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STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-014919

1:46 PM 2023 Jun 7

AFFIDAVIT OF DEATH OF JACOB REHM

LINDA REHM AND MARIO REHM, being first duly sworn, upon oath depose and state as follows:

1. Affiants' current addresses are as follows:
 - a. Linda Rehm:
 - b. Mario Rehm: 3319 W. 80th Avenue, Merrillville, Indiana 46410.
2. Affiants, Linda Rehm and Mario Rehm, are the children and beneficiaries of the decedent, Jacob Rehm. This Affidavit is to establish the death of Jacob Rehm, who died a resident of Lake County, Indiana, on March 6, 2023. A copy of his Death Certificate is attached.
3. At the time of death, Jacob Rehm owned a 1/3 tenant in common interest the following parcel of real estate located in Lake County, Indiana, to wit as a tenant in common with John F. Lopez and Evan Rehm:

Legal Description:

LOT 170 IN MILL CREEK-PHASE 6, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 113, PAGE 79, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 11154 Madigan Avenue, Cedar Lake, Indiana 46303.
Tax I.D. No.: 45-15-10-182-009.000-015
4. Prior to the death of Jacob Rehm, he executed a Transfer on Death Deed on September 2, 2022. The Transfer on Death Deed was recorded with the Lake County Recorder's Office on September 6, 2022, and assigned Document Number 2022-031921.
5. In accordance with the Transfer on Death Deed, Jacob Rehm's ownership of the real estate described above was to be conveyed to Linda Rehm and Mario Rehm upon the death of Jacob Rehm. This Affidavit is to establish the death of Jacob Rehm, which occurred on March 6, 2023.
6. Affiants state that there never was an estate probated concerning the death of Jacob Rehm; there were no claims filed as a result of the death of Jacob Rehm; and the funeral expenses and all expenses of illness were paid at the time of his death. No estate is anticipated to be commenced for Jacob Rehm.
7. There were no Federal Estate taxes of Indiana Inheritance taxes due as a result of his death.
8. The statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, and to induce the Auditor of Lake County, Indiana to transfer Jacob Rehm's 1/3 tenant in common ownership interest of the real estate described above pursuant to the Transfer on Death Deed to Linda Rehm and Mario Rehm as Tenants in Common.

FILED

JUN 07 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25-
27458
RM

NOT AN OFFICIAL DOCUMENT

Prepared by: Jessica L. McPheeters, Esq., Weiss, Schmidgall and Hires, P.C., 6 West 73rd. Ave., Merrillville, IN 46410.

Grantee: Linda Rehm and Mario Rehm: 11154 Madigan Avenue, Cedar Lake, Indiana 46303

Return To: Linda Rehm and Mario Rehm: 11154 Madigan Avenue, Cedar Lake, Indiana 46303

****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. No representation is made as to any time after this instrument was delivered or given to our client.****


Jessica L. McPheeters, Esq. 35020-45

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Date: 5-31-23

Linda Rehm
LINDA REHM

EXECUTED AND DELIVERED in my presence:

Witness: _____

Printed: _____

State of Indiana
County of Tippecanoe)
)SS:

Before me, a Notary Public in and for said County and State, personally appeared Linda Rehm who acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this 31st day of May, 2023.

My commission expires:
June 23, 2028

Signature Elizabeth K. Gooden
Printed Elizabeth K. Gooden
Resident of Tippecanoe County, Indiana

ELIZABETH K. GOODEN
Notary Public - Seal
Tippecanoe County - State of Indiana
Commission Number NP0727528
My Commission Expires Jun 23, 2028

Property of Lara County Recorder

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Date: 5/30/2023


MARIO REHM

EXECUTED AND DELIVERED in my presence:

Witness: M Farmer

Printed: M Farmer

State of Indiana)

County of Lake)ss:

Before me, a Notary Public in and for said County and State, personally appeared Mario Rehm who acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this 30th day of May, 2023.

My commission expires: 01/02/2028

Signature Sarah K. Garcia
Printed Sarah K. Garcia
Resident of Porter County, Indiana



Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 558381



Local No 000812

EDR No 000011516791

State No 2023-011270

1. Decedent's Legal Name (First, Middle, Last) Jacob James Rehm		1a. Maiden Name (if female)		2. Gender Male		3. Time Of Death 10:10 AM		4. Date Of Death (Month/Day/Year) 03/06/2023																			
5. Date Of Birth (Month/Day/Year) 83		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) 01/22/1940		8. Birthplace (City and State or Foreign Country) Chicago, Illinois															
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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"/> 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) 11154 Madigan Avenue		12. City Or Town, State, And Zip Code Cedar Lake, Indiana 46303		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 Eva Rehm				15a. Last Name Before First Marriage Lopez				16. Decedent's Usual Occupation Steel worker		17. Kind Of Business/Industry Steel mill																	
18. Residence - State IN				18a. County Lake				18b. City Or Town Cedar Lake				18c. Apt. No.		18d. Zip Code 46303		18e. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No											
18c. Street And Number 11154 Madigan Avenue				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. Parents Name (First, Middle, Last) Jacob Rehm Jr.				23. Parents Name (First, Middle, Last) Irene Rehm				23a. Parents Last Name Before First Marriage O'Mara				24. Informants Name Eva Rehm				24a. Relationship To Decedent Wife				24b. Mailing Address (Street And Number, City, State, Zip Code) 11154 Madigan Avenue, Cedar Lake, IN							
25a. Manner Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Skyline Memorial				25c. Location - City, Town, And State Monee, IL				26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Kuiper Funeral Home 9039 Kleinman Road, Highland, Indiana, 46322				27a. Funeral Home License Number: FH10300021							
27b. Signature Of Indiana Funeral Service Licensee <i>Sheila Kirby</i>				27c. License Number (Of Licensee): FD29500088				28. 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) 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 A. PROTEIN-CALORIE MALNUTRITION, ACUTE METABOLIC 9 MONTHS B. ENCEPHALOPATHY, DUE TO ADENOCARCINOMA OF ESOPHAGUS 9 MONTHS C. _____ D. _____				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Finding 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 type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant, Not 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/Not 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"/> 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, Wooded 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"/> Other				41. Signature, Of Person Certifying Cause Of Death: Lyle R Munn				42. Certifier (Check Only One): <input checked="" type="checkbox"/> Named <input 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, Muncie, IN 47302				44. License Number: 01031582A				45. Date: 03/07/2023			
46. Additional Funeral Service Provider:				47. Signature of Local Health Officer: Chandana Varada				48. For Registrar Only: (Date Filed, Month/Day/Year) 03/07/2023				49. Date: 03/07/2023				50. Signature of Registrar: _____											

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

MAR 08 2023

LAKE COUNTY HEALTH OFFICER