

NOT AN OFFICIAL DOCUMENT

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-021547

10:20 AM 2024 Aug 18

AFFIDAVIT OF SURVIVORSHIP

Comes now, David B. Hutchens, being of legal age and duly sworn upon his oath, who now states as follows:

1. That David B. Hutchens, resides at 140 Walters Road, Greeneville, TN 37743 and is the adult surviving son of the decedent, Robert T. Hutchens.
2. That Robert T. Hutchens passed away on October 6, 2013, while domiciled in Hobart, Lake County, Indiana. A copy of his Death Certificate is attached hereto and marked as Exhibit "A".
3. That at the time of the death of Robert T. Hutchens, he was the owner, as tenants by the entireties with his wife, Maxine Joan Hutchens, of the following described real estate located in Lake County, Indiana, to wit:

A PORTION OF THE WEST ½ OF THE WEST ½ OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 31 TOWNSHIP 36 NORTH RANGE 7 WEST OF THE 2ND P.M. IN HOBART, LAKE COUNTY, INDIANA, AND DESCRIBED AS BEGINNING AT A POINT ON THE SOUTH LINE OF THE NORTHWEST QUARTER NORTHWEST QUARTER OF SAID SECTION, 95.0 FT. EAST OF THE SOUTHWEST CORNER THEREOF; THENCE CONTINUING EAST ALONG THE SOUTH LINE OF THE NORTHWEST QUARTER NORTHWEST QUARTER OF SAID SECTION, 59.77 FT.; THENCE DEFLECTING 85°44' TO THE LEFT AND NORTHEASTERLY, 344.30 FT. TO THE SOUTH RIGHT OF WAY LINE OF THE NYC & ST. L. R.R.; THENCE NORTHWESTERLY ALONG THE SOUTH RIGHT OF WAY LINE OF SAID R.R., 92.85 FEET; THENCE SOUTH AND PARALLEL TO THE WEST LINE OF SAID SECTION, 365.7 FT. TO THE PLACE OF BEGINNING, CONTAINING 0.56 ACRES, MORE OR LESS. Parcel No. 45-09-31-104-002.000-018.

Commonly known as: 1434 West Third Street, Hobart, Indiana 46342.

4. That Robert T. Hutchens and Maxine Joan Hutchens, husband and wife, took title to the above-described real estate on October 6, 1969, as tenants by the entireties pursuant to Instrument No. 34063.
5. That Maxine Joan Hutchens passed away on May 21, 2024, after the date of death of her husband, with whom she lived with together continuously until the time of the decedent, Robert T. Hutchens' death. A copy of the Death Certificate of Maxine Joan Hutchens is attached hereto and marked as Exhibit "B".

FILED

AUG 16 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25-
E 8610 Rm

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- 6. That Robert T. Hutchens and Maxine Joan Hutchens owned the above-described real property as tenants by the entireties up to the date of death of Robert T. Hutchens on October 6, 2013.
- 7. That this Affidavit is made for the purpose of clearing title to the above parcel of real estate and removing the name of Robert T. Hutchens from the transfer records of the Auditor and Recorder of Lake County.

Dated this 5 day of Aug, 2024.

David B. Hutchens
 David B. Hutchens, Adult Surviving Son of
 Robert T. Hutchens

STATE OF TENNESSEE)
) SS:
 COUNTY OF Brown)

Before me, a Notary Public, in and for said State and County, on this 5 day of August, 2024 personally appeared **David B. Hutchens**, who acknowledged the execution of the foregoing **Affidavit of Survivorship** as his free and voluntary act.

Patricia A. Gwinn
 Notary Public (written)
Patricia A. Gwinn
 Notary Public (printed)

Commission Expires: 01-22-2025
 County of Residence: Brown



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.

[Signature]

This instrument prepared by: Frank J. Koprcina, FRANK J. KOPRCINA & ASSOCIATES, P.C., Attorneys at Law, 150 E. Third Street, Hobart, Indiana 46342, (219) 942-6999; fjklaw@frontier.com



