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Chicago Title Insurance Company

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SURVIVORSHIP AFFIDAVIT

On this 30th day of April, 2004 before me personally appeared Georgia Kuchta
(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 wife _____;
(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
John Kuchta, Jr. and Georgia Kuchta _____;
4. Said John Kuchta, Jr. _____
(fill in name of co-tenant who died)
died on SEPTEMBER 29, 2003 _____
leaving No _____ will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:

Lot 5, in Block 3, in Country Club 2nd Addition Section "C", as per plat thereof, recorded in Plat Book 30 page 78, in the Office of the Recorder of Lake County, Indiana.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAY 5 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

1356
456
000271

CHICAGO TITLE INSURANCE COMPANY

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

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

-----);

8. Affiant's relationship to the deceased was Wife

Signature: Georgia Kuchta

Printed Name Georgia Kuchta

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

Address: 358 Summit Park Ct. S
Crown Point IN 46307

Subscribed and sworn to before me by the affiant

this 30th day of April, 2004

(insert date)

Andrea A. Widlowski

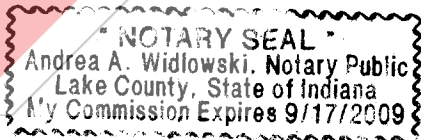
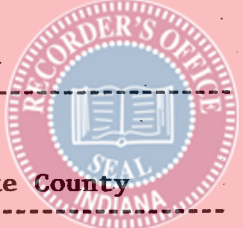
Notary Public

Printed Name Andrea A. Widlowski

My County of Residence is: Lake County

In the State of INDIANA

My Commission Expires 9/17/09



This instrument prepared by Georgia Kuchta

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

State No.

Local No. 299-03

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) JOHN KUCHTA, JR.				2 SEX Male		3a TIME OF DEATH 4:16P M		3b DATE OF DEATH (Month, Day, Yr.) September 29, 2003	
4 *SOCIAL SECURITY NUMBER 314 - 30 - 2175		5a AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) January 25, 1932		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana		
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 5858 Arthur Place				9c CITY, TOWN, OR LOCATION OF DEATH Merrillville			9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Georgia Fraley		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mill Recorder			12b KIND OF BUSINESS/INDUSTRY Steel		
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Merrillville			13d STREET AND NUMBER 5858 Arthur Place		
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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+)	
18 FATHER'S NAME (First Middle, Last) John Kuchta, Sr.				19 MOTHER'S NAME (First Middle, Maiden Surname) Tessie Teliszczak					
20a INFORMANT'S NAME (Type/Print) Georgia Kuchta				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5858 Arthur Place, Merrillville, In. 46410				20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 2, 2003 Calumet Park Cemetery			21c LOCATION—City or Town, State Merrillville, Indiana			
22a EMBALMER'S NAME Alexis Thanos		22b EMBALMER'S LICENSE NO. FD08600505		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ronald Meacham</i>		24b LICENSE NUMBER (of Licensee) FD01005912		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, In. 46410					
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. <i>cardiac HEART Failure</i> 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			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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 <i>Milton Gasparis</i> Milton Gasparis, M.D.				29c MEDICAL LICENSE NO. 01037515		29d DATE SIGNED (Month, Day, Year) 10-1-03			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 1420 S. Lake Park Ave Suite 301 Hobart IN 46342									
31 HEALTH OFFICER'S SIGNATURE <i>Steven D. Burt D.O.</i>									
32 DATE FILED (Month, Day, Year) October 2, 2003									
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED			
34a 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.						