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

94006226

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JAN 24 1994

Anna M. Autor
AUDITOR LAKE COUNTY

AFFIDAVIT OF INHERITANCE

James M. Kuss, a competent adult, being first duly sworn upon oath, deposes and says:

1. That this affiant is the son of Michael (Mike) Kuss and is well and truly acquainted with the facts hereinafter recited.

2. That this affiant's father Michael Kuss executed a certain Affidavit of Identitiy and Survivorship that was recorded as Document no. 92040723 on June 24, 1992, in the Office of the Lake County Recorder.

3. That this affiant's father Michael Kuss died testate October 28, 1993 and his Last Will and Testament was duly admitted to probate on November 2, 1993 in the Lake Superior Court under estate no. 45 D05-9311-ES-230 and that under Item Four of decedent's Last Will and Testament the entire residuary estate was devised and bequeathed unto this affiant James M. Kuss.

4. That at the time of the death of Michael Kuss, he was the owner in fee simple of a certain parcel of real estate, which real estate is located in the County of Lake, State of Indiana, more particularly described as follows:

> Lot Four (4) in Forsyth's Terminal 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).

Mail Tax Bills to 1909 SCHRAGE AVENUE, WHITING, IN. 46394

1000 CK

5. That the decedent's estate was not subject to federal estate tax.

6. 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 James M. Kuss, solely.

Further affiant sayeth not.

James M. Kuss
1909 Schrage Avenue
Whiting, Indiana 46394

Subscribed and sworn to before me this 3rd day of January, 1994.

My Commission expires:
August 21, 1994

Donald L. Gray, Notary Public
A Lake County Resident

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No: 310

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
MICHAEL (MIKE) KUSS	MALE	7:30A M	OCTOBER 28,1993

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr)	7 BIRTHPLACE (City and State or Foreign Country)
336-07-0879	91			SEPT. 7,1902	EAST CHICAGO, IN

8a WAS DECEDENT A U S VETERAN?	8b YEAR LAST SERVED IN U S ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
NO	N/A	HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
ST. CATHERINE HOSPITAL	EAST CHICAGO	LAKE

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
WIDOWED	NONE	OPERATOR	AMOCO OIL CO.

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
INDIANA	LAKE	WHITING	2106 SCHRAGE AVENUE

13e ZIP CODE	13f INSIDE CITY LIMITS?	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46394	[ ] No [X] Yes	[X] No [ ] Yes	U.S.A.	[X] No [ ] Yes	WHITE	6	

PARENTS

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
JOHN KOSTERBANICH	UNKNOWN

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
MR. JAMES KUSS	1909 SCHRAGE AVE., WHITING, IN 46394	SON

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	21c LOCATION—City or Town, State
[X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)	NOVEMBER 1, 1993 ST. MARY CEMETERY	HESSVILLE, IN

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
MARTIN A. DYBEL	FDE01019456	[X] No [ ] Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER? (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Martin A. Dybel	FDE01019456	BARAN & SON, INC., FDH83007267, 1235-119TH ST., WHITING, IN 46394

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

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Dehydration	
DUE TO (OR AS A CONSEQUENCE OF) b.	Malnutrition	
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

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

FILED JAN 24 1994

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

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

CERTIFIER

29a CERTIFIER (Check only one)

- [X] 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	29c MEDICAL LICENSE NO.	29d DATE SIGNED (Month, Day, Year)
M. Krad MD	029360	NOV. 1, 1993

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
M. KRAD, M.D., 1849 N. CLINE AVENUE, GRIFFITH, INDIANA 46319

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Dr. Jonathan Rankovich	1-1-93

CORONER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or No)	34d DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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