

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2024-035533

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

3:04 PM 2024 Dec 18

SURVIVORSHIP AFFIDAVIT

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

1. That LEROY TREPTON and CONNEE K. TREPTON, husband and wife, obtained title to the below described real estate by Trustee's Deed recorded on January 29, 2016 and assigned Document Number 2016-006904:

Parcel I: Lot 9 in Resubdivision of Castlewood Unit 1, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 51 page 30, in the Office of the Recorder of Lake County, Indiana and amended by Certificate Of Correction recorded December 4, 1979 as Document No. 562652.

Parcel II: Part of the Southwest ¼ of the Northeast ¼ of Section 18, Township 35 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Beginning at the Northwesterly corner of Lot 9 in Resubdivision of Castlewood Unit 1, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 51 page 30, in the Office of the Recorder of Lake County, Indiana and amended by Certificate of Correction recorded December 4, 1979 as Document No. 562652; thence North 59 degrees 50' 53" East along the Northwesterly line of said Lot 9 a distance of 141.75 feet to the Northeasterly corner of said Lot 9; thence South 89 degrees 56' 14" West a distance of 24 feet, more or less, to the shore line as shown on Plat of Survey dated December 17, 1981, prepared by Ray T. Tappan, Registered Land Surveyor; Thence Southwesterly along said shoreline to a point 7 feet, more or less, Northwesterly of the point of beginning; thence South 15 degrees 03' 19" East 7 feet, more or less to the point of beginning.

Parcel #: 45-11-18-253-010.000-034
Commonly Known As: 2504 Kelly Court, Dyer, IN 46311

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.

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FILED

DEC 18 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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5. That this Survivorship Affidavit is recorded to require the Lake County Auditor to 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

STATE OF INDIANA)
COUNTY OF LAKE)

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

RH 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.

RH 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.

Property of Lake County Recorder



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking 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: _____ Days: _____		6c. Under 1 Month Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) 10/26/1945	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. 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)		8. Birthplace (City and State or Foreign Country) Hammond, Indiana			
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	
18a. Residence - State IN		18b. County Lake			18c. City Or Town Dyer		18d. Apt. No.		18e. Zip Code 46311
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
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. 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 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) Heights Crematory		25c. Location - City, Town, And State Chicago Heights, IL							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input 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>Nicole Chabana</i>		27c. Electronically Signed				27d. Licensed Professional Coroner LAKE COUNTY HEALTH DEPARTMENT NOT VALID UNLESS NOV 14 2024 9 MONTHS 9 MONTHS LAKE COUNTY HEALTH OFFICER			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death Or 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 CANCER OF THE B. OROPHARYNX C. _____ D. _____ 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									
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 Within 1 Year Before Death		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 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									
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"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 800 Superior Avenue, Munster, IN 46321									
44. Decedent's Birth Date 10/26/1945									
45. Date Certified 11/01/2024									
46. Additional Funeral Service Provider:									
47. FAK33:						48. If Registrar Only, Date Filed (Month/Day/Year) 11/12/2024			
49. Signature Of Local Health Officer: <i>Chandana Davatila</i>									
50. Electronically Signed									
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									