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

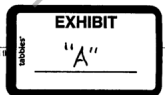
Local No 003270

EDR No 00000347230

State No 045892

1. Decedent's Legal Name (First, Middle, Last) ROBERT T HUTCHENS		1a. Maiden Name (if female)		2. Sex MALE	3. Time of Death 07:50 AM	4. Date of Death (Month/Day/Year) 10/06/2013	
5. Social Security Number [REDACTED]		6a. Under 1 Year 80	6b. Under 1 Month Months: _____ Days: _____	6c. Under 1 Day Hours: _____ Minutes: _____	7. Date of Birth (Month/Day/Year) 12/30/1932	8. Birthplace (City and State or Foreign Country) GARY, IN	
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		10b. Other (Specify): _____	
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC							
12. City or Town, State, and Zip Code							
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			
15a. (If Wife) Give Maiden Last Name BERCAW		15b. (If Wife) Give Maiden Last Name BERCAW		16. Decedent's Usual Occupation LINEMAN		17. Kind of Business/Industry NIPSCO	
18. Residence - State INDIANA							
18a. County LAKE		18b. City Or Town HOBART		18c. Apt. No.		18d. Zip Code 40342	18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19c. Street And Number 1434 WEST 3RD STREET							
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) STEWART T HUTCHENS		23. Mother's Name (First, Middle, Last) PEARL HUTCHENS		23a. Mother's Maiden Last Name JACKSON			
24. Informant's Name MAXINE J HUTCHENS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1434 WEST 3RD STREET, HOBART, IN 46342			
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) NORTHWEST INDIANA CREMATION SERVICES		25c. Location - City, Town, And 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 BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342		27a. Funeral Home License Number FH88002380			
27b. Signature of Indiana Funeral Service Licensee JAMES E. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee FD20790059		27d. License State Of Licensee INDIANA			
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. RESPIRATORY ARREST 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. ASPIRATION PNEUMONIA Due to (Or As A Consequence Of): _____ C. SEVERE ALZHEIMER Due to (Or As A Consequence Of): _____ D.							
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 If Pregnant Within 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		38b. Street & Number		38c. Apt. No.	
38d. Zip Code		38e. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred							
41. Signature, Of Person Certifying Cause Of Death JOHN E DOLATOWSKI, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01046155A		45. Date Certified 10/08/2013	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOHN E DOLATOWSKI, 1441 S LAKEPARK AVE, HOBART, IN 46342		46. Additional Funeral Service Provider:		47. "A" Box		49. For Registrar Only - Date Filed (Month/Day/Year) OCT 08 2013	
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) OCT 08 2013					

State Form 5339S ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 40444

Local No. 001829		EDR No. 000011725201		State No. 2024-026776							
1. Decedent's Legal Name (First, Middle, Last) Maxine Joan Hutchens		1a. Maiden Name (If female) Bercaw		2. Gender Female	3. Time Of Death 02:39 AM	4. Date Of Death (Month/Day/Year) 05/21/2024					
5. Social Security Number		6a. Age - Yr 92	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) 01/19/1932	8. Birthplace (City and State or Foreign Country) South Bend, Indiana			
9. Ever in U.S. Armed Forces?		10. If Death Occurred In a Hospital:			10a. If Death Occurred Somewhere Other Than a Hospital:						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Outpatient			<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) 1434 W 3rd Street											
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			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home				
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart		18c. Apt. No.	18d. Zip Code 46342	18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 1434 W 3rd Street		19. Decedent's Education 9th-12th grade, No Diploma		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) Herbert Bercaw	23. Parent's Name (First, Middle, Last) Theodora Dena Bercaw	23a. Parent's Last Name Before First Marriage Hudenko	
24. Informant's Name Karen Long			24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 440 N Liberty, Hobart, IN, 46342			25. Place Of Disposition 25a. Name Of Disposition (Name Of Cemetery, Crematory, Other Place) Northwest Indiana Cremation Services		25b. Location - City, Town, And State Crown Point, IN	
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25b. Place Of Disposition		25c. Location - City, Town, And State		26. Way Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Burns Funeral Home 701 E. 7th St., Hobart, Indiana, 46342	27a. Funeral Home License Number FH83002380	
28. Signature of Indiana Funeral Service Licensee: Kyrus M. Bluff		Electronically Signed			27c. License Number (Of Licensee) FD20600103		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 On This Line A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CEREBROVASCULAR ACCIDENT			Approximate Interval: Onset To Death DAYS	
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.		C.		D.		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Was An Autopsy Performed To Complete The Cause Of Death? LAKE COUNTY HEALTH CENTER	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant (Final Path Year) <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 1 Year Before Death		33. Cause 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)	37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		41. Signature, Of Person Certifying Cause Of Death: Rupesh J Shah		42. Certified (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other		43. For Registrar Only			
41. Name, Address And Zip Code Of Person Certifying Cause Of Death: Rupesh J Shah 202 E 86th Place, Merrillville, IN 46410		Electronically Signed		44. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		45. Signature of Local Health Officer: Chandana Varvada					

EXHIBIT
"B"

RAISED SEAL AFFIXED