## OT AN OFFICIAL DOCUMENT

9:36 AM

GINA PIMENTEL RECORDER STATE OF INDIANA 2024-006831

LAKE COUNTY RECORDED AS PRESENTED

2024 Feb 22

Send Tax Bills to: 822 Boxwood Drive

Munster, Indiana 46321

### SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA ) SS: COUNTY OF PORTER

On this 13th 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:

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

(LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A")

SUBJECT TO taxes, easements and restrictions of record

Parcel ID Number: 45-07-31-351-011.000-027

Commonly known as: 822 Boxwood Drive. Munster, Indiana 46321

That the Affiant and the Decedent continued to own said parcel as Husband and Wife 3. until the Decedent died on January 31, 2024. 25.53

**FILED** 

FEB 2 2 2024

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 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 FEL WONG

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

NICHOLAS A. TILDEN NOTARY PUBLIC

PORTER COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES FEBRUARY 01, 2032
COMMISSION NUMBER NP0676919

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

Pecorder

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

## NOT AN OFFICIAL DOCUMENT

#### **FXHIBIT "A"**

#### LEGAL DESCRIPTION

PART OF LOT 10 IN COBBLESTONES NORTHWEST, AN ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 79 PAGE 50, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHERNMOST POINT OF LOT 10; THENCE SOUTH 45 DEGREES 04 MINUTES 53 SECONDS WEST, 143,34 FEET; THENCE SOUTH 07 DEGREES 25 MINUTES 07 SECONDS WEST, A DISTANCE OF 96.49 FEET TO A POINT ON THE SOUTH LINE OF SAID LOT 10; THENCE NORTH 89 DEGREES 09 MINUTES 28 SECONDS WEST ALONG THE SOUTH LINE OF SAID LOT 10, 120.95 FEET; SS DE THE POINT OF LAKE COLLINIA PRECORDER THENCE NORTH 00 DEGREES 50 MINUTES 32 SECONDS EAST ALONG THE WEST LINE OF LOT 10, 33.38 FEET; THENCE NORTH 55 DEGREES 23 MINUTES 39 SECONDS EAST ALONG THE NORTHWESTERLY LINE OF LOT 10. 284.79 FEET TO THE POINT OF BEGINNING.

# Cocal No. 0000369 ED No. 000011677498 State No. 2022-0005169 Is Joseph Cocal No. 0000369 Is Joseph Cocal No. 000011677498 Is Joseph Cocal No. 2022-0005169 Is Joseph

