

3

STATE OF INDIANA  
LAKE COUNTY  
FILED TOLONGA KATONA

2007 032355

APR 13 2007

STATE OF INDIANA )  
                              ) SS:  
COUNTY OF LAKE   )

**AFFIDAVIT OF SURVIVORSHIP**

Comes now SIMON KUCHTA, being first duly sworn upon his oath deposes and says:

1. That affiant is the owner in fee simple of the real estate located in Lake County, Indiana, more particularly described as follows:

Lot Twelve (12), Block "M", Meadowland Estates, Part No. 2, of Unit No. 2, as shown in Plat Book 31, page 7, in Lake County, Indiana.

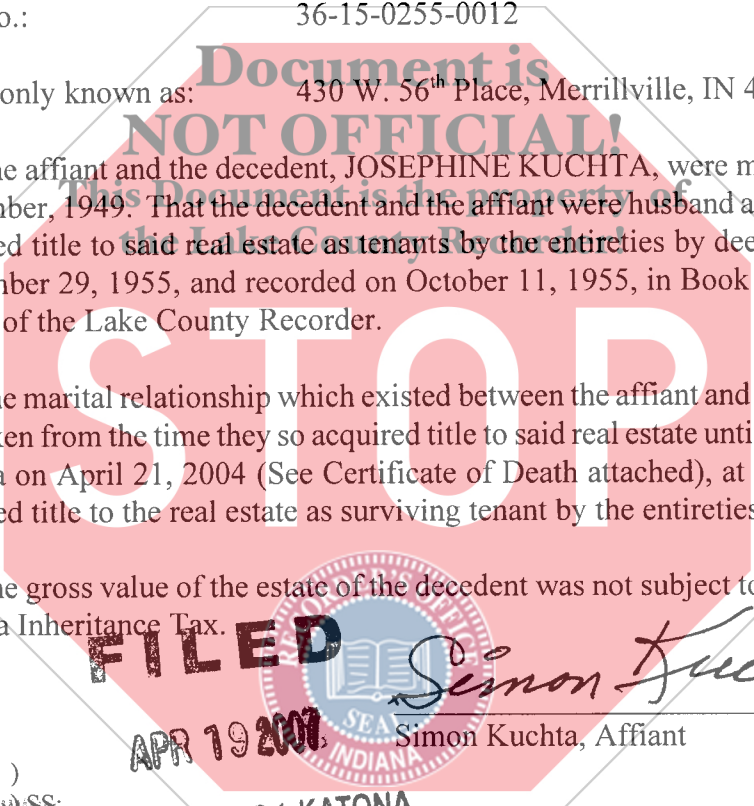
Key No.: 36-15-0255-0012

Commonly known as: 430 W. 56<sup>th</sup> Place, Merrillville, IN 46410

2. That the affiant and the decedent, JOSEPHINE KUCHTA, were married on the 5<sup>th</sup> day of November, 1949. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated September 29, 1955, and recorded on October 11, 1955, in Book 1010, Page 599, in the Office of the Lake County Recorder.

3. That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Josephine Kuchta on April 21, 2004 (See Certificate of Death attached), at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

4. That the gross value of the estate of the decedent was not subject to Federal Estate Tax or Indiana Inheritance Tax.



*Simon Kuchta*

Simon Kuchta, Affiant

**FILED**  
APR 19 2007

STATE OF INDIANA )  
COUNTY OF LAKE )  
                          ) SS: *HOLINGA KATONA*  
                          ) LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 13<sup>th</sup> day of April, 2007.

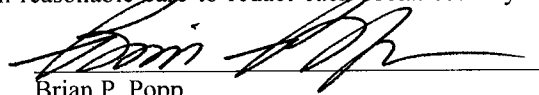
My Commission Expires: June 25, 2008  
NOTARY SEAL  
PORTER COUNTY  
NOTARY PUBLIC, STATE OF INDIANA

*Brian P. Popp*  
Brian P. Popp, Notary Public  
Residing in Porter County

020879

*\$15  
CK# 6517  
CM*

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law."

  
Brian P. Popp

Prepared by: Brian P. Popp, Laszlo & Popp, P.C., 200 East 80<sup>th</sup> Place, Suite 200, Merrillville, IN 46410.  
Return to: Brian P. Popp, Laszlo & Popp, P.C., 200 East 80<sup>th</sup> Place, Suite 200, Merrillville, IN 46410.



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. 1073-04

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

633925  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) <b>JOSEPHINE KUCHTA</b>				2 SEX <b>Female</b>	3a TIME OF DEATH <b>2:50p.m.</b>	3b DATE OF DEATH (Month Day Year) <b>April 21, 2004</b>
4 *SOCIAL SECURITY NUMBER <b>308-14-4112</b>	5a AGE—Last Birthday (Years) <b>81</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>Jan. 26, 1923</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>GARY, Indiana</b>	
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution give street and number) <b>St. Anthony Hospice Center</b>			9c CITY TOWN OR LOCATION OF DEATH <b>Crown Point</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>Simon Kuchta</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Housewife</b>		12b KIND OF BUSINESS/INDUSTRY		
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY TOWN OR LOCATION <b>Merrillville</b>		13d STREET AND NUMBER <b>430 W. 56th Place</b>		
13e ZIP CODE <b>46410</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>12</b> College (13 or 14 or 15+)	
18 FATHER'S NAME (First Middle Last) <b>Unknown</b>			19 MOTHER'S NAME (First Middle Maiden Surname) <b>Anna Kowal</b>			
20a INFORMANT'S NAME (Type, Print) <b>Simon Kuchta</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>430 W. 56th Pl. M'ville, Ind</b>		20c Relationship <b>Husband</b>	
21a METHOD OF DISPOSITION <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) <b>April 24, 2004 Calumet Park Cemetery</b>		21c LOCATION—City or Town State <b>Merrillville, Indi</b>		
22a EMBALMER'S NAME <b>Anthony S. Rendina Jr.</b>		22b EMBALMER'S LICENSE NO. <b>FD01010402</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) <b>FD01010402</b>		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina Funeral Home FH830078 5100 Cleveland St. Gary, In46</b>		
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 <b>Stroke</b> DUE TO (OR AS A CONSEQUENCE OF)						
b DUE TO (OR AS A CONSEQUENCE OF)						
c DUE TO (OR AS A CONSEQUENCE OF)						
d						
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) <b>No</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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 Caspary</i>				29c MEDICAL LICENSE NO. <b>61037515</b>	29d DATE SIGNED (Month Day Year) <b>April 23, 2004</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Milton Caspary 1422 S. Lake Park Ave Suite 304 Hobart, IN 46342</b>						
31 HEALTH OFFICER'S SIGNATURE <i>Susan D. Kent DO</i>					32 DATE FILED (Month Day Year) <b>April 27, 2004</b>	
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				

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

