Return to:

THOMAS M. DOGAN
ATTORNEY AT LAW
626 W. Ridge Road
Gary, Indiana 46408

92009139

FEB 13 9 14 AM '92

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVOR'S AFFIDAVIT

DOROTHY H. KOETTERITZ a/k/a DOROTHY KOETTERITZ of the County of Lake, State of Indiana, being duly sworn upon her oath, alleges and says that OSCAR KOETTERITZ a/k/a OSCAR R. KOETTERITZ died intestate, a resident of Lake County, Indiana, on the 5th day of October, 1991; that she was his wife and she lived with him to the day of his death as husband and wife; that to the best of affiant's knowledge, there is no Federal Estate Tax or Indiana State Inheritance Tax due and owing due to his death.

The following described real estate was owned as husband and wife by the entireties at the death of the decedent (Death Certificate attached), and this affidavit is given for purposes of clearing title to said real estate:

All of Lot 10, in Block 2, Lawrence Monaldi's Third Addition, in the Town of Munster, Lake County, Indiana. (Key No. 28-137-10)

(Commonly known as 8147 Kooy Drive, Munster, Indiana 46321.)

FILED
FEB 12 1992
AUDITOR LAKE COUNTY

Further affiant sayeth not.

Dorothy H. Koetteritz
Dorothy H. Koetteritz a/k/a Dorothy Koetteritz

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public for said County and State, this 22nd day of January, 1992.

Thomas M. Dogan, Notary Public
Resident of Porter County

My Commission Expires:
June 8, 1995

00514 800

Dogan & Dogan
626 W. Ridge Rd
Gary, Ind.

Local No. 2035-91

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): OSCAR KOETTERITZ
2 SEX: MALE
3a TIME OF DEATH: 9:26 A.M.
3b DATE OF DEATH (Month Day Yr): OCTOBER 5, 1991
4 SOCIAL SECURITY NUMBER: 305-20-2178
5a AGE—Last Birthday (Years): 67
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo, Day, Yr): February 9, 1924
7 BIRTHPLACE (City and State or Foreign Country): Richmond, Indiana
8a WAS DECEDENT A U.S. VETERAN?: Yes
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution, give street and number): THE COMMUNITY HOSPITAL
9c CITY, TOWN, OR LOCATION OF DEATH: MUNSTER
9d COUNTY OF DEATH: LAKE
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Dorothy Sertich
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mechanic
12b KIND OF BUSINESS/INDUSTRY: Lever Bros.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Munster
13d STREET AND NUMBER: 8147 Kooy Drive
13e ZIP CODE: 46321
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 Yrs; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Oscar Koetteritz
19 MOTHER'S NAME (First, Middle, Maiden Surname): Catherine N/A

INFORMANT

20a INFORMANT'S NAME (Type/Print): Dorothy Sertich
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8147 Kooy Dr., Munster, Indiana 46321
20c. Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): October 8, 1991 Oakland Memory Lanes
21c. LOCATION—City or Town, State: Dolton, Illinois
22a EMBALMER'S NAME: James Porras
22b EMBALMER'S LICENSE NO: 1045964
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): 8601763
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home #3004968 8415 Calumet Ave Munster, Indiana 46321

THIS CERTIFIES THIS TO BE A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

OCT 10 1991

[signature] Alexander S. Williams
LAKE COUNTY HEALTH COMMISSIONER

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. SEPSIS
DUE TO (OR AS A CONSEQUENCE OF): b. RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): c. ANEMIA
DUE TO (OR AS A CONSEQUENCE OF): d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

Approximate Interval Between Onset and Death

PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

FILED FEB 12 1992

RECORDER'S OFFICE SEAL INDIANA

FOR LAKE COUNTY

CERTIFIER

29a CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature] MD
29c. MEDICAL LICENSE NO: 29300
29d. DATE SIGNED (Month, Day, Year): OCTOBER 6, 1991
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. NITIN SARDESAI, M. D. 9005 CALUMET AVENUE MUNSTER, INDIANA 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, MD
32. DATE FILED (Month, Day, Year): Oct. 7, 1991

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a DATE OF INJURY (Month, Day, Year):
34b TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d DESCRIBE HOW INJURY OCCURRED:
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g DATE PRONOUNCED DEAD (Month, Day, Year):
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

005415

SBH06-004 State Form 10110 R2/3-89 DEATH CERT/PD 1

Laurence Monaldo 3rd. Lt 10 62 #1 28-137-10

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