NOT AN OFFICIAL DOCUMENT

2024-5026035
01/26/2024 09:58 AM
TOTAL FEES: 35.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED
Jan 26 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Property of Lake County Recorder

I, William P. Laschober, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Julianne M. Laschober (also known as Julianne Laschober) and William P. Laschober are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 24 in Hearthstone Subdivision – Phase 1, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 96 page 34, in the Office of the Recorder of Lake County, Indiana.

Commonly Known As: 1337 Deer Creek Drive, Dyer, IN 46311

Affiant's Address: 1337 Deer Creek Drive, Dyer, IN 46311

Tax ID #45-11-07-253-004.000-034

3. Julianne M. Laschober (also known as Julianne Laschober) and William P. Laschober and acquired title to said real estate as Wife and Husband as tenants by entireties by Warranty Deed on the 8th day of August, 2006, and recorded in the Office of the Lake County Recorder on the 11th day of August, 2006 as Document No. 2006 069737.

4. Julianne M. Laschober (also known as Julianne Laschober) died on December 20, 2023. See attached Death Certificate for Julianne M. Laschober (also known as Julianne Laschober).

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5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

William P. Laschober, Affiant

Property of Lake County Recorder

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 18th day of January, 2024 Personally appeared: William P. Laschober and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Garett W. Bonk, Notary Public
My commission expires 1/25/2027
Resident of Lake County

GARETT W. BONK
Lake County
NOTARY PUBLIC
Commission Number
NP0714863
NOTARY SEAL
My Commission Expires
JANUARY 25, 2027
STATE OF INDIANA

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. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45), (219) 864-7800
900 Parker Place, Suite A, Schererville, Indiana 46375

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 1387432

Local No 004457 **EDR No** 0000116549 62 **State No** 2023-066325

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Gender	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Julianne Laschober	Tovey	Female	05:08 AM	12/20/2023

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
	52	Months	Days	Hours	Minutes	02/06/1971	Chicago, Illinois

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): 1337 Deer Creek Drive

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Dyer, Indiana 46311	Lake	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
William	Laschober	Teacher	Education

18. Residence - State	18a. County	18b. City Or Town
IN	Lake	Dyer

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
1337 Deer Creek Drive		46311	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
Master's Degree (e.g. MA, MS, MEng, MS	Not Spanish/Hispanic/Latino	White

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
Richard Eugene Tovey	Charlotte Ann Tovey	Pawlak

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
William Laschober	Husband	1337 Deer Creek Drive, Dyer, IN, 46311

25. Place Of Disposition

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

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): Holy Sepulchre Cemetery

25c. Location - City, Town, And State: Alsip, IL

26. Was Coroner Contacted? ☐ Yes ☒ No

27. Name And Complete Address Of Funeral Facility: Burns-Kish Funeral Home, Inc-Munster 8415 Calumet Ave, Munster, Indiana, 46321

27a. Funeral Home License Number: FH83004968

27b. Signature Of Indiana Funeral Service Licensee: *Brian T. Burns*

27c. License Number (Of Licensee): FD8601763

Cause Of Death (See Instructions And Examples)

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.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. ABNORMAL WEIGHT LOSS AND PROTEIN-CALORIE MALNUTRITION	18 MONTHS
	Due to (Or As A Consequence Of):	
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. DUE TO PANCREATIC CANCER WITH LIVER METASTASIS	18 MONTHS
	Due to (Or As A Consequence Of):	
	C.	
	Due to (Or As A Consequence Of):	
	D.	

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

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 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 Specify

41. Signature Of Person Certifying Cause Of Death: *Lyle R Munn*

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

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 600 Superior Avenue, Munster, IN 46321

44. License Number: 01031582A

45. Date Certified: 12/21/2023

46. Additional Funeral Service Provider:

47. *Alias:

45. Signature of Local Health Officer: *Chandana Vavilala*

49. For Registrar Only - Date Filed (Month/Day/Year): 12/21/2023

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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

DEC 27 2023

Electronically Signed

LAKE COUNTY HEALTH OFFICER

Property of Lake County Recorder

NOT VALID UNLESS RAISED SEAL AFFIXED

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary