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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-002714

2:12 PM 2024 Jan 28

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE MATTER OF THE
ESTATE OF CLEMMIE J. SHREVE,
DECEASED

Mail Tax Bills to:
Dorothy L Shreve a/k/a Dorothy Shreve
4913 W. 101 Ave.
Crown Point, Indiana 46307

Tax Key Numbers
45-15-01-226-007.000-041,
45-15-01-226-010.000-041,
45-16-05-103-026.000-042

SURVIVING SPOUSE AFFIDAVIT

I, **Dorothy L Shreve a/k/a Dorothy Shreve**, being duly sworn upon my oath, do depose and state as follows:

1. That Affiant has personal knowledge of the events contained in this Affidavit;
2. That Affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Per Legal Description Attached Hereto, Made a Part Hereof and Labeled Exhibit "A"

3. That **Clemmie J. Shreve a/k/a Clemmie Jack Shreve a/k/a Clemmie Shreve and Dorothy L Shreve a/k/a Dorothy Shreve** were Husband and Wife at the time title to said real estate was acquired by them as Husband and Wife (Tenants by the Entirety) under a Warranty Deeds recorded in the Office of the Recorder of Lake County, Indiana.
4. That the Marital Relationship which existed between **Clemmie J. Shreve a/k/a Clemmie Jack Shreve a/k/a Clemmie Shreve and Dorothy L Shreve a/k/a Dorothy Shreve** continued unbroken from the time they so acquired title to said real estate until the death of **Clemmie J. Shreve a/k/a Clemmie Jack Shreve a/k/a Clemmie Shreve** on the 26th day of May, 2006, at which time **Dorothy L Shreve a/k/a Dorothy Shreve** acquired title to the real estate as surviving (Spouse) Tenant by the Entirety. A copy of **Clemmie J. Shreve a/k/a Clemmie Jack Shreve a/k/a Clemmie Shreve's** death certificate, with Social Security Number redacted is attached hereto, made a part hereof and labeled Exhibit "B";

FILED

JAN 26 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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1776

RM

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- 5. That the gross value of the Decedent's estate as determined for Federal Estate Tax purposes, was less than that value required for filing a Federal Estate Tax Return and the Decedent's Estate was not subject to Federal Estate Tax;
- 6. That the Decedent's estate was not subject to Indiana Inheritance Taxes;
- 7. That no probate proceedings have been initiated for the Decedent and none are anticipated in that the gross value of the Decedent's estate does not require probate.

Dorothy L Shreve

FURTHER AFFIANT SAYETH NOT

Dorothy L Shreve a/k/a Dorothy Shreve

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Before me, the undersigned, a Notary public in and for said County, this 30th day of November, 2023, came **Dorothy L Shreve a/k/a Dorothy Shreve**, and acknowledged the execution of the foregoing Surviving Spouse Affidavit as her free and voluntary act.

Witness my hand and official seal.

Christopher W. Yugo

 Christopher W. Yugo, Notary Public
 Notary License No: NP0681709



My Commission Expires: 3/27/24
 County of Residence: Lake

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

 Christopher W. Yugo, Esq.

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**Record and Return to: Christopher W. Yugo
Attorney at Law
1313 White Hawk Drive
Crown Point, IN 46307**

Property of Lake County Recorder

**Prepared by
Christopher W. Yugo, Indiana Attorney No. 17624-45
1313 White Hawk Drive
Crown Point, Indiana 46307**

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EXHIBIT "A"

Instrument: Surviving Spouse Affidavit dated November 30, 2023

Affiant: Dorothy L. Shreve

**Property
Numbers:** 45-15-01-226-007.000-041,
45-15-01-226-010.000-041,
45-16-05-103-026.000-042

Legal Descriptions

Part of the Northeast Quarter of Section 1, Township 34 North, Range 9 West of the 2nd P.M., in Lake County, Indiana, described as follows: Commencing at a point 487.42 feet West of the Northeast corner of said Section; thence West 200.37 feet; thence South parallel with the East line of Section 1, a distance of 371.42 feet; thence East parallel to the North line of Section 1, a distance of 200.37 feet to a point which is 487.42 feet West of the East line of said Section 1; thence North a distance of 371.42 feet to the point of beginning, except therefrom the East 30 feet by parallel lanes.

