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**SURVIVORSHIP AFFIDAVIT**

I, Rosemary Cook, who resides at 4058 Kingsway Drive, Crown Point, IN 46307 in Lake County, being first duly sworn, state:

1. I am the widow of Joseph K. Cook, who passed away July 22, 2019, (see attached Exhibit "A");

2. At the time of JOSEPH K. COOK's death, JOSEPH K. COOK and ROSEMARY COOK were the owners of certain real estate, as HUSBAND AND WIFE with Rights of Survivorship, located in Lake County, Indiana, under a Deed recorded on or about May 4, 1994, document number 94032803, Key Number 10-54-134, in the Office of the Recorder of Lake County, Indiana, more particularly described as follows:

LOT 693 IN LAKES OF THE FOUR SEASONS, UNIT NO. 10, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 39, PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. At the time of JOSEPH K. COOK's death, JOSEPH K. COOK and ROSEMARY COOK, were not divorced and were living together as husband and wife.

4. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in ROSEMARY COOK and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: July 10, 2024

Rosemary Cook  
ROSEMARY COOK

Nancy Signorelli  
Witness Nancy Signorelli

**FILED**

AUG 16 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

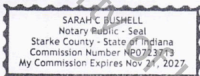
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# NOT AN OFFICIAL DOCUMENT

## STATE OF INDIANA, COUNTY OF PORTER, SS:

I, Sarah C. Bushell, a Notary Public in and for said County and State do hereby certify that **ROSEMARY COOK**, personally known to me to be the same persons whose name is subscribed to the foregoing Survivorship Affidavit, appeared before me this day in person and acknowledged that **she** signed this instrument as **her** free and voluntary act, for the uses and purposes therein set forth, including the transfer of title, as therein set forth. Given under my hand and official seal this 10<sup>th</sup> day of **JULY 2024**.

Witness my hand and official seal.

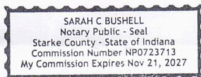


Sarah C. Bushell  
Sarah C. Bushell, Notary Public  
Resident: Starke County, IN  
My Commission Expires: 11/21/2027

## STATE OF INDIANA, COUNTY OF PORTER, SS:

I, Sarah C. Bushell, a Notary Public in and for said County and State do hereby certify that Nancy Siandope II personally appeared before me as *Witness* and *acknowledged* the execution of the foregoing Survivorship Affidavit. Given under my hand and official seal this 10<sup>th</sup> day of **JULY 2024**.

In Witness Whereof, I have hereunto subscribed my name and affixed my official seal.



Sarah C. Bushell  
Sarah C. Bushell, Notary Public  
Resident: Starke County, IN  
My Commission Expires: 11/21/2027

*"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." /s/Brett R. Galvan*

This document was prepared by Brett R. Galvan, of Galvan Law, LLC at 121 N. Main Street, Hebron, Indiana 46341.

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# NOT AN OFFICIAL DOCUMENT

### INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 202822

Local No 902684

EDR No 00000722628

State No 036100

1. Decedent's Legal Name (First, Middle, Last) **JOSEPH KEVIN COOK** 2. Sex **MALE** 3. Time of Death **04:00 PM** 4. Date of Death (Month/Day/Year) **07/22/2019**

5. Social Security Number **90** 6a. Age - Yrs **60** 6b. Under 1 Year **0** 6c. Under 1 Month **0** 6d. Under 1 Day **0** 6e. Under 1 Hour **0** 7. Date of Birth (Month/Day/Year) **02/02/1959** 8. Birthplace (City and State or Foreign Country) **CHICAGO, IL**

9. Was in U.S. Armed Forces?  Yes  No  Unknown 10. If Death Occurred in a Hospital  Yes  No  Unknown 11a. If Death Occurred Somewhere Other Than a Hospital  Home  Institution  Other 11b. If Death Occurred Somewhere Other Than a Hospital  Home  Institution  Other

12. County Name (of Residence) **CHIEF Street and Number** **4058 KINGSWAY DRIVE** 13. City or Town, State, and Zip Code **LAKE CROWN POINT, IN 46307**

14. Marital Status At Time of Death  Married  Married, But Separated  Divorced  Widowed  Never Married  Unknown

15. Burial/Spouse's Name **ROSEMARY COOK** 16a. Last Name Before First Marriage **WOJTOVICH** 16b. Decedent's Usual Occupation **ELECTRICIAN** 17. Kind of Business/Industry **ELECTRIC**

18. Residence - State **INDIANA** 18a. County **LAKE** 18b. City or Town **CROWN POINT**

19. Street and Number **4058 KINGSWAY DRIVE** 19a. Apt. No. **46307** 19b. Zip Code **46307** 19c. Inset City Limits  Yes  No

20. Decedent's Education **HIGH SCHOOL GRADUATE OR GED COMPLETED** 21. Decedent's Race **White**

22. Parent's Name (First, Middle, Last) **EARL COOK** 23. Parent's Name (First, Middle, Last) **JULIA COOK** 24. Parent's Last Name Before First Marriage **PLOPA**

24. Informant's Name **ROSEMARY COOK** 24a. Relationship to Decedent **WIFE** 24b. Mailing Address (Street and Number, City, State, Zip Code) **4058 KINGSWAY DRIVE, CROWN POINT, IN 46307**

25a. Method of Disposition  Burial  Cremation  Other  Removal From State  Other (Specify) **GEISEN CREMATION CENTRE** 25b. Place of Disposition (Name of Cemetery, Crematory, Other Name) **CROWN POINT, IN**

26. Was Coroner Contacted?  Yes  No 27. Name and Complete Address of Funeral Facility **GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 605 EAST 113TH AVENUE, CROWN POINT, IN 46307** 27a. Funeral Home License Number **FH10700031**

29. Signature of Indiana Funeral Service Licensee **LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE** 27c. License Number of Licensee **FD99000013**

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. **THIS IS A TRUE COPY of Approved RECORD ON FILE WITH Regional Office LAKE COUNTY HEALTH DEPARTMENT**

Immediate Cause (Direct Precursor For Position See Also in Part II) **CAUSE OF DEATH (See Instructions And Examples)** **HEART FAILURE**

2. Sex **MALE** 3. Time of Death **04:00 PM** 4. Date of Death (Month/Day/Year) **07/22/2019**

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in the Underlying Cause Given in Part I. **LAKE COUNTY HEALTH OFFICER**

31. Did Tobacco Use Contribute to Death?  Yes  Probably  No  Unknown 32. Was Autopsy Performed?  Yes  No

33. Manner of Death  Natural  Accidental  Homicide  Pending Investigation  Unknown

34. Location of Injury - State **INDIANA** 34a. City or Town **CROWN POINT** 34b. Street and Number **388** 34c. Apt. No. **388** 34d. Zip Code **46307**

35. Describe How Injury Occurred **NOT VALID UNLESS**

41. Signature, or Print Name and Electronic Signature **LYLE R MUNN, BY ELECTRONIC SIGNATURE** 42. Certified  Yes  No 43. Name, Address And Zip Code of Person Certifying Cause of Death **LYLE R MUNN 600 SUPERIOR AVENUE, MUNSTER IN 46342**

44. Signature of Long Health Officer **CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE** 45. For Registrar Only - Date First Issued (M/D/Y) **JUL 25 2019**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

46. Attention: ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary.

RAISED SEAL AFFIXED