

92040723

Return to Attorney Donald L. Gray, 1244-119th St., Whiting, In. 46394

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ROBERT
RECORDS & DEEDS
LAKE COUNTY, INDIANA

JUN 24 2 17 PM '92

STATE OF INDIANA
LAKE COUNTY
FILED 06-20-92

AFFIDAVIT OF IDENTITY AND SURVIVORSHIP

Michael Kuss, a competent adult, being first duly sworn upon oath, deposes and says:

1. That this affiant, formerly known as Michael Kosterbanich, married Anna Guman, a/k/a Ann Guman on November 26, 1926 and as husband and wife and that this affiant's wife Ann Kosterbanich was also known as Anna Kosterbanich and during coverture they did acquire fee simple title as tenants by the entireties of a certain parcel of real estate by a deed wherein the grantees are shown as Michael Kosterbanich and Ann Kosterbanich, husband and wife, which real estate is located in the County of Lake, State of Indiana, more particularly described as follows:



Lot Four (4) in For this Tract Subdivision, Whiting, Lake County, Indiana, as the same appears of record in Plat Book 5, page 5, in the Recorder's Office of Lake County, Indiana, more commonly known and described as 2106 Schrage Avenue, Whiting, Indiana, bearing tax key number 29-78-13 (Unit No. 28).

2. That subsequent to taking title to the above described real estate this affiant and his wife shortened their surname to Kuss and thereafter became known as Michael Kuss and Ann Kuss or Anna Kuss.

3. That this affiant's spouse, Anna Kuss, died on the 9th day of January, 1990 and that by operation of law the title in the above described real estate vested in this affiant solely.

4. That the decedent's estate was not subject to federal estate tax or to Indiana inheritance tax.

5. That this affiant makes this affidavit for the purpose of showing that the title to the above described real estate is now vested in this affiant solely and for the purpose of inducing the Auditor of Lake County to change the land transfer records to show ownership in this affiant Michael Kuss, solely.

Further affiant sayeth not.

Michael Kuss
Michael Kuss
2106 Schrage Avenue
Whiting, Indiana 46394

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

Subscribed and sworn to before me this 28TH day of April, 1991.

JUN 24 1992

My Commission expires:

August 21, 1994

Donald L. Gray
Donald L. Gray, Notary Public.
A Lake County Resident

Robert N. Antose
AUDITOR LAKE COUNTY

This instrument prepared by Attorney Donald L. Gray, 1244-119th Street, Whiting, Indiana 46394



01688

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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 10

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

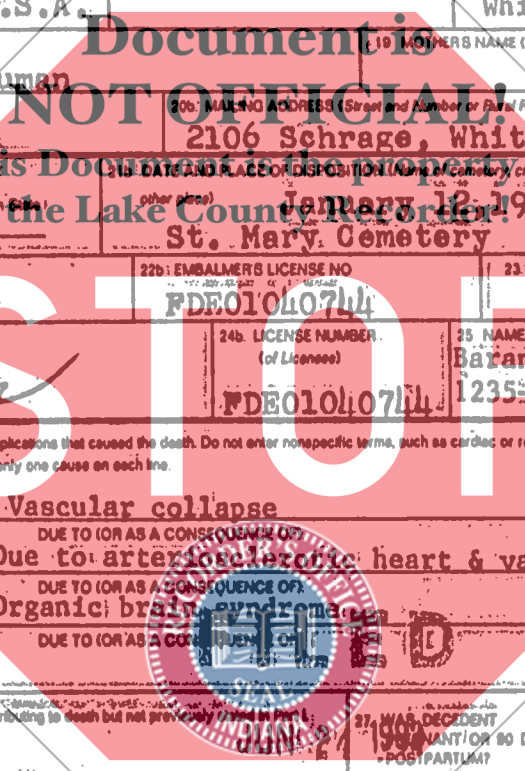
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

DRONER IE ONLY

1. DECEASED—NAME (First, Middle, Last) Anna Kuss		2. SEX Female	3a. TIME OF DEATH 4:59 P.M.	3b. DATE OF DEATH (Month, Day, Yr) January 9, 1990
4. SOCIAL SECURITY NUMBER 310-22-9944	5a. AGE—Last Birthday (Years) 85	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) Jul. 9, 1904
7. BIRTHPLACE (City and State or Foreign Country) unknown	8a. WAS DECEDENT A US VETERAN? no	8b. YEAR LAST SERVED IN US ARMED FORCES?	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a. FACILITY NAME (If not institution, give street and number) St. Catherine Hospital		9b. CITY, TOWN, OR LOCATION OF DEATH East Chicago	9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Michael Kuss	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Whiting	13d. STREET AND NUMBER 2106 Schrage Ave.	
13e. ZIP CODE 46394	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 8 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Joseph Guman		
19. MOTHER'S NAME (First, Middle, Maiden Surname) unknown		20a. INFORMANT'S NAME (Type/Print) Mr. Michael Kuss		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2106 Schrage, Whiting, IN 46394		20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 12, 1990 St. Mary Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana
22a. EMBALMER'S NAME Martin J. Gabor		22b. EMBALMER'S LICENSE NO. FDE01040744		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24. SIGNATURE OF FUNERAL DIRECTOR <i>Martin J. Gabor</i>		24b. LICENSE NUMBER (of Licensee) FDE01040744		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Baran Funeral Home FH3007267 1235-119th St., Whiting, IN 46394
26. PART I. Enter the disease, injury, 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. Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart & vascular disease b. Organic brain syndrome DUE TO (OR AS A CONSEQUENCE OF)				
PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I.				
27. WAS DECEDENT MANT/ON 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)
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> 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 <i>Daniel D. Thomas M.D.</i>		29c. MEDICAL LICENSE NO. 16120		29d. DATE SIGNED (Month, Day, Year) Jan. 10, 1990
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307				
31. HEALTH OFFICER'S SIGNATURE <i>E. A. Campagna M.D.</i>				32. DATE FILED (Month, Day, Year) 1-11-90
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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.		01687		



29-78-13
 Synthesis Sem. Sub. R. 4

ROBERT J. REICHERT
 JUN 24 2 17 PM '90
 APPROXIMATE TIME OF DEATH
 Unknown
 LAKE COUNTY RECORDS