Commonly Known as: 4913 W. 101st, Crown Point, Indiana
Parcel No.: 45-15-01-226-007.000-041

And

Parcel 1:

Part of the Northeast Quarter of Section 1, Township 34 North, Range 9 West of the 2nd P.M., described as follows: Beginning at a point 487.42 feet West and 371.42 feet South of the Northeast corner of Section 1, Township 34 North, Range 9 West of the 2nd P.M., in Lake County, Indiana: thence West 200.37 feet; thence South 46 feet; thence West 571.42 feet; thence South 204.58 feet; thence East 771.79 feet; thence North 250.58 feet to the place of beginning, in Lake County, Indiana.

Parcel 2:

Part of the Northeast quarter of Section 1, Township 34 North, Range 9 West of the 2nd P.M., described as follows: Beginning at the Northeast corner of Parcel 1 of premises in

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question, thence North 371.42 feet; thence West along the North line of the Northeast quarter of Section 1, Township 34 North, Range 9 West, a distance of 30 feet; thence South 371.42 feet; thence East 30 feet to the place of beginning, for road purposes, in Lake County, Indiana

Commonly Known as: Vacant land located adjacent to 4913 W. 101st, Crown Point, Indiana

Parcel No. 45-15-01-226-010.000-041

And

Lot No. forty-one (41), as marked and laid down on the recorded plat of Resubdivision of Lots 38 to 59, inclusive and Lots 118-135, inclusive, Liberty Park Highlands, an Addition to the City of Crown Point, Lake County, Indiana, as the same appears of record in Plat Book 28, page 72, in the Recorder's Office of Lake County, Indiana

Commonly Known as: 307 Maple Street, Crown Point, Indiana

Parcel No.: 45-16-05-103-026.000-042

Property of Lake County Recorder

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requested by this state and in order to
its statutory and the
if No.

INDIANIA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH
1926

PRINT
IN
PLAIN
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Exhibit "B"

DECEASED

FATHER

MOTHER

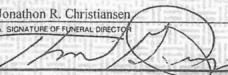
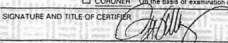
EMBALMER

CAUSE

CERTIFIER

MANNER

DATE

1. DECEASED—NAME (First, Middle, Last) CLEMMIE JACKSON SHREVE		2. SEX Male	3a. TIME OF DEATH 1:30P.M.	3b. DATE OF DEATH May 26, 2006
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Year) (Mo) (Da) 24 Nov 1947	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) January 26, 1926
7a. WAS DECEDENT A U.S. VETERAN? Yes	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? 24 Nov 1947	8. PLACE OF BIRTH (City and State or Foreign Country) Smithfield, W. Virginia		
9a. FACILITY NAME (if not institution, give street and number) St. Anthony Medical Center		9b. CITY, TOWN OR LOCATION OF DEATH Crown Point		9c. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Cooper	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during past of working life. Do not use retired) Steelworker	12b. KIND OF BUSINESS/INDUSTRY LTV Steel Company	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Crown Point	13d. STREET AND NUMBER 4913 W. 101st Avenue	
13e. ZIP CODE 46307	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) 8
18. FATHER'S NAME (First, Middle, Last) Jefferson Shreve		18. MOTHER'S NAME (First, Middle, Maiden Surname) Sarah Swiger		
20a. INFORMANT'S NAME (Type/Print) Dorothy Shreve		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4913 W. 101st Avenue, Crown Point, Indiana 46307		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 30, 2006 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Schererville, Indiana 46375
22a. EMBALMER'S NAME Jonathon R. Christiansen		22b. EMBALMER'S LICENSE NO. FD20200095	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of License) 009893	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN & LITTLE FUNERAL SERVICE Lic. # FH 8300126 811 East Frobenius Drive, Crown Point, Indiana, 46307	
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac arrest, shock, or heart failure. List only one cause on each line. RESPIRATORY FAILURE a. DUE TO OR AS A CONSEQUENCE OF PNEUMONIA b. DUE TO OR AS A CONSEQUENCE OF c. DUE TO OR AS A CONSEQUENCE OF d. LAKE COUNTY HEALTH OFFICER				
26. PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER 		
29c. MEDICAL LICENSE NO. 01045611A		29d. DATE SIGNED (Month, Day, Year) 6/22/06		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26 (Type/Print) Dr. Robert Bleza 5521 W. Lincoln Highway, Suite 215 Crown Point, Indiana 46307 (219) 736-6850				
31. HEALTH OFFICER'S SIGNATURE Susan J. Best so.				32. DATE FILED (Month, Day, Year) June 21, 2006
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

RAISED SEAL AFFIXED