

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 082160

2009 DEC 11 AM 9:29

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Kathleen A. Kras, being first duly sworn upon oath, deposes and says:

1. The affiant's husband, David A. Kras, died (leaving a will) (~~without leaving a will~~), on June 19, 2007, in Lake County, Indiana.

2. That David A. Kras and Kathleen A. Kras were duly and legally married at the time they acquired title as husband and wife to the real estate described as follows:

Lot 182 in Northgate 3rd Addition, Unit "A", to the Town of Dyer, as per plat thereof, recorded in Plat Book 40 page 146, in the Office of the Recorder of Lake County, Indiana.

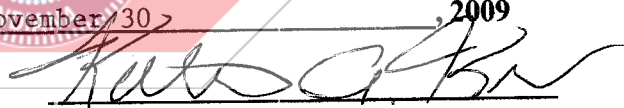
Known as: 838 Jackson Court, Dyer, Indiana 46311
Property number: 45-10-01-279-011.000-034

3. That the marital relationship which existed between David A. Kras and Kathleen A. Kras at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank account and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not, dated November 30, 2009


Kathleen A. Kras

FILED

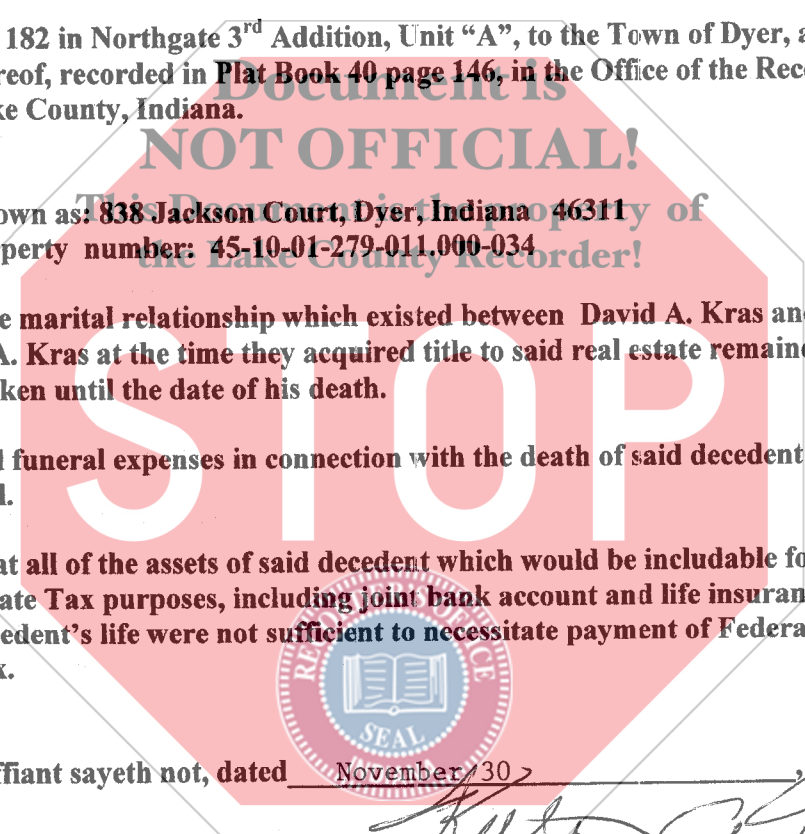
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DEC 09 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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#15
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State of Indiana)

) SS:

County of Lake)

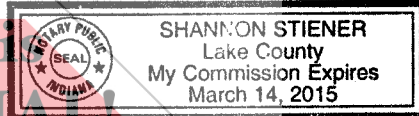
Subscribed and sworn before me, a Notary Public, this 30th day of
November, 2009. personally appeared the within named **Kathleen A. Kras,**
who acknowledged the execution of the foregoing affidavit.



