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STATE OF INDIANA) Send tax bills to Grantee: : 401 Lake Shore Dr., Hobart, In 46342
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Theresa M. Swantko, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Frederick Albin Swantko aka Frederick A. Swantko, deceased.
2. That Theresa M. Swantko and Frederick Albin Swantko aka Frederick A. Swantko, acquired the following property as Husband and Wife during the term of their marriage.

LOTS 1,2 AND THE E 1/2 OF LOT 3 IN BLOCK 7 IN PATZEL LAKEVIEW SUMMER RESORT, IN THE CITY OF HOBART AS PER PLAT THEREOF, RECORDED ON PLAT BOOK 16 PAGE 30 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 401 Lake Shore Dr., Hobart, IN 46342
Parcel No.:45-09-31-407-004.000-018

3. That Theresa M. Swantko and Frederick Albin Swantko aka Frederick A. Swantko, remained married until the death of Frederick Albin Swantko aka Frederick A. Swantko on the 3rd day of April, 2024.
4. That Theresa M. Swantko became the fee simple owner of the property at the death of Frederick Albin Swantko aka Frederick A. Swantko.

I affirm under the penalties for perjury that the forgoing statements are true.

Theresa M. Swantko
Theresa M. Swantko

EXECUTED AND DELIVERED IN MY PRESENCE:

[Signature] Witness Signature

Maranda [Signature] Witness Printed

FILED

JUN 21 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

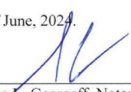
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NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a notary public in fore said county and state this 18 day of June, 2024, **Theresa M. Swantko** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 18 day of June, 2024.



Shauna L. Georgeff, Notary

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.





Shauna M. Lange

This Instrument prepared by: ↓
Shauna M. Lange, ESQ
LANGE LEGAL GROUP, P.C.
17 Main Street, Hobart, IN 46342
(219) 947-1692

Property of Lake County Recorder



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NOT AN OFFICIAL DOCUMENT

Local No 001240

EDR No 000011703452

State No 2024-017737

1. Decedent's Legal Name (First, Middle, Last) Frederick Albin Swantko				1a. Maiden Name (If Female)		2. Gender Male		3. Time of Death 08:16 PM		4. Date of Death (Month/Day/Year) 04/03/2024		
5. Social Security Number [REDACTED]		6a. Age - Yrs 78		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) 02/24/1946		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana										
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 401 N Lakeshore Drive												
12. City Or Town, State, And Zip Code Hobart, Indiana 46342						13. County Of Death Lake			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 Theresa Swantko				15a. Last Name Before First Marriage Pietrzak				16. Decedent's Usual Occupation Gas Surveyor		17. Kind Of Business/Industry Utilities		
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart		18d. Apt. No.		18e. Zip Code 46342		18f. Inmate City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 401 N Lakeshore Drive												
19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White				
22. Parents Name (First, Middle, Last) Albin Swantko						23. Parents Name (First, Middle, Last) Margaret Swantko			23a. Parents Last Name Before First Marriage Gyemont			
24. Informant's Name Theresa Swantko				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 401 N Lakeshore Drive, Hobart, IN, 46342						
25. Place Of Disposition												
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) Kelly-Carroll Cremation Service				25c. Location - City, Town, And State Gary, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home Hobart Chapel 600 W Old Ridge Road, Hobart, Indiana, 46342				27a. Funeral Home License Number: FH83003069						
28. Signature Of Indiana Funeral Service Licensee: Joyfusa R Kruse						Electronically Signed			27c. License Number (Of Licensee): ED29700036			
Cause Of Death (See Instructions And Examples) THIS IS A TRUE COPY OF THE RECORD FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT.												
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Such As Coronary Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter A Line. Add Additional Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE												
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. [REDACTED]												
C. [REDACTED]												
D. [REDACTED]												
Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given in Part I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
30. Were Autopsy Finding 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 type="checkbox"/> No <input checked="" 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 If Pregnant Within The Past Year				33. Manner Of Death: <input 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)				
36. Location Of Injury - State				36a. City Or Town				36b. Street & Number				
36c. Apt. No.				36d. Zip Code				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
39. Describe How Injury Occurred								40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature Of Person Certifying Cause Of Death: Rupesh J Shah								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: Rupesh J Shah 202 E 86th Place, Merrillville, IN 46410								24. License Number 02002106A		43. Date Certified 04/07/2024		
46. Additional Funeral Service Provider:								47. *Akas:				
43. Signature of Local Health Officer: Chandana Verivala								48. For Registrar Only - Date Filed (Month/Day/Year): 04/08/2024				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)