

NOT AN OFFICIAL DOCUMENT

2023-517504
 06/07/2023 11:59 AM
 TOTAL FEES: 25.00
 BY: JAS
 PG #: 4
 RECORDED AS PRESENTED

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 GINA PIMENTEL
 RECORDER

FILED

Jun 07 2023 SLG
 PEGGY HOLINGA-KATONA
 LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT
 BY CO-PERSONAL REPRESENTATIVES

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

On this date: MAY 21st 2023 before me personally appeared, **Donna Koch and Judith R. Garwacki**, with proper identification, who being duly sworn upon their oaths state the following:

1. Affiants reside at the addresses given below affiants' signatures and have resided there, respectively, since 1994 and 2000.
2. Affiants are two of three of the surviving children of the decedent owners, Adolph C. Schuhrke and Geraldine Schuhrke.
3. The premises at what is commonly known and referred to as: 2120 Westpark Ave., Whiting, Indiana 46394, was formerly acquired by, Adolph C. Schuhrke and Geraldine Schuhrke, by Warranty Deed dated 09/24/1969 and recorded on 10/22/1969 with instrument No. 35994.

Said improved real estate is more particularly described as follows:
 Lot 7, Block 4, Lake Addition to Hammond, as shown in Plat Book 17, page 6, In Lake County, Indiana.

Parcel No. 45-03-07-326-024.000-023

4. Said Adolph C. Schuhrke died on 10/21/2022 in Lake County, Indiana, leaving a Last Will and Testament with all assets being devised and bequeathed to his Wife, Geraldine Schuhrke, with no administration. Said Geraldine Schuhrke died on 12/03/2022 in Lake County, Indiana leaving a Last Will and Testament dated 05/10/2021.
5. That the decedents were married on November 15, 1958 and that the decedents remained married until the death of the first spouse, Adolph C. Schuhrke. That the decedents were never divorced and Geraldine Schuhrke did not remarry after the death of her husband, Adolph C. Schuhrke.
6. That an Estate for Geraldine Schuhrke is pending in the Lake Superior Court, Room Two, East Chicago, Indiana under Cause No. 45D02-2212-EU-000642.
7. That the Affiants are the named Co-Personal Representatives of the Estate of Geraldine Schuhrke and that the above stated real estate is being sold to Sanjay M. Patel.
8. That title to said real estate shall be transferred to the above named Sanjay M. Patel, by Co-Personal Representative's Deed.
9. That the Death Certificates for Adolph C. Schuhrke and Geraldine Schuhrke are attached for reference only.
10. Further Affiants sayeth not.

CHICAGO TITLE INSURANCE COMPANY

Signatures: *Donna Koch Co-PR*
 Donna Koch, Affiant
 608 W. Meseto Ave.
 Mesa, AZ 85210

Judith R. Garwacki Co-PR
 Judith R. Garwacki, Affiant
 7331 N. Octavia Ave.
 Chicago, IL 60631

CTNW2301692

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

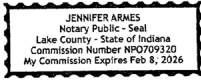
Before me, the undersigned Notary Public, in and for said County and State, this 20th day of MAY, 2023, personally appeared: Donna Koch and Judith R. Garwacki, with proper identification, and acknowledged the execution of the foregoing Survivorship Affidavit by Co-Personal Representatives. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: FEB 8, 2026

Commission No.: NPO709320

Jennifer Armes
Notary Public and
Resident of Lake County, IN

Seal:



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

Joni M. Ritzi
Joni M. Ritzi

This instrument prepared by: Joni M. Ritzi, Attorney at Law, Attny No. 16182-45
RITZI LAW, LLC

Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **342738**

Local No 004242

EDR No 000011450607

State No 2022-059249

1. Decedent's Legal Name (First, Middle, Last) Adolph Carl Schuhrke				1a. Maiden Name (If Female)		2. Gender Male		3. Time of Death 04:27 PM		4. Date of Death (Month/Day/Year) 10/21/2022			
5. Social Security Number [REDACTED]		6a. Age - Yrs 89		6b. Under 1 Year Month: _____ Days: _____		6c. Under 1 Month Days: _____		6d. Under 1 Day Hours: _____		7. Date of Birth (Month/Day/Year) 09/03/1933			
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. 10. 8 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		10b. 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		11. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Munster		12. City or Town, State, and Zip Code Munster, Indiana			
13. County of Death Lake				14. Marital Status At Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced				15. Decedent's Usual Occupation Tank Loader					
15a. Spouse's Name Gerardine J. Schuhrke				15b. Last Name Before First Marriage Sejna				17. Kind of Business/Industry Corn Products Company					
18. Residence - State IN		18a. County Lake		18b. City Or Town Whiting		19d. Apt. No.		19a. Zip Code 46394		19c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. Street And Number 2120 Waspark 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) Adolph Schuhrke				23. Parents Name (First, Middle, Last) Rose Schuhrke				24. Parents Last Name Before First Marriage Fauth					
24. Informant's Name Gerardine J. Schuhrke		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 2120 Waspark Avenue, Whiting, IN, 46394		25. Place of Disposition Regional Cremation Services		25a. Location - City, Town, And State Munster, IN		27a. Funeral Home License Number FH89007267			
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) Regional Cremation Services		25c. Location - City, Town, And State Munster, IN		27b. License Number (Of Licenses) F001019455							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Baran & Son Inc 1235 119th Street, Whiting, Indiana, 46394		27a. Funeral Home License Number FH89007267		27b. License Number (Of Licenses) F001019455							
28. Signature Of Indiana Funeral Service Licensee Martin A. Dyfel		28a. Signature Of Indiana Funeral Service Licensee Martin A. Dyfel		28b. License Number (Of Licenses) F001019455		28c. License Number (Of Licenses) F001019455							
29. Cause of Death (See Instructions And Examples) cardiac arrest due to severe sepsis													
30. 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. cardiac arrest due to severe sepsis days													
B. complicated urinary tract infection and dental abscess days													
C. panmyelopenia days													
D. Relapsed leukemia years													
31. Part II. Enter Other Significant Conditions Contributing In Death But Not Resulting In The Underlying Cause Given In Part I													
32. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
33. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
34. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		35. 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		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. If At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36b. Street & Number		36c. Apt. No.		36d. Zip Code					
38. Location Of Injury - State		38a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. 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"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		41. Signature, Of Person Certifying Cause Of Death: Christopher Schultz		42. Mailing Address And Zip Code Of Person Certifying Cause Of Death: Christopher Schultz 0454 Hohman Avenue, Hammond, IN 46324		43. 44. License Number 10/25/2022		45. Date Certified 10/25/2022			
46. Signature of Local Health Officer: Chandana Verdelia		46a. Signature of Local Health Officer: Chandana Verdelia		46b. License Number (Of Licenses) 10/25/2022		46c. License Number (Of Licenses) 10/25/2022							
47. Registrar Only: Date Filed (Month/Day/Year) 10/25/2022													
48. Signature of Local Health Officer: Chandana Verdelia													

