

3

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2023-018667

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2:47 PM 2023 Jul 21

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

SHERRI COHN being first duly sworn upon oath, deposes and says:

1. That YALE COHN died on March 4 2020 at Dyer, IN

(If by Name)

2. That Sherri Cohn and Yale Cohn were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Local Parcel ID 009-20-13-0499-0058
748 Newcastle Dr # B Parcel ID 46-11-16-431-020.000-036
Scholarville Jul 4 6375 See Exhibit A.

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Sherri Cohn
Affiant Signature

STATE OF Indiana)
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Sherri Cohn who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 12 day of JULY, 2023

Resident of LAKE County, Indiana. Signature Kelli A. Schilling
My Commission Expires: MAY 4, 2024 Printed KELLI SCHILLING

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. Kelli Schilling

This instrument prepared by Sherri Cohn

KELLI A SCHILLING
NOTARY PUBLIC - SEAL
STATE OF INDIANA
COMMISSION NUMBER 586724
MY COMMISSION EXPIRES MAY 04, 2024

FILED

JUL 21 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25
CS
KD

NOT AN OFFICIAL DOCUMENT

EXHIBIT A

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY,
STATE OF INDIANA:

THE SOUTH 38.35 FEET, BY PARALLEL LINES, OF THE NORTH 91.79 FEET, BY PARALLEL LINES, OF LOT 1 IN THE CORRECTED PLAT OF STONEBROOK PHASE TWO, A PLANNED UNIT DEVELOPMENT, TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 69 PAGE 16, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

THIS BEING THE SAME PROPERTY CONVEYED TO YALE COHN AND SHERRI COHN, HUSBAND AND WIFE, DATED 09/26/2005 AND RECORDED ON 09/30/2005 IN INSTRUMENT NO. 2005-085850, IN THE LAKE COUNTY RECORDERS OFFICE.

PARCEL NO. 45-11-15-431-020.000-036

Order Number: 7692929

Address: 748 NEWCASTLE DR UNIT B, SCHERERVILLE, IN



NOT AN INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracing ID: 220314

Local No 000912

EDR No 00000764606

State No 011723

1. Decedent's Legal Name (First, Middle, Last) YALE M COHN				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 07:38 AM	4. Date Of Death (Month/Day/Year) 03/04/2020	
5. Social Security Number		6a. Age - Yrs 68	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) 04/23/1951		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Place of Death									
9a. 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)
ST MARGARET MERCY HEALTHCARE CENTERS-DYER

12. City Or Town, State, And Zip Code
DYER, IN 46311

13. County Of Death
LAKE

14. Marital Status At Time Of Death
 Married, But Separated Divorced
 Widowed Never Married Unknown

15. Surviving Spouse's Name
SHERRI COHN

15a. Last Name Before First Marriage
GOLDFARB

16. Decedent's Usual Occupation
SALES

17. Kind Of Business/Industry
LOGISTICS

18. Residence - State
INDIANA

18a. County
LAKE

18b. City Or Town
SCHERERVILLE

18c. Street And Number
748 NEWCASTLE DRIVE

18d. Apt. No.

18e. Zip Code
46375

18f. Inside City Limits?
 Yes No

19. Decedent's Education
BACHELOR'S DEGREE (BA, AB, BS)

20. Decedent Of Hispanic Origin
NOT HISPANIC

21. Decedent's Race
White

22. Parent's Name (First, Middle, Last)
IRVING COHN

23. Parent's Name (First, Middle, Last)
ALICE COHN

23a. Parent's Last Name Before First Marriage
SHERMAN

24. Informant's Name
SHERRI COHN

24a. Relationship To Decedent
SPOUSE

24b. Mailing Address (Street And Number, City, State, Zip Code)
748 NEWCASTLE DRIVE, SCHERERVILLE, IN 46375

25a. Method Of Disposition
 Burial Cremation Donation Entombment
 Removal From State
 Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)
KNESETH ISRAEL CEMETERY

25c. Location - City, Town, And State
HAMMOND, IN

26. Was Coroner Contacted?
 Yes No

27. Name And Complete Address Of Funeral Facility
KISH FUNERAL HOME, 10000 CALUMET AVE., MUNSTER, IN 46321

27a. Funeral Home License Number
FH10700038

27b. Signature Of Indiana Funeral Service Licensee
KEVIN W. KISH, BY ELECTRONIC SIGNATURE

27c. License Number (Of Licensee)
FD01021590

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. ASPIRATION PNEUMONIA Use To Or As A Consequence Of **DAYS**

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
B. ACUTE RESPIRATORY FAILURE Use To Or As A Consequence Of **DAYS**

C. Use To Or As A Consequence Of

D. Use To Or As A Consequence Of

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? Yes No

30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

CARDIAC ARREST

31. Did Tobacco Use Contribute To Death?
 Yes Probably No Unknown

32. If Female:
 Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Time Of Death
 Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Unknown If Pregnant Within The Past Year

33. Manner Of Death:
 Natural Homicide Accident Pending Investigation
 Suicide 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?
 Yes 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:
 Driver/Operator Passenger Pedestrian Other

41. Signature, Of Person Certifying Cause Of Death
GEORGE HABACHI BECHIR, BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One)
 Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death
GEORGE HABACHI BECHIR, 5454 HOHMAN AVE, HAMMOND, IN 46320

44. License Number
01078747A

45. Date Certified
03/08/2020

46. Additional Funeral Service Provider

47. Ajax

48. Signature of Local Health Officer:
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE

49. For Registrar Only: Date Filed (Month/Day/Year):
MAR 09 2020

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

LAKE COUNTY HEALTH OFFICER