3

2002 099315

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: **THE ESTATE OF MAX KOZYRA**

SURVIVORSHIP AFFIDAVIT AND AFFIDAVIT FOR THE TRANSFER OF REAL PROPERTY

(27) 18-32-27

TICOR HBT 920023811

1. That the above-named decedent died on the 12th day of May, 2002, intestate, while domiciled in Lake County, Indiana.

2. That 45 days have elapsed since the death of the decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

3. That the decedent died owning real property in Lake County Indiana together with his three children.

4. That the property was held as Joint Tenants with full rights of survivorship.

5. That the value of the property is Seventy-Nine Thousand Dollars ($79,000.00)

6. That the decedents one-quarter interest in said property is Nineteen Thousand Seven Hundred and Fifty Dollars ($19,750.00).

7. That the names of the children of Max Kozyra that held the property with him as joint tenants with full rights of suvivorship are: **G. Samuel Kozyra, Rodney L. Kozyra, Carolyn Kozyra Sasak and Dolores Kozyra Filter**, all who survive the dedecent.

8. That the value of interest transferred to each child is Four Thousand Nine Hundred and Thirty-Seven Dollars and Fifty Cents ($4937.50), and is less than what is required to file an Indiana Inheritance Tax Return.

FILED

OCT 31 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP

002361

13-
A
N.
At

9. That the description of the real property transferred is:

The South Ten Feet of Lot Four and All of Lot Five, in Block 6, in Hobart Lakewood Addition to the City of Hobart as per plat thereof recorded in Plat Book 15, Page 25, in the Office of the Recorder of Lake County, Indiana

Common Address: 720 South Wisconsin Street, Hobart, Indiana.

10. That the individual entitled to the real estate as a result of the decedent's death, pursuant to: I.C. 32-1-2-7 are the surviving joint tenants, **G. Samuel Kozyra, Carolyn Kozyra Sasak Rodney L. Kozyra and Dolores Kozyra Filter in substantially equal shares.**

7. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return and an I.H. 6 Indiana Inheritance Tax Return is not required to be filed.

That this affidavit will hold the Assessor of Lake County harmless for its reliance on this affidavit, pursuant to Indiana Code 29-1-8-3 .

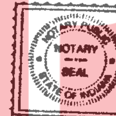
Dated this 25 day of October, 2002.

Rodney L. Kozyra

Before me a Notary Public appeared Rodney L. Kozyra and he did on this date swear to the truth of the foregoing statements.
Subscribed and sworn to before me this 25 day of October, 2002.

Notary Public

My Commission expires: 10-29-08



KIMBERLY KAY SCHULTZ
Lake County
My Commission Expires
Oct. 29, 2008

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
STOP
RECORDER'S OFFICE SEAL INDIANA

This Instrument Prepared by:Patricia Rees, ATTORNEY AT LAW
5341 Central Avenue, Portage, IN 46368
Telephone: (219) 947-1692.

6CC

TICOR HBT 920023811

* 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. 2612-02

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): MAX K. KOZYRA
2. SEX: Male
3a. TIME OF DEATH: 8:45 AM
3b. DATE OF DEATH (Month, Day, Yr): May 12, 2002
4. *SOCIAL SECURITY NUMBER: 317-09-7704
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): June 28, 1916
7. BIRTHPLACE (City and State or Foreign Country): Gary Indiana
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
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. Mary Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hobart
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Millwright
12b. KIND OF BUSINESS/INDUSTRY: Steel
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hobart
13d. STREET AND NUMBER: 720 S. Wisconsin Street
13e. ZIP CODE: 46342
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): 12; College (1-4 or 5+):

PARENTS

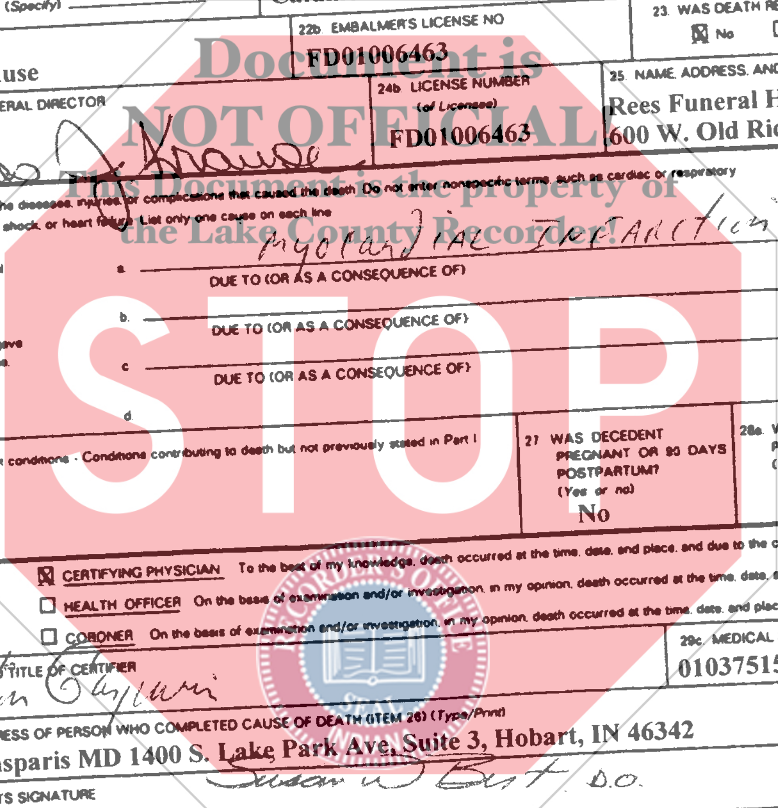
18. FATHER'S NAME (First, Middle, Last): Stanley Kozyra
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Belniak

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Nancy Baker
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 920 W. 7th Place, Hobart, IN 46342
20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 16, 2002 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville IN
22a. EMBALMER'S NAME: James J. Krause
22b. EMBALMER'S LICENSE NO: FD01006463
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James J. Krause
24b. LICENSE NUMBER (of Licensee): FD01006463
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Rees Funeral Home, Inc. FH83003069, 600 W. Old Ridge Road, Hobart, IN 46342-0488



Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!
STOP

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. Myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF)
b.
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

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

FILED
OCT 31 2002
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) as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: M. Gasparis
29c. MEDICAL LICENSE NO: 01037515
29d. DATE SIGNED (Month, Day, Year): 5-14-02
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Milton Gasparis MD 1400 S. Lake Park Ave, Suite 3, Hobart, IN 46342

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan W. Best D.O.
32. DATE FILED (Month, Day, Year): May 14, 2002

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.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE IN THE LAKE COUNTY ... 002323 MAY ... 2002

TI-HBT 922-3811 (27) 18-32-27

SDH06-004 State Form 10110 (R5/1-99)