Shannon Stiener

County of Residence: Lake

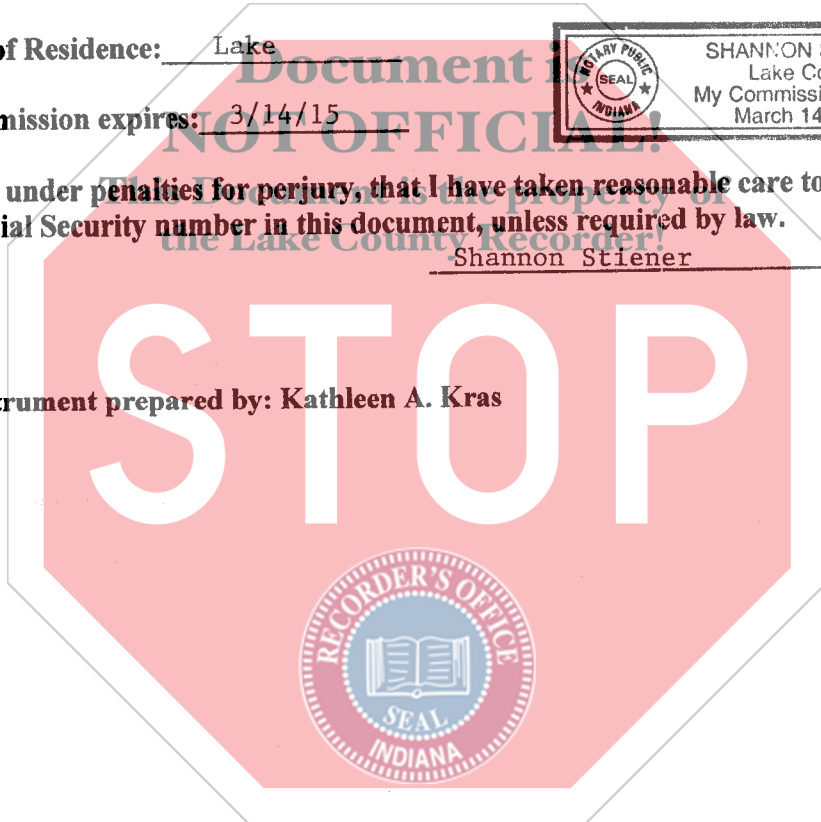
My commission expires: 3/14/15



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

Shannon Stiener

This instrument prepared by: Kathleen A. Kras



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. 1549-07

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) DAVID ALLEN KRAS				2. SEX MALE		3a. TIME OF DEATH 3:10 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) JUNE 19, 2007				
4. *SOCIAL SECURITY NUMBER [REDACTED]-0156		5a. AGE—Last Birthday (Years) 62		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo., Day, Yr.) JUNE 15, 1945		7. BIRTHPLACE (City and State or Foreign Country) HAMMOND, 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: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) W.J. RILEY CENTER <input type="checkbox"/> Residence								
9b. FACILITY NAME (If not institution, give street and number) W.J. RILEY HOSPICE CENTER						9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER			9d. COUNTY OF DEATH LAKE			
10. MARITAL STATUS MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) KATHLEEN KOPERCINSKI			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SERVICE MANAGER			12b. KIND OF BUSINESS/INDUSTRY AUTO DEALERSHIP				
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION DYER			13d. STREET AND NUMBER 838 JACKSON CT.					
13e. ZIP CODE 46311		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 KRAS						19. MOTHER'S NAME (First, Middle, Maiden Surname) LEONA SOBCZAK						
20a. INFORMANT'S NAME (Type/Print) KATHLEEN KRAS				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 838 JACKSON CT. DYER, IND. 46311				20c. Relationship WIFE				
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) JUNE 25, 2007 CHAPEL LAWN MEMORIAL GARDENS				21c. LOCATION—City or Town, State SCHERERVILLE, INDIANA				
22a. EMBALMER'S NAME ELI VUJKO				22b. EMBALMER'S LICENSE NO. FD01008300		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Vujo</i>				24b. LICENSE NUMBER (of Licensee) FD01008300		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46300						
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>metastatic lung cancer</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.										Approximate Interval Between Onset and Death		
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)				28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		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>David Davidson M.D.</i>						29c. MEDICAL LICENSE NO. 2000745		29d. DATE SIGNED (Month, Day, Year) 6-22-07				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Dr. Davidson 840 Richard Rd. Dyer, In</i>												
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But. D.O.</i>								32. DATE FILED (Month, Day, Year) June 22, 2007				
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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 <i>fall</i>				
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.								