THIS IS BEING RECORDED IN THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

OCT 25 2022

LAKE COUNTY HEALTH OFFICER

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **3477**

Local No 004855

EDR No 00001470963

State No 2022-067818

1. Decedent's Legal Name (First, Middle, Last) Geraldine J. Schuhrke				14. Maiden Name (if female) Sejna		6. Gender Female		7. Date of Birth (Month/Day/Year) 06:50 PM 12/03/2022		4. Date of Death (month/year) 12/03/2022			
5. Social Security Number ██████████		8a. Age - Yrs 84		8b. Under 1 Year Months		8c. Under 1 Month Days		8d. Under 1 Day Hours		9. Date of Death (Month/Day/Year) 07/22/1938			
10. If Death Occurred in a Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				10a. If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Health Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				11. Facility Name (if Not Institution, Give Street and Number) Hammond-Whiting Care Center		13. County Of Death Lake		14. Medical Status At Time Of Death <input type="checkbox"/> Released <input type="checkbox"/> Missed, Not Reported <input type="checkbox"/> Withheld <input type="checkbox"/> Never Reported <input type="checkbox"/>	
15. Sponsoring Sponsor's Name			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation Homemaker			17. Kind Of Business/Industry Own Home				
18. Residence - State IN		18a. County Lake		18b. City Or Town Whiting		19a. Age, Sex		19b. Zip Code 46394		19c. Inside US <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19c. Street And Number 2120 Westpark Avenue		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) Margaret Sejna		23a. Parent's Last Name Before First Berna		23b. Parent's Last Name Before First Berna			
24. Informant's Name Donna L. Koch		24a. Relationship to Decedent Daughter		24b. Mailing Address (Print And Number, City, State, Zip Code) 608 W Mosato Avenue, Mesa, AZ, 85219		25. Place Of Disposition Regional Cremation Service		25a. Location - City, Town, And State Munster, IN		26. Funeral Home License # FH83007267			
27a. Signature of Indiana Funeral Service Licensee: Martin A. Dybel		27b. Name And Complete Address Of Funeral Facility Baran & Son Inc 1235 119th Street, Whiting, Indiana, 46394		27c. License Number (Of Licensee) FBI013456		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions Or Complications Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only The Disease Or Injury That Initiated The Event. Add Additional Lines if Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. severe malnutrition B. failure to thrive C. acute renal failure D.		29. Was A Physician Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Was 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 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, Not Pregnant Within 1 Year Of Death		33. Time Of Injury		34. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Workplace, Etc.)		35. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending litigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)		35a. City Or Town		35b. Street & Number		35c. Apt. No.		35d. Zip Code		38. Describe How Injury Occurred			
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code		39. Signature, Of Person Certifying Cause Of Death: Wassim Atassi			
37. Date Of Injury (Month/Day/Year)		37a. City Or Town		37b. Street & Number		37c. Apt. No.		37d. Zip Code		40. Signature, Of Person Certifying Cause Of Death: Chandana Variala			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		41. Additional Funeral Service Provider:			
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> One-person <input type="checkbox"/> Two-person <input type="checkbox"/> Other		41. Signature, Of Person Certifying Cause Of Death: Wassim Atassi		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner		43. License Number 01059608A		44. Date Certified 12/06/2022			
40. If Transportation Injury, Specify: <input type="checkbox"/> One-person <input type="checkbox"/> Two-person <input type="checkbox"/> Other		41. Signature, Of Person Certifying Cause Of Death: Wassim Atassi		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner		43. License Number 01059608A		44. Date Certified 12/06/2022		45. Death Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
41. Additional Funeral Service Provider:		42. Signature, Of Local Health Officer: Chandana Variala		43. For Registrar Only - Date Filed (Month/Day/Year): 12/06/2022		44. Signature, Of Person Certifying Cause Of Death: Wassim Atassi		45. License Number 01059608A		46. Date Certified 12/06/2022			
42. Signature, Of Local Health Officer: Chandana Variala		43. For Registrar Only - Date Filed (Month/Day/Year): 12/06/2022		44. Signature, Of Person Certifying Cause Of Death: Wassim Atassi		45. License Number 01059608A		46. Date Certified 12/06/2022		47. Signature, Of Person Certifying Cause Of Death: Wassim Atassi			