

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2024-005081

STATE OF INDIANA
LAKE COUNTY

11:36 AM 2024 Feb 1

RECORDED AS PRESENTED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Parcel Number: 45-16-17-227-002.000-042

AFFIDAVIT OF SURVIVORSHIP

3
KEVIN KIPP, upon his oath, states:

1. That this affidavit is made upon her personal knowledge.
2. That he is the son of REINHARDT KIPP AND VERA KIPP, HUSBAND AND WIFE who are the owners of and the Joint Tenants of real estate described as:
Lot 15, except the East 20 feet thereof and the East 20 feet of Lot 16, Greenmeadow Manor, Unit 4C, as per plat thereof, recorded in Plat Book 42 page 5, in the Office of the Recorder of Lake County, Indiana.
Commonly known as: 407 E Greenwood Ave
CROWN POINT, INDIANA 46307
3. That VERA KIPP is deceased, having died on February 22, 2020.
4. That this affidavit is made for the purpose of removing the name of VERA KIPP from the title to the real estate because of death.
5. Further affiant sayeth not.

I affirm under the penalties for perjury that the foregoing representation are true and correct to the best of my knowledge and belief.


Kevin Kipp

25-
ck 1/6/14
8

FILED

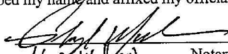
FEB 01 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STATE OF Indiana)
COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of January, 2024 personally appeared: Kevin Kipp and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.


Lloyd P. Mullen Notary Public
Commission Number: NP0734787
Resident of Lake County

My Commission Expires: 7/11/2028



This instrument prepared by: Steven P. Nicholls, Attorney at Law, Atty I.D. No. 22491-45, 117 1/2 W. Joliet St. Crown Point, IN 46307, (219-663-6508). 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. Steven P. Nicholls



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Local No 000734

EDR No: 00000762241

State No: 009249

Tracking No: 23305

1. Decedent Legal Name (First, Middle, Last) VERA M KIPP		3. Maiden Name (If female) ROGUTICH		2. Sex FEMALE	3. Time of Death 01:45 PM	4. Date of Death (Month/Day/Year) 02/27/2020	
5. Social Security Number [REDACTED]		6a. Age - Yrs 89	6b. Under 1 Year Months 0	6c. Under 1 Month Days 0	6d. Under 1 Day Hours 0	6e. Under 1 Hour Minutes 01:24/13:11	8. Birthplace (City and State or Foreign Country) MILWAUKEE, WI
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) 407 EAST GREENWOOD AVENUE				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	
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307		15a. Last Name Before First Marriage REINHARDT KIPP		16. Decedent's Usual Occupation HOMEMAKER		17. Kind of Business/Industry OWN HOME	
15. Surviving Spouse's Name REINHARDT KIPP		15a. County INDIANA		15b. City Or Town LAKE		15c. Street And Number 407 EAST GREENWOOD AVENUE	
15d. Residence - State INDIANA		15e. County LAKE		15f. City Or Town CROWN POINT		15g. Zip Code 46307	
15h. Inmate City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Parents Name (First, Middle, Last) JOHN ROGUTICH		23. Parents Name (First, Middle, Last) VERA ROGUTICH		23a. Parents Last Name Before First Marriage LIGINJA			
24. Informant's Name REINHARDT KIPP		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 407 EAST GREENWOOD AVENUE, CROWN POINT, IN 46307			
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) GEISEN CREMATION CENTRE		25c. Location - City, County, State CROWN POINT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 413TH AVENUE, CROWN POINT, IN 46307		27a. Funeral Home License Number FH10700031			
27b. Signature of Indiana Funeral Service Licensee LARRY ALLEN GEISEN - BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD09000043		28. Part I - Enter the Cause of Death (See Instructions And Examples) 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. RESPIRATORY DISTRESS		Approximate Interval, Great To Death 1HR	
28. Part II - Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given In Part I MYOCARDIAL INFARCTION		28. Part III - Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last MYOCARDIAL INFARCTION		28. Part IV - Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last MYOCARDIAL INFARCTION		Approximate Interval, Great To Death 30MIN	
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Alcohol/Drugs Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		32. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. If Female: <input type="checkbox"/> Not Pregnant Within Last Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant, But Pregnant More Than 42 Days To Last Before Death		34. Date Of Injury (Month/Day/Year) 02/24/2020		35. Place Of Injury THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE HEALTH DEPARTMENT		36. If Transportation Injury, Specify: NO VEHICLE UNLESS	
37. Location Of Injury - State IN		37a. City Or Town LAKE		37b. Apt. No. 380		37c. Zip Code 46307	
38. Describe How Injury Occurred FEB 26 2020		39. Signature, Of Person Certifying Cause Of Death ORKECHI N. NWABARA - BY ELECTRONIC SIGNATURE		40. Certify: Check Only One Box <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Other (Specify)		41. License Number 01033517A	
41. Name, Address And Zip Code Of Person Certifying Cause Of Death ORKECHI N. NWABARA - 3535 BROADWAY, GARY, IN 46609		42. Date Certified 02/24/2020		43. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. Date Certified 02/24/2020	
45. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		46. For Registrar Only AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		46. For Registrar Only 02/26/2020		47. Date Certified 02/24/2020	