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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 020933

2009 APR -1 AM 9:39

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL A. BROWN
RECORDER

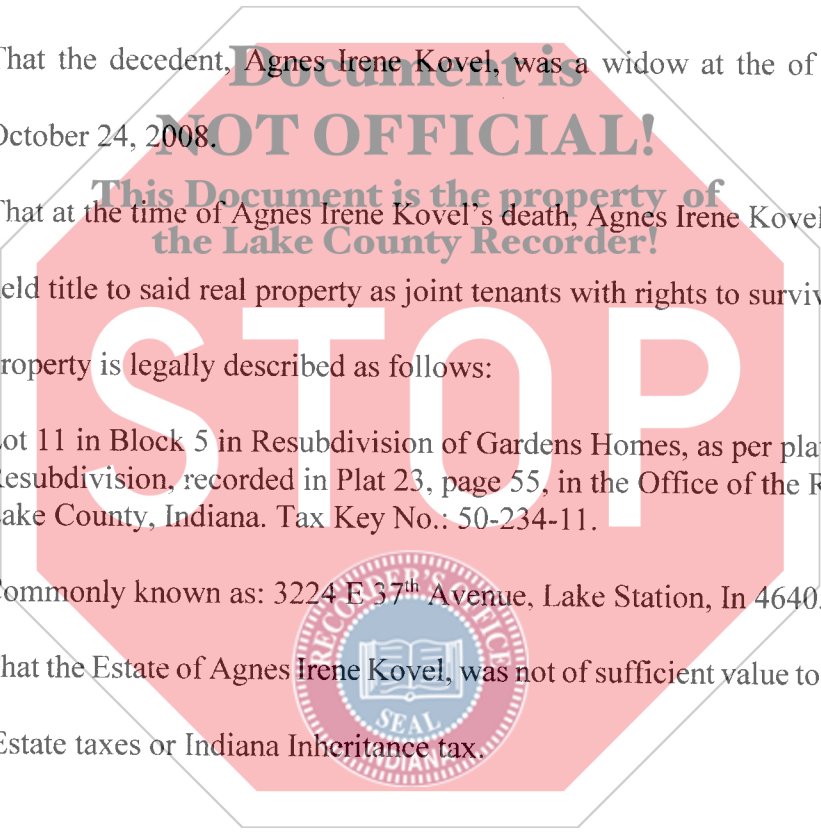
SURVIVORSHIP AFFIDAVIT

Louis A. Lane, being first duly sworn upon his oath, deposes and says:

1. That the Affiant herein is the son of the decedent, Agnes Irene Kovel, who died a resident of the City of Hobart, County of Lake, State of Indiana on October 24, 2008. A copy of the decedent's Death Certificate is attached hereto and marked as Exhibit "A".
2. That the decedent, Agnes Irene Kovel, was a widow at the of decedent's death on October 24, 2008.
3. That at the time of Agnes Irene Kovel's death, Agnes Irene Kovel and Louis A. Lane, held title to said real property as joint tenants with rights to survivorship, which real property is legally described as follows:

Lot 11 in Block 5 in Resubdivision of Gardens Homes, as per plat of said Resubdivision, recorded in Plat 23, page 55, in the Office of the Recorder of Lake County, Indiana. Tax Key No.: 50-234-11.

Commonly known as: 3224 E. 37th Avenue, Lake Station, In 46405
4. That the Estate of Agnes Irene Kovel, was not of sufficient value to be subject to Federal Estate taxes or Indiana Inheritance tax.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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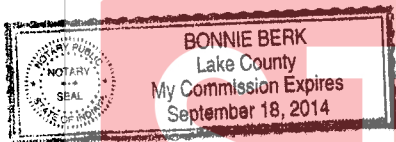
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5. That the Affiant herein makes this Affidavit for the purpose of causing the Lake County Auditor and Lake County Recorders's office to remove the decedent's name for their permanent real estate transfer records and reflect ownership of said real estate in the name of Louis A. Lane.

Affiant further sayeth not.


LOUIS A. LANE

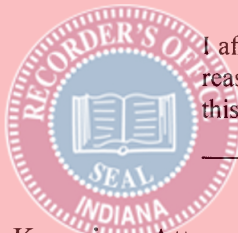
Document is NOT OFFICIAL!
SUBSCRIBED AND SWORN to before me, a Notary Public, in and for said County and State this 18 day of March, 2008.
Document is the property of the Lake County Recorder!




NOTARY PUBLIC (written)

NOTARY PUBLIC (printed)

My Commission Expires: _____
County of Residence: _____



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.



This document prepared by: Frank J. Koprcina, Attorney at Law, Frank J. Koprcina & Associates, P.C., 150 E. Third Street, Hobart, IN 46342.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3683-08

State No.

1. Decedent's Legal Name (First, Middle, Last) AGNES IRENE KOVEL				1a. Maiden Last Name (If Female) STILES		2. Sex Female	3. Time Of Death 1:45p.m.	4. Date Of Death (Month/Day/Year) Oct. 24, 2008	
5. Social Security Number [REDACTED]		6a. Age - Yrs 84	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) Feb. 26, 1924		8. Birthplace (City And State Or Foreign Country) Eldorado, Illinois
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input checked="" type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) St. Mary Medical Center									
12. City Or Town, State, And Zip Code Hobart, Indiana					13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry		
18. Residence - State Indiana			18a. County Lake		18b. City Or Town Lake Station				
18c. Street And Number 3224 E. 37th Ave.					18d. Apt. No.	18e. Zip Code 46405		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12			20. Decedent Of Hispanic Origin		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) William Stiles				23. Mother's Name (First, Middle, Last) Mary Etta Stiles			23a. Mother's Maiden Last Name Carnathan		
24. Informant's Name Louis A. Lane			24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 3224 E. 37th Ave. Lake Station, Indiana				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Kelly-Carroll Crematory			25c. Location - City, Town, And State Gary, Indiana				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rendina Funeral Home, 5100 Cleveland St. Gary, Ind.					27a. Funeral Home License Number: FH83007819		
27b. Signature Of Indiana Funeral Service Licensee <i>Anthony S. Rendina</i>					27c. License Number (Of Licensee): FD01010402				
CAUSE OF DEATH (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Vascular collapse Due To (Or As A Consequence Of) B. Due to arteriosclerotic heart and vascular disease Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last								Approximate Interval: Onset To Death Unknown	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred				THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>				42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number N/A		45. Date Certified Oct. 28, 2008	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307				47. Task:		49. For Registrar Only - Date Filed (Month/Day/Year):			
46. Additional Funeral Service Provider:				48. Signature of Local Health Officer: <i>Susan W. Best</i>					