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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 070576

2011 DEC -7 PM 2:06

MICHELLE R. FAJMAN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF DESIGNATED BENEFICIARY  
UNDER TRANSFER ON DEATH DEED**

**FILED**

**DEC 07 2011**

(Ind. Code Section 32-17-14-26 (20))

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

CHARLES KOEPKE (also known as CHARLES J. KOEPKE), being duly sworn,  
deposes and states as follows:

1. He is the designated transfer on death beneficiary under a quitclaim deed executed by EVELYN CLAIRE ADAM (a/k/a E. CLAIRE ADAM) (hereinafter the "Grantor") on July 12, 2011, and recorded on July 12, 2011, in the Office of the Recorder of Lake County, Indiana, with reference to the following-described real estate located in Lake County, Indiana, and commonly described as 7144 Belmont Avenue, Hammond, Indiana:

**All of Lot 1, Block 2 in University Garden's Second Addition to the City of Hammond, as per plat thereof, recorded in the Office of the Recorder of Lake County, Indiana.**

**Parcel No. 45-07-08-352-034.000-023**

2. Your Affiant resides at 8707 Monroe Avenue, Munster, IN, 46321.
3. The Grantor died a resident of Lake County, Indiana, on October 15, 2011.
4. A certified copy of the death certificate of the Grantor is attached to this Affidavit.
5. Your Affiant is the sole designated transfer on death beneficiary, living or dead, under the transfer on death quitclaim deed executed by the Grantor.

Further your Affiant sayeth naught.

Dated this 7<sup>th</sup> day of December, 2011.

*Charles J. Koepke*  
CHARLES KOEPKE

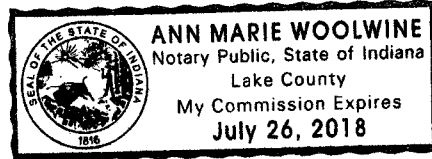
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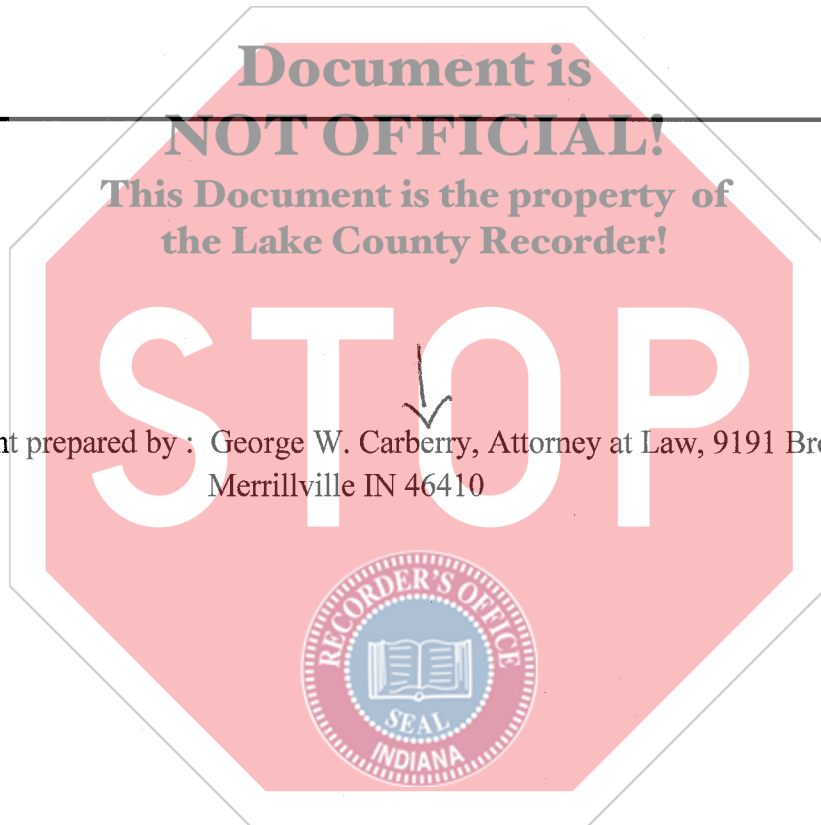
Subscribed and sworn to before me, a Notary Public in and for said County and State, this 7th day of December, 2011.

  
ANN MARIE WOOLWINE, Notary Public

Commission Expires: 07/26/2018  
County of Residence: LAKE



Endorsement by Auditor:



This instrument prepared by : George W. Carberry, Attorney at Law, 9191 Broadway,  
Merrillville IN 46410



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **003166**

EDR No **00000224140**

State No **045114**

1. Decedent's Legal Name (First, Middle, Last) <b>EVELYN CLAIRE ADAM</b>				1a. Maiden Name (If female) <b>PAWLOSKI</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>11:47 AM</b>	4. Date Of Death (Month/Day/Year) <b>10/15/2011</b>	
5. Social Security Number <b>305-20-1026</b>		6a. Age - Yrs <b>88</b>	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) <b>08/05/1923</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" 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) <b>7144 BELMONT AVENUE</b>									
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46324</b>					13. County Of Death <b>LAKE</b>			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 <b>BOOKKEEPER</b>		17. Kind Of Business/Industry <b>OFFICE</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>				
18c. Street And Number <b>7144 BELMONT AVENUE</b>						18d. Apt. No.	18e. Zip Code <b>46324</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>ALEX PAWLOSKI</b>				23. Mother's Name (First, Middle, Last) <b>CLARA PAWLOSKI</b>			23a. Mother's Maiden Last Name <b>CERAJEWSKI</b>		
24. Informant's Name <b>CHARLES KOEPKE</b>			24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8707 MONROE AVENUE, MUNSTER, IN 46321</b>				
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>HOLY CROSS CEMETERY</b>			25c. Location - City, Town, And State <b>CALUMET CITY, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321</b>					27a. Funeral Home License Number: <b>FH83004968</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>BRIAN T. BURNS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08601763</b>			
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. <b>INFILTRATING, POORLY DIFFERENTIATED ADENOCARCINOMA STOMACH</b> Due to (Or As A Consequence Of):								Approximate Interval: Onset To Death <b>2 MONTHS</b>	
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								B. _____ Due to (Or As A Consequence Of):	
C. _____ Due to (Or As A Consequence Of):								D. _____	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>NONE</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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 checked="" 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						40. If Transportation Injury, Specify: <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: <b>PRAVIN GUPTA, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>PRAVIN GUPTA, 900 RIDGE ROAD SUITE L, MUNSTER, IN 46321</b>						44. License Number <b>01039588A</b>		45. Date Certified <b>10/17/2011</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 17 2011</b>			
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									