

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED  
2024-006829  
9:38 AM 2024 Feb 22

Send Tax Bills to: 822 Boxwood Drive  
Munster, Indiana 46321

b

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )  
) SS:  
COUNTY OF PORTER )

On this 13<sup>th</sup> day of February 2024, before me personally appeared the Affiant, YU FEI WONG (the "Affiant"), to me personally known, who being duly sworn upon her oath, did say that:

1. The Affiant is the surviving owner of the real property described herein;
2. That the Affiant and the Decedent, KWAN WONG (the "Decedent"), acquired, as Husband and Wife, the following described parcel of real estate in Lake County, State of Indiana, to-wit:

**LOT 51 IN BLOCK 1, IN HOMESTEAD GARDENS MASTER ADDITION, IN THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31, PAGE 79, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

**SUBJECT TO taxes, easements and restrictions of record.**

**Parcel ID Number: 45-07-21-230-030.000-026**

**Commonly known as: 3138 Eder Street, Highland, Indiana 46322**

### FILED

FEB 22 2024

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15653  
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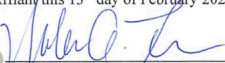
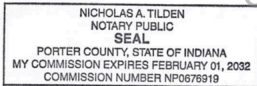
3. That the Affiant and the Decedent continued to own said parcel as Husband and Wife until the Decedent died on January 31, 2024.
4. There will be neither Federal Estate Tax nor Indiana Inheritance Tax due by reason of the transfer of the Decedent's interest in the property described in this Survivorship

Affidavit.



YU FEI WONG

Subscribed and sworn to before me by the Affiant this 13<sup>th</sup> day of February 2024.



Nicholas A. Tilden, Notary Public  
Resident of Porter County, 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. Nicholas A. Tilden

This Document was Prepared by: Nicholas A. Tilden  
TILDEN & TILDEN  
130 Lincoln Street  
Porter, Indiana 46304  
(219) 926-8679





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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 399237

Local No 000369

EDR No 000011674998

State No 2024-005139

1. Decedent's Legal Name (First, Middle, Last) <b>Kwan Ching Wong</b>		3a. Maiden Name (if female)		2. Gender <b>Male</b>	3. Time of Death <b>04:34 AM</b>	4. Date of Death (Month/Day/Year) <b>01/31/2024</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>68</b>	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) <b>02/07/1955</b>
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 checked="" 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)		8. Birthplace (City and State or Foreign Country) <b>Hong Kong</b>	
11. Facility Name (If Not Institution, Give Street and Number) <b>Franciscan Health Munster</b>							
12. City or Town, State, and Zip Code <b>Munster, Indiana 46321</b>				13. County of Death <b>Lake</b>		14. Marital Status At Time Of Death <input 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 <b>Yu Fei Wong</b>			15a. Last Name Before First Marriage <b>Chen</b>		16. Decedent's Usual Occupation <b>Engineer</b>		17. Kind Of Business/Industry <b>ArcelorMittal</b>
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City or Town <b>Munster</b>		18c. Apt. No.	18d. Zip Code <b>46321</b>
18e. Street And Number <b>822 Boxwood Drive</b>		18f. Trade City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
19. Decedent's Education <b>Master's Degree (e.g. MA, MS, MEng, MS)</b>			20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race <b>Chinese</b>		
22. Parent's Name (First, Middle, Last) <b>Chi Yan Wong</b>			23. Parent's Name (First, Middle, Last) <b>Yee Fan Wong-Yuen</b>			23a. Parent's Last Name Before First Marriage <b>Yuen</b>	
24. Informant's Name <b>Yu Fei Wong</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>822 Boxwood Drive, Munster, IN, 46321</b>			
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) <b>NWI Cremation Service</b>		25c. Location - City, Town, and State <b>Crown Point, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307</b>			27a. Funeral Home License Number: <b>FH83002445</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>James E. Burns</b>				27c. License Number (Of Licensee): <b>FD20700059</b>			
28. Part I. Enter The Chain Of Events - Disease, 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. <b>cardiac arrest</b>			Approximate Interval: Onset To Death <b>1 hour</b>	
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. <b>coronary atherosclerosis</b>			<b>unknown</b>	
			C. <b>hypertension</b>			<b>&gt;10 years</b>	
			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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <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 checked="" 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 1 Pregnant Within The Past Year		33. 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			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City or Town		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> <b>NOT VALID UNLESS</b>			
41. Signature, Of Person Certifying Cause Of Death: <b>Mark Robert McMurtrey</b>				42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Mark Robert McMurtrey 11161 Randolph, Crown Point, IN 46307</b>				44. License Number <b>0153168A</b>		45. Date Certified <b>02/01/2024</b>	
46. Additional Funeral Service Provider:				47. Task:			
48. Signature of Local Health Officer: <b>Chandana Vasitila</b>				49. For Registrar Only - Date Filed (Month/Day/Year) <b>02/01/2024</b>			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)