

NOT AN OFFICIAL DOCUMENT

FILED

Apr 13 2023 GM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-510779
04/14/2023 10:27 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

SEE ATTACHED DEATH CERTIFICATE

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

File No.: FB2320023-00109-SMS

COUNTY OF Lake

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

That, Chester G. Goff is the surviving spouse of Norma L. Goff, deceased who died domiciled in Lake County, Indiana, on April 17, 2022.

That Chester G. Goff and Norma L. Goff acquired title to certain real estate as husband and wife, said real estate being described as follows:

For APN/Parcel ID(s): 45-07-08-254-046.000-023 Property Address: 6832 Leland, Hammond, IN 46323

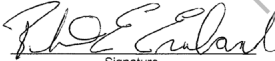
Lot 43 in Forsyth Highlands 4th Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 24 page 53, in the Office of the Recorder of Lake County, Indiana.

Affiant states that Chester G. Goff and Norma L. Goff continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Norma L. Goff's death.

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.

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 Chester G. Goff.

IN WITNESS WHEREOF, the undersigned have executed this document on April 11, 2023.

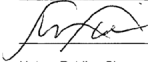

Signature

Robert E. Eveland
Print Name

STATE OF Indiana

COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Robert E. Eveland who personally appeared and acknowledged the execution of the foregoing Affidavit on this 11th day of April, 2023.



Notary Public: Shannon Stiener
Resident of Lake County
My Commission expires: 3-8-31



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SURVIVORSHIP AFFIDAVIT (continued)

Prepared by: Timothy R. Kuiper, Attorney-at-law
Austgen Kuiper Jasaitis P.C.
130 North Main Street
Crown Point, IN 46307

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

Shannon Stiener.

Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **337794**

Local No 001746

EDR No 000011274167

State No 2022-022975

1. Decedent's Legal Name (First, Middle, Last) Norma L Goff		12. Maiden Name (If Female) Burchett		2. Gender Female		3. Time of Death C2:37 PM		4. Date of Death (Month/Day/Year) 04/17/2022	
5. Social Security Number		6a. Age - Yrs		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) 05/10/1940		8. Birthplace (City and State or Foreign Country) Portsmouth, Ohio					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. If Death Occurred in a Hospital: <input 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 checked="" 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) William J. Riley Memorial Residence, Hospice									
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 Chester			15a. Last Name Before First Marriage Goff			16. Decedent's Usual Occupation Nurse		17. Kind Of Business/Industry Medical	
18. Residence - State IN		18a. County Lake		18b. City or Town Hammond		18c. Apt. No.		18d. Zip Code 46323	
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Talmadge Burchett			23. Parent's Name (First, Middle, Last) Hazel			23a. Parent's Last Name Before First Marriage Collier			
24. Informant's Name Chester Goff		24a. Relationship to Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 6832 Leland Avenue, Hammond, IN, 46323					
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) Elmwood Cemetery		25c. Location - City, Town, And State Hammond, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Lathayne Funeral Home, Inc., 6955 Southeastern Avenue, Hammond, Indiana, 46324				27a. Funeral Home License Number: FH11100004			
27b. Signator of Indiana Funeral Service License: James Steberg		27c. License Number (Of Licensee) FD20900078				Electronically Signed			
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.									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. ALTERED MENTAL STATUS, APHASIA, DYSPHAGIA, AND RIGHT			4 DAYS						
B. HEMIPLEGIA DUE TO OCLUSION OF THE LEFT MIDDLE			4 DAYS						
C. CEREBRAL ARTERY			4 DAYS						
D.									
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Given in Part I									
ESSENTIAL HYPERTENSION, SYSTOLIC CONGESTIVE HEART FAILURE									
29. Did Tobacco Use Continue To Death?		30. Was An Autopsy Performed?		31. Were Autopsy Findings Available To Complete The Cause Of Death?		32. Manner Of Death:			
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
33. Date Of Injury (Month/Day/Year)		33a. Time Of Injury		33b. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		33c. If At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
34. Location Of Injury - State		34a. City Or Town		34b. Street & Number		34c. Apt. No.		34d. Zip Code	
35. Describe how injury occurred									
36. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS									
41. Signature of Person Certifying Cause Of Death: Chardane Ardala									
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: Lyle R Munn 600 Superior Avenue, Munster, IN, 46321									
44. License Number: 01031582A									
45. Date Certified: 04/18/2022									
46. Additional Funeral Service Provider:									
47. If Registrar Only - Date Filed (Month/Day/Year): 04/19/2022									
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
LAKE COUNTY HEALTH OFFICER									