

FILED
DEC 18 2024

GINA PIMENTEL
RECORDER
2024-035532
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
3:03 PM 2024 Dec 18

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

CONNEE K. TREPTON, being duly sworn upon her oath, deposes and says:

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1. That LEROY TREPTON and CONNEE K. TREPTON, husband and wife, obtained title to the below described real estate by Warranty Deed recorded on November 9, 1979 and assigned Document Number 559180:

Lot 37, except the North 10.5 feet thereof, and the North 21 feet of Lot 36 in Block 1 in Forsyth Highlands Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 17 page 25, in the Office of the Recorder of Lake County, Indiana.

Parcel #: 45-07-08-251-015.000-023

Commonly Known As: 6742 Olcott Avenue, Hammond, IN 46323

2. That the marital relationship which existed between LEROY TREPTON and CONNEE K. TREPTON at the time they acquired title to said real estate remained in effect and unbroken until OCTOBER 30, 2024, the date of LEROY TREPTON's death.
3. That LEROY TREPTON passed away on OCTOBER 30, 2024, thus leaving his wife, CONNEE K. TREPTON, as surviving owner in fee simple of the subject real estate described above. (See Certificate of Death, attached as Exhibit "A").
4. That all of the assets of said decedent, which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.
5. That this Survivorship Affidavit is recorded to require the Lake County Auditor transfer fee title ownership of the subject real estate to CONNEE K. TREPTON, as surviving tenant by the entirety.

Connee K. Trepton
CONNEE K. TREPTON, Affiant

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46893
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STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 18th day of December, 2024.

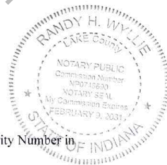
Randy H. Wyllie
Notary Public Printed Name

My Commission Expires: 2-9-2031
County of Residence: Lake

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.

Randy H. Wyllie
Randy H. Wyllie, Attorney

This Instrument Prepared by: Randy H. Wyllie, Attorney# 17621-64, Wieser & Wyllie, LLP, 429 West Lincoln Highway, Schererville, IN 46375.





NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Form No. 420745

Local No 003970

EDR No 000011796974

State No 2024-058120

1. Decedent's Legal Name (First, Middle, Last) Leroy Trepton				1a. Maiden Name (If female)		2. Gender Male		3. Time of Death 07:48 AM		4. Date of Death (Month/Day/Year) 10/30/2024	
5. Social Security Number [REDACTED]		6a. Age - Yrs 79		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) 10/26/1945		8. Birthplace (City and State or Foreign Country) Hammond, Indiana		9. Ever in U.S. Armed Forces? <input 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"/> Obed 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) 2504 Kelly Court	
12. City or Town, State, and Zip Code Dyer, Indiana 46311				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			
15. Surviving Spouse's Name Connee Trepton				15a. Last Name Before First Marriage Unknown				16. Decedent's Usual Occupation Supervisor			
17. Kind Of Business/Industry ComEd				18. Residence - State IN		18a. County Lake		18b. City or Town Dyer		19. Street And Number 2504 Kelly Court	
19d. Apt. No.		19e. Zip Code 46311		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. Decedent's Education High School graduate or GED completed		20. Decedent of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) Herbert J Trepton				23. Parent's Name (First, Middle, Last) Mary C Trepton				23a. Parent's Last Name Before First Marriage Bell			
24. Informant's Name Connee Trepton				24a. Relationship to Decedent Wife				24b. Mailing Address (Street And Number, City, State, Zip Code) 2504 Kelly Court, Dyer, IN, 46311			
25a. Method of Disposition <input checked="" type="checkbox"/> Burial <input 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) Heights Crematory				25c. Location - City, Town, And State Chicago Heights, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Castle Hill Funeral Home 1219 Sheffield Ave, Dyer, Indiana, 46311				27a. Funeral Home License Number: FH10900001			
27b. Signature of Indiana Funeral Service Licensee: <i>Wanda Chelista</i>				27c. License Number: 01031082A				27d. Date Certified: 11/12/2024			
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. POORLY DIFFERENTIATED SQUAMOUS CELL CARCINOMA OF THE OROPHARYNX B. OROPHARYNX C. _____ 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											
Part II. Enter Other Significant Conditions Contributing to Death but Not Resulting In The Underlying Cause Given in Part I HYPERTENSION AND DIABETES, MILITARY SERVICE RELATED.											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 42 Days To 1 year Before Death <input type="checkbox"/> Unknown If 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		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 <input type="checkbox"/> Pedestrian					
41. Signature - Of Person Certifying Cause Of Death: <i>Lyle R Munn</i>				42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Doctor <input type="checkbox"/> Health Officer				43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 600 Superior Avenue, Munster, IN 46321			
44. License Number 01031082A				45. Date Certified 11/01/2024				46. Additional Funeral Service Provider:			
47. Registrar Only - Date Filed (Month/Day/Year): 11/12/2024				48. Signature of Local Health Officer: <i>Chandana Varshita</i>				49. For Registrar Only - Date Filed (Month/Day/Year): 11/12/2024			

Property of Lake County Health Department
Electronically Signed
COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
NOV 14 2024
LAKE COUNTY HEALTH OFFICER

NO VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)