

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 045736

2002 MAY 15 PM 2:23

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

JEANETTE KESEL, being first duly sworn, states:

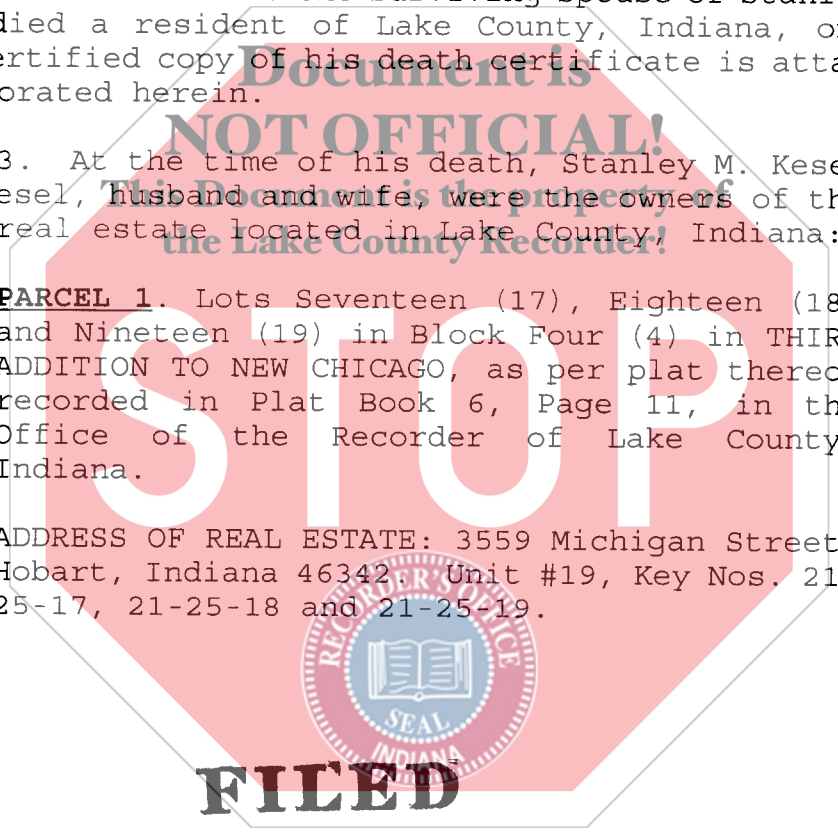
1. She is one and the same person as Jeannette Kesel and is a resident of Lake County, Indiana.

2. Affiant is the surviving spouse of Stanley M. Kesel, Jr., who died a resident of Lake County, Indiana, on March 18, 2002. A certified copy of his death certificate is attached hereto and incorporated herein.

3. At the time of his death, Stanley M. Kesel, Jr., and Jeanette Kesel, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

PARCEL 1. Lots Seventeen (17), Eighteen (18) and Nineteen (19) in Block Four (4) in THIRD ADDITION TO NEW CHICAGO, as per plat thereof recorded in Plat Book 6, Page 11, in the Office of the Recorder of Lake County, Indiana.

ADDRESS OF REAL ESTATE: 3559 Michigan Street, Hobart, Indiana 46342. Unit #19, Key Nos. 21-25-17, 21-25-18 and 21-25-19.



FILED

MAY 13 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

001024

15.00
EP
1033

PARCEL 2. An undivided one-fourth (1/4th) interest in the following:

The South Half of the Northwest Quarter of Section 29, Township 35 North, Range 7 West of the Second Principal Meridian, in Lake County, Indiana.

ADDRESS OF REAL ESTATE: Farmland at 9130 Grand Boulevard, Merrillville, Indiana 46410. Unit #8, Key No. 15-12-5.

