3

LAKE COUNTY
FILED FOR RECORD

2003 077279

Chicago Title Insurance Company

Chicago Title Insurance Company

620035633

SURVIVORSHIP AFFIDAVIT

STATE OF
COUNTY OF } S.S.

On this June 26, 2003 before me personally appeared Cecil Kiest
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner ;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Cecil Kiest and Marie Kiest ;
4. Said Marie Kiest
(fill in name of co-tenant who died)
died on June 13, 2000
leaving will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
LOT 22 (EXCEPT THE SOUTH 25 FEET) AND THE SOUTH 15 FEET OF LOT 23, IN BLOCK 2, IN WISTERIA, BEING A RESUBDIVISION OF QUINNTON TERRACE IN HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
KEY NO.: 36-485-22
6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUL 24 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001743

13.
CDC

7. Where this affidavit relates to a tenancy by the entirties, were the parties ever divorced?
NO

(If answer is "Yes," identify the divorce proceedings:);

8. Affiant's relationship to the deceased was Husband

Signature: Cecil Kuest

Address: 7624 Howard Ave., Hammond, IN 46324

Subscribed and sworn to before me by the affiant

this June 26, 2003
(insert date)

Sandra Scott
Notary Public

My Commission Expires 10-20-09

This instrument prepared by Mercantile National Bank/M. Waechter

06/24/2003 TUE 16:10 FAX 9333937 CALUMET →→→ GRIFFITH 001

SANDRA

* 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. 1412-00 State No.

392677

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): Dorothy Marie Kiest
2. SEX: Female
3a. TIME OF DEATH: 1:51A M
3b. DATE OF DEATH (Month Day Yr): June 13, 2000
4. *SOCIAL SECURITY NUMBER: 351-14-5246
5a. AGE—Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day, Yr): December 27, 1923
7. BIRTHPLACE (City and State or Foreign Country): Fairmont, IL
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: None
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): Community Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Munster
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Cecil M. Kiest
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: Hammond
13d. STREET AND NUMBER: 7624 Howard Ave.,
13e. ZIP CODE: 46324
13f. INSIDE CITY LIMITS: ☐ No [X] Yes
13g. ON A FARM?: [X] No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] 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): John Black
19. MOTHER'S NAME (First, Middle, Maiden Surname): Chloe Craddock

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Cecil M. Kiest
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7624 Howard Ave., Hammond, IN 46324
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial [X] Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): June 16, 2000 Heritage Crematory
21c. LOCATION—City or Town, State: Portage, IN
22a. EMBALMER'S NAME: Henry J. Blake
22b. EMBALMER'S LICENSE NO.: FD01019406
23. WAS DEATH REPORTED TO CORONER? [X] No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Allen B LaHayne
24b. LICENSE NUMBER (of Licensee): FD01000857
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LaHayne Funeral Home, Inc.,FH19400..., 6955 Southeastern Ave.,Hammond,IN4..

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac Arrest
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

Approximate Interval Between Onset and Death

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: MVR DVT PVM HTN CHF

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

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: 01048722
29d. DATE SIGNED (Month Day Year): June 14, 2000
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Robert P. Chen, MD, 7905 Calumet Ave., Munster, IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD
32. DATE FILED (Month Day Year): 6/15, 2000

THIS CERTIFIES THE ABOVE TO BE A TRUE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

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): JUN 15 2000
34g. DATE PRONOUNCED DEAD (Month Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger...

Alexander S. Williams MD
LAKE COUNTY HEALTH COMMISSIONER