Local No 000369			EDR No 000011674998			2. Gender	state No 2024-005169 ander 3, Time Of Death 4. Date Of Death (Month/Day/Year,			
Decedent's Legal Name (First, Middle Kwan Ching Wong	m   Angura   Baggar Service   Baggar Statement   Angura   Bag	1a. Maiden Namo (If female)			Male	04:34	AM	01/31/2024		
5. Social Security Number 5a. Age-	Yrs 6b, Unde Months	Days	Month 6d. Under 1 Day	6e: Under 1 Ho Minutes	Hour 7. Date of Birth (Month/Day/Year) 8. Birthplace (City and State or Foreign Country) 02/07/1955 , Hong Kong					
9. Ever in U.S. Armed Forces? 10  ☐ Yes ■ No ☐ Unknown ■	If Death Occurred	PT 1 THEORY 1 CHANGE	toatient   Dead on Arrivo	Hospice Fa		re Other Than A lent's Home		Home/Long-ter	m Care Facilit	(1800 Horald
11. Facility Name (If Not Institution, G	re Street and Numb	er) Franciscan I	Health Munster	Coner (spec	Salfatta II	They all a	114114	AND LABOUR	11111	STATE STATE STATE
12. City Or Town, State, And Zip Code Munster, Indiana 46321	13, County Of Death Lake				14. Marital Status At Time Of Death  Married Married, But Separated Divorc Widowed Never Married Unknown					
15. Surviving Spouse's Name	Original Constant	Factors   Salabas   Su	15a. Last Name Before	First Marriage	16	. Decedent's Us	sual Occupa		17. Kind C	M Business/Industry
Yu Fei Wong 18. Residence - State	Chen	Engineer			Tanan.	ArcelorMittal				
IN		18a. County Lake	Committee   Commit	Munster	Total Lines II	School   Bestup	Die I		I man I I	Control of the contro
18c. Street And Number 822 Boxwood Drive		TOTAL STATE OF THE	ALF IL SECTION IN THE SEC	AND STREET		18d.	Apt. No.	18e. Zp 46321	Linners II.	18t. Inside City Limits?  ☐ Yes ■ No
19. Decedent's Education Master's Degree (e.g. MA,	MS, MEng, N		M Hispanic Origin Hispanic/Latino		1, Decedent's Rac Chinese	e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Table 1 and	To a state of the		E D construct \$ 3 mathems \$ 8 m \$ 2 0 mathems \$ 2 mathems \$ 8 m \$ 2 0 mathems \$ 2 mathems \$ 2 mathems \$ 3 mathem
22. Parent's Name (First, Middle, Last) Chi Yan Wong	S S A S A S A S A S A S A S A S A S A S	23. Parent's Name (First, Middle, Last)  Yee Fan Wong-Yuen			23a, Parent's Last Name Before First Marriage Yuen					
24, Informant's Name 24s, Relationship To Deceden Yu Fel Wong Wife				2. Control - 1. C						
25a. Method Of Disposition	· 最質 Physiolog (1) (1)	OF SECURITY SECURITY	25. P tion (Name Of Gemetery, C	lace Of Disposition	THE REPORT OF STREET	on - City, Town,	LEDRON I	Emilia   Emilia   Emilia	time of animal	major ( ) notices
□ Burial ■ Cremation □ Donation □ Removal From State □ Other (Specify):	Irolla	NWI Cremation	n Service	Tellably, Other Pa	Total Common	Point, IN	And State	NAV DIAMETE Let District Silvente Sudanet Sudanet Sudanet Sudanet Sudanet Sudanet Sudanet Sudanet Sudanet	Marian II a	TO THE STATE OF TH
26. Was Coroner Contacted?  Yes No	Funeral Facility WN Frown Point, Indians	rai Faolity vn Point, Indiana, 46307				27a. Funeral Home Ucense Number. FH83002445				
27b. Signature Of Indiana Funeral Ser James E. Burns		11111111	Harristina	Electronically	/ Signed	27c. Lice	ense Numbe	(Of Licensee)	FD2070	0059
28. Part I. Enter The <u>Chain Of Eve</u> Such As Cardiac Arrest, Respirate A Line. Add Additional Lines If Ne	cessary.	で 日本 中央的な 日本 みんかり	Total Section Cons	d The Death. Do ly. Do Not Abbrevi	nd Examples) Not Enter Termin late. Enter Only C	al Events one Cause On	The second secon	C METODON D S ON IN THE STREET OF STREET OF STREET STREET S ON STREET OF STREET OF STREET STREET S	A STATE OF THE PARTY OF T	Approximate Interval: Onset To Death
Immediate Cause (Final Disease 0	12271-2211	appadkaryati.	coronany ath	nerosclerosis	Due to (Or As A C	consequence Otc	1111111	on Silver	I milita I i n	unknown
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			C. hypertension			K-SII:				
The state of the s		ellowell and	D.	OF TANKS	Due to (Or As A C	THE CONT		Marine I am	manus     popularia manus     popularia manus     popularia   popularia	The State of
Part II. Enter Other Significant Condition	ts Contributing to D	eath But Not Resulting	In The Underlying Cause G	iven in Part I	29. Was An	Autopsy Performance Autopsy Finding A	med?	Yes Complete The	No Cause Of Dea	th? Yes No
31. Did Tobacco Use Contribute To De  ☐ Yes ☐ Probably ■ No ☐ Un	all more like	. If Female: Not Pregnant World Past Yo	eur Program At Time Of Coult	Not Pregnant, But	Pregnant Within 42 Days	OLDewn III		Homicide 🔲		Pending Investigation
34. Date Of Injury (Month/Day/Year)		Not Pregnant, But Pregnant S.: Time: Of Injury	43 Days To 1 year Before Death 36. Pt	ace Of Injury (E.G.,	ant West The Past Year Decedent's Home,	Construction Si	Suicide [	Could Not Be I nt. Wooded Ar	ea) 37.	Injury At Work?
38. Location Of Injury - State	38	a. City Or Town		SISOR NAME C			Hereit	38c. Apt.		Yes No
39. Describe How Injury Occurred	LAKE COUNTY HEALTH DEPARTM			ENT 40.	40. If Transportation Injury, Specify:					
41. Signature, Of Person Certifying Co Mark Robert McMurtrey	1 1184	FEB 0 2 2024 42.0			Tiper (Checkroni) Core					
43. Name, Address And Zip Code Of F Mark Robert McMurtrey 1	LES Hospitale ES allegan	C 4 8 1000 C 4 4 1000 C	IN 46307	1	Total Land	11:00:11:	44. Ucen 01053		ESSET REF	Date Centied /01/2024
46. Additional Funeral Service Provide			TOWNS THE PROPERTY OF	DUNTY HEAL	TH OFFICE	R	47, TAKE	200000000000000000000000000000000000000	2772	
48. Signature of Local Health Officer: Chandana Vavilala		negative   Language   1 h	12.11.11.11.11.11	Electronically	Signed	. For Registra	r Only - Da	e Filed (Mont	Day Year)	02/01/2024
\$\$ Marrie \$\$ 00000 \$\$ materia \$\$ 00000 17 kg s 8 77 + g 4 8 8 8 cg g 6 5 7 cg s	Transfer and	AMI	ENDMENT TO CERTIFIC	ATE OF DEATH (	ENTRY OR ORIG	GINAL)	11-000	111112	100000	N 4 3
TOTAL			CONTROL OF SECTION OF	STATE STATE OF STATE	mental and a second				513	
CONTROL OF STREET STREET STREET STREET	CONTRACT CON	MEDICAL STREET, STREET	Marie Company Company	manual supplies	Contract   Distance	Harris	11/1955		420000	المادة والأحادث