PARCEL 3. An undivided one-fourth (1/4th) interest in the following:

The South Half of the Northeast Quarter of Section 29, Township 35 North, Range 7 West of the Second Principal Meridian, in Lake County, Indiana, **EXCEPTING THEREFROM** the following described real estate:

Part of the Southeast 1/4 of the Northeast 1/4 of Section 29, Township 35 North, Range 7 West of the 2nd Principal Meridian, Lake County, Indiana, being more particularly described as follows: Beginning at the Northeast corner of the Southeast 1/4 of the Northeast 1/4 of said Section 29; thence South 00 degrees 00 minutes 00 seconds East along the East line of said Section 29, a distance of 757.05 feet; thence North 90 degrees 00 minutes 00 seconds West, 248.50 feet; thence North 00 degrees 00 minutes 00 seconds East, 759.48 feet more or less to the North line of the Southeast 1/4, Northeast 1/4 of said Section 29; thence South 89 degrees 26 minutes 25 seconds East 248.51 feet to the place of beginning.

ADDRESS OF REAL ESTATE: Farmland at 8730 Randolph Street, Merrillville, Indiana 46410. Unit #8, Key No. 15-12-4.

4. At the time of his death, Stanley M. Kesel, Jr., and Jeanette Kesel were not divorced and were living together as husband and wife.

5. Affiant further states that no federal estate tax is due from the Estate of Stanley M. Kesel, Jr.

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) **STANLEY M. KESEL, JR.**

2. SEX **Male**

3a. TIME OF DEATH **12:25 AM**

3b. DATE OF DEATH (Month, Day, Yr.) **March 18, 2002**

4. SOCIAL SECURITY NUMBER **316-03-7814**

5a. AGE—Last Birthday (Years) **81**

5b. UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo, Day, Yr) **October 3, 1920**

7. BIRTHPLACE (City and State or Foreign Country) **Gary IN**

8a. WAS DECEDENT A U.S. VETERAN? **YES**

8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **1946**

9. PLACE OF DEATH (Check only one. See instructions)

HOSPITAL: Inpatient ER/Outpatient DOA

OTHER: Nursing Home Other (Specify) **Hospice** Residence

9b. FACILITY NAME (If not institution, give street and number) **VNA Hospice Center**

9c. CITY, TOWN, OR LOCATION OF DEATH **Valparaiso**

9d. COUNTY OF DEATH **Porter**

10. MARITAL STATUS (Specify) **Married**

11. SURVIVING SPOUSE (If wife, give maiden name) **Jeanette Niepokoj**

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Metalurgist/Quality Assurance**

12b. KIND OF BUSINESS/INDUSTRY **Steel**

13a. RESIDENCE—STATE **IN**

13b. COUNTY **Lake**

13c. CITY, TOWN, OR LOCATION **Crown Point**

13d. STREET AND NUMBER **8724 Randolph Street**

13e. ZIP CODE **46307**

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) **4** College (1-4 or 5+)

18. FATHER'S NAME (First, Middle, Last) **Stanley Kesel**

19. MOTHER'S NAME (First, Middle, Maiden Surname) **Mary Zgliniski**

20a. INFORMANT'S NAME (Type/Print) **Jeanette Kesel**

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8724 Randolph Street, Crown Point, IN 46307**

20c. Relationship **Wife**

21a. METHOD OF DISPOSITION Entombment Burial Cremation Removal from State Donation Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Mar 21, 2002 Calumet Park Cemetery**

21c. LOCATION—City or Town, State **Merrillville IN**

22a. EMBALMER'S NAME **James J. Krause**

22b. EMBALMER'S LICENSE NO **FDO1006463**

23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *James J. Krause*

24b. LICENSE NUMBER (of License) **FDO1006463**

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488**

26. PART I. Enter the disease, 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. **Respiratory failure - Sepsis**

b. **Renal failure**

c. **Cerebrovascular Accident**

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

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**

28a. 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.

29a. SIGNATURE AND TITLE OF CERTIFIER *Naresh Upadhyay*

29b. MEDICAL LICENSE NO. **01039671**

29c. DATE SIGNED (Month, Day, Year) **3/19/02**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Yes/No) **Naresh Upadhyay MD 5500 Hohman, Suite 1E, Hammond, IN 46320**

31. HEALTH OFFICER'S SIGNATURE *Gary A. Babcock*

32. DATE FILED (Month, Day, Year) **MAY 13 2002 March 25, 2002**

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED **PETER BENJAMIN LAKE COUNTY AUDITOR**

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. **001025**