

2023-131537  
09/27/2023 10:53 AM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 3  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**

Sep 26 2023 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA        )  
                                      )SS:  
COUNTY OF LAKE        )

On this 25th day of September, 2023, before me personally appeared Lorraine M. Dulla, who being duly sworn on his/her oath states the following:

1) That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

Lot 17, except a parcel described as follows: Commencing at the most Westerly corner of said Lot; thence Southeasterly n the Southwesterly side a distance of 160 feet to the most Southerly corner thereof; thence Northeasterly on the Southeasterly side for a distance of 7 feet to a point; thence Northwesterly a distance of 160.2 feet to the point of commencement in Block 6 in "Corrected Plat " as of August 31, 1959, Wright manor Addition to Gary, as per plat thereof, recorded in Plat Book 33, page 62, correcting plat recorded in Plat Book 32, page 26, in the Office of the Recorder of lake County, Indiana.

PIN No: 45-12-05-455-013.000-030  
Commonly known as: 5963 McKinley St., Merrillville, IN 46410

- 2) That said premises were formerly owned as tenants by the entireties by William Dulla, Jr. and Lorraine M. Dulla, and that said William Dulla, Jr. died on June 29th, 2023, a resident of Lake County, Indiana per attached death certificate attached as Exhibit A hereto;
- 3) That on the date of the death of William Dull, Jr., said parties, namely, William Dulla, Jr. and Lorraine M. Dulla, were husband and wife, and had not been divorced.

FURTHER AFFIANT SAITH NOT.

NORTHWEST INDIANA TITLE  
162 WASHINGTON STREET  
LOWELL, IN 46356  
219-696-0100



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 870387

Local No 002312		EDR No 000011571857		State No 2023-033385									
1. Decedent's Legal Name (First, Middle, Last) William M. Dulla Jr.		1a. Maiden Name (If female)		2. Gender Male	3. Time Of Death 10:00 AM	4. Date of Death (Month/Day/Year) 06/29/2023							
5. Social Security Number [REDACTED]		6a. Age - Yrs 81	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) 05/13/1942	8. Birthplace (City and State or Foreign Country) Gary, Indiana					
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) St. Mary Medical Center Hobart						12. City Or Town, State, and Zip Code Hobart, Indiana 46342		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 Lorraine Dulla			15a. Last Name Before First Marriage Benko		16. Decedent's Usual Occupation Steel Worker		17. Kind Of Business/Industry Steel						
18. Residence - State IN		18a. County Lake		18b. City Or Town Merrillville		18c. Apt. No.		18d. Zip Code 46410	18e. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No				
18f. Street And Number 5963 McKinley Street		18g. Zip Code 46410		18h. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education Some college, but no degree		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White									
22. Parent's Name (First, Middle, Last) William Dulla Sr.			23. Parents Name (First, Middle, Last) Alice Dulla		23a. Parents Last Name Before First Marriage Donlin								
24. Informant's Name Lorraine Dulla		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 5963 McKinley Street, Merrillville, IN, 46410									
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) Calumet Park Cemetery		25c. Location - City, Towns, And State Merrillville, IN									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility, Design-Przeuzin Funeral & Cremation Services 6360 Broadway, Merrillville, Indiana, 46410			27a. Funeral Home License Number: FB42100006								
27b. Signature Of Indiana Funeral Service Licensee: Anthony Getzen			Electronically Signed		27c. License Number (Of Licensee): FD22000002								
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 Re-qualify. Enter Only One Cause On A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CORONARY ARTERY DISEASE B. _____ C. _____ D. _____ 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.								Approximate Interval - Onset To Death DAYS					
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					
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 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		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (I.E.O., 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		38b. City Or Town		38c. Street & Number		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"/> NOT VALID UNLESS							
41. Signature, Of Person Certifying Cause Of Death: Rupesh J Shah		THIS IS A TRUE COPY Electronically Signed		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 02B02105A		43. Date Certified 08/30/2023					
44. Name, Address And Zip Code Of Person Certifying Cause Of Death: Rupesh J Shah 202 E 86th Place, Merrillville, IN 46461		44a. County Health Department LAKE COUNTY HEALTH DEPARTMENT		44b. Date JUL 03 2023		44c. Area		44d. For Registrar Only - Date Filed (Month/Day/Year) 07/03/2023					
45. Signature of Local Health Officer: [Signature]		Electronically Signed		45b. For Registrar Only - Date Filed (Month/Day/Year) 07/03/2023									
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		LAKE COUNTY HEALTH OFFICER											