STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 027330

2000 APR 27 AM 9:50

MORRIS W. CARTER

69208

# AFFIDAVIT

Mary K. Kaczka, being first duly sworn, states upon her oath as follows:

1. She is the daughter of Frances Kaczka, who died on the 8th day of October, 1994.

2. That at the time of Frances Kaczka's death, she was married to Ollie D. Kaczka.

3. That no Federal Estate Tax or Indiana Inheritance Tax was due as the result of the death of Frances Kaczka.

4. Affiant makes this Affidavit in conjunction with the following described property:

*Lot Eight (8), Block Two (2) in the West One-half (½) of Lot Nine (9), Block Two (2), in Kosciusko Park Addition to the City of East Chicago, Indiana. (Key No. 007-24-30-0437-0010)*

Commonly known as: 1219 W. 151st Street, East Chicago, Indiana 46312-3821

Executed this 11th day of April, 2000.

MARY K. KACZKA

FILED

APR 20 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

Before me, a Notary Public, personally appeared Mary K. Kaczka and acknowledged the execution of the foregoing Affidavit.

Witness my hand and Notarial Seal this 11th day of April, 2000.

Joseph E. Costanza, Notary Public

My Commission Expires: 1-31-07
County of Residence: Porter

*Prepared by: Joseph E. Costanza, Attorney at Law, 720 W. Chicago Ave., Suite 238, East Chicago, IN 46312.*

CTIC Has made an accomodation recording of the instrument. We Have made no examination of the instrument or the land affected.

Chicago Title Insurance Company

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RECORDER'S OFFICE SEAL INDIANA

*"ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal."*

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Local No. 94-330 State No. ..........

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

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

1. Decedent—Name (First, Middle, Last): Frances Kaczka
2. Sex: Female
3a. Time of Death: 10:05P
3b. Date of Death (Month Day Yr): Oct. 8, 1994
4. Social Security Number: 317-14-8161
5a. Age—Last Birthday (Years): 70
5b. Under 1 Year (Months, Days):
5c. Under 1 Day (Hours, Minutes):
6. Date of Birth (Mo Day Yr): June 18, 1924
7. Birthplace (City and State or Foreign Country): East Chicago, IN.
8a. Was Decedent a U.S. Veteran? NO
8b. Year Last Served in U.S. Armed Forces?
9a. Place of Death (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name (If not institution, give street and number): St. Catherine Hospital
9c. City, Town, or Location of Death: East Chicago
9d. County of Death: Lake
10. Marital Status (Specify): Married
11. Surviving Spouse (If wife, give maiden name): Ollie Kaczka
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: East Chicago
13d. Street and Number: 1219 W. 151st Street
13e. Zip Code: 46312
13f. Inside City Limits: ☐ No ☒ Yes
13g. On a Farm? ☒ No ☐ Yes
14. Citizen of What Country? USA
15. Was Decedent of Hispanic Origin? (Specify No or Yes - If yes specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes
16. Race—American Indian, Black, White, etc. (Specify): White
17. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

**PARENTS**

18. Father's Name (First, Middle, Last): Paul Cyran
19. Mother's Name (First, Middle, Maiden Surname): Katherine Kozdras

**INFORMANT**

20a. Informant's Name (Type/Print): Ollie Kaczka
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1219 W. 151st St.E.Chicago,IN46312
20c. Relationship: Husband

**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 12, 1994 Holy Cross Cemetery
21c. Location—City or Town, State: Calumet City, Ill.
22a. Embalmer's Name: James W. Gholston
22b. Embalmer's License No.: 1004194
23. Was Death Reported to Coroner? ☒ No ☐ Yes
24a. Signature of Funeral Director: [signature]
24b. License Number (of Licensee): 1005491
25. Name, Address and License Number of Funeral Home: Lesniak FH83001601 4918 Magoun, E.Chicago, IN46312

**CAUSE OF DEATH**

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): Acute myocardial infarction
Due to (or as a consequence of): Coronary artery disease
Due to (or as a consequence of):
Due to (or as a consequence of):

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

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: HTN, DM-type II

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):

**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: David Buchanan, MD [signature]
29c. Medical License No.: 01035497
29d. Date Signed (Month Day Year): October 10, 1994
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print): David A. Buchanan, 4712 Magoun Avenue, East Chicago, IN. 46312

**HEALTH OFFICER**

31. Health Officer's Signature: [signature]
32. Date Filed (Month, Day, Year): 10-11-94

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.:

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