FH1020007				
27b. Signature Of Indiana Funeral Service Licensee Jose G Flores			Electronically Signed			27c. License Number (Of Licensee) FD20700004				
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (Do Not Enter Terminal Events Or Infections). Enter Only One Cause OR THE RECORD ON FILE WITH THIS DEATH A LINE. Add Additional Lines If Necessary. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THIS DEATH LAKE COUNTY HEALTH DEPARTMENT										
Immediate Cause (Final Disease Or Condition Resulting In Death)										
A. Cardiac arrhythmia Days										
B. End stage renal disease Days										
C. Secondary neoplasm of liver Days										
D. Metastatic adenocarcinoma of pancreas Years										
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										
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 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 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"/> Suicidal <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Workplace, Aerial)				
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"/> Overboard <input checked="" type="checkbox"/> NO VALUE UNLESS				
41. Signature Of Person Certifying Cause Of Death: Derek Gasper						Electronically Signed		42. Center (Check Entry Type) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner		43. Date Certified 04/08/2022
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Derek Gasper 1101 E Glendale Boulevard 102-A, Valparaiso, IN 46383						44. License Number 0203800A		45. State Certified		47. Year 2022
46. Additional Funeral Service Provider: Simplicity Funeral & Cremation Care						49. For Registrar Only - Date Filed (Month/Day/Year) 04/11/2022				
48. Signature of Local Health Officer: Chandana Chavala										
Electronically Signed										
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
Cause of Death-Line D Description - amended on APR-12-2022; formerly Metastatic adenocarcinoma of pancreas										