STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 016551

2000 MAR -8 AM 9:12

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE CIRCUIT COURT
SITTING AT CROWN POINT, INDIANA
COMMON PLEAS TERM, 1999

Filed in Clerk's Office

AUG 10 1999

M. Gardner
CLERK LAKE COUNTY

IN THE MATTER OF THE SUPERVISED)
ADMINISTRATION OF THE ESTATE OF) ESTATE NO. 45C01-9908-ES-222
LORETTA C. BERNATH, DECEASED.)

FILED

MAR 08 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

On this 10th day of August, 1999, before me personally appeared Janice M. Thrall, to me personally known, who being duly sworn on her oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is the daughter, Personal Representative, and an heir of the last surviving former tenant by the entireties, Loretta C. Bernath, and affiant is one of the only four heirs of Loretta C. Bernath to the described property;

3. Said premises are described as follows: K#26-53-17

Lots 17 to 20 both inclusive, in Block 3, Ballard's Addition, being a subdivision in the Town of Griffith, as shown in Plat Book 2, Page 62 in Lake County, Indiana.
Commonly known as 135 North Arbogast Street, Griffith, Indiana, 46319.

4. Said premises were formerly owned as tenants by the entireties by Affiant's father, Barnabash S. Bernath (died on December 6, 1996, Death Certificate attached) and Affiant's mother, Loretta C. Bernath (died on April 30, 1999, Death Certificate attached);

5. Said Loretta C. Bernath died intestate on April 30, 1999 leaving four children as the only heirs to the above-described property: Janice M. Thrall, Jacqueline E. Stevenson, Stephen J. Bernath and Sharon K. Bernath;

6. The parties to this tenancy by the entireties were never divorced.

CP 9905502
TICOR TITLE INSURANCE
Crown Point, Indiana

15.00
E.P.
TI

25x

7. Affiant's relationship to the deceased was as daughter, Personal Representative, and one of four heirs to the above-described property.

Affiant's Signature: Janice M. Thrall

Janice M. Thrall
8768 Mathews Street
Crown Point, Indiana 46307

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to by the Affiant before me, a Notary Public in and for said County and State, this 10th day of August, 1999.

Larry E. Thrall

Larry E. Thrall, Notary Public

Resident of Lake County
My Commission Expires on October 28, 2000

This instrument prepared by: Larry E. Thrall, Terrell & Thrall, Memorial Center - Suite One, 1158 West Lincolnway, Valparaiso, Indiana, 46385, Attorney No. 14359-45, (219) 465-1766

* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1099-99

State No. .....

333536

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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)
Loretta	C.	Bernath	Female	10:02 P.M.	April 30, 1999

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)
330-16-6556	77					May 28, 1921	Hammond, Indiana

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 ☐ 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
The Community Hospital	Munster	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	N/A	Machine Tender	Packaging Company

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Griffith	135 N. Arbogast

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+)
46319	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	12	

PARENTS

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First Middle Maiden Surname)
Ernest E. Kilinski	Margaret Purnick

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
Janice Thrall	8768 Mathews St., Crown Pt., Ind. 46307	Daughter

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	21c LOCATION—City or Town State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	May 3, 1999 Chapel Lawn Cemetery	Schererville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Edgar C. Gleim	FDO 1016173	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
	FDO 1014511	Kuiper Funeral Home, 9039 Kleinman Highland, Indiana 46322 FH 830075

CAUSE OF DEATH

26 PART I Enter the chain of events diseases injuries or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory COMPLETE CONFIDENTIAL CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute Myocardial Infarction	Hours
DUE TO (OR AS A CONSEQUENCE OF)	Acute Coronary Thrombosis	Hours
DUE TO (OR AS A CONSEQUENCE OF)	Acute Atherosclerotic Heart Disease	years
DUE TO (OR AS A CONSEQUENCE OF)		

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

MAY 05 1999

Alexander S. Williams, M.D.

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

Diabetes
Peripheral Vascular Disease
Sick Sinus Syndrome

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) no

FILED
MAR 08 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
Michael A Nicholas	01000901	5/5/99.

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Michael A. Nicholas MD, 9003 Calumet Ave, Munster, Ind. 463

31 HEALTH OFFICER'S SIGNATURE Alexander S. Williams, M.D.

32 DATE FILED (Month Day Year) May 5, 199

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)
	6781

34g DATE PRONOUNCED DEAD (Month Day Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

25x10

* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 3391-96

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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.)
Barnabash S. Bernath, Jr.	Male	7:00 A M	December, 6, 1996

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)
316-18-6200	76			Oct. 5, 1920	East Chicago, Indiana

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)
YES	1945	HOSPITAL ☐ 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
Medical Inn	Musnter	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
Married	Ooretta Kilinski	Millwright	Manufactoring

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	griffith	135 N. Arbogast

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)	
46319	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 10	College (1-4 or 5 +):

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Barnabash S. Bernath, Sr.	Elizabeth Rajcsak

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
Ooretta Bernath	135 N. Arbogast Griffith, Indiana	Wife

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)	December 9, 1996 Chapel Lawn Cemetery	Schererville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO.	23 WAS DEATH REPORTED TO CORONER?
David Peterson	FDO 8601585	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
A Bernath	FDO 1014511	Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FH83007500

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
a. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carcinoma of lung	3 years
b. DUE TO (OR AS A CONSEQUENCE OF)	Severe peripheral Vascular Disease	5 years
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

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

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH FILE WITH THE LAKE COUNTY HEALTH DEPT.

DEC 10 1996

LAKE COUNTY HEALTH COMMISSIONER

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

27 WAS DECEDENT PREGNANT OR 90 DAYS 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)
NO	NO	

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	29c MEDICAL LICENSE NO.	29d DATE SIGNED (Month, Day, Year)
A Gandhi	01029887	12-9-96

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Arvind Gandhi, M.D. 9122 Columbia Ave., Munster, IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
M.D.	Dec 10, 1996

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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1