5

ADVE OF INFINAMA LAKE COUNTY FURD FOR RECORD

2012 086227

onia dec	-7	AM	8:	56
----------	----	----	----	----

STATE OF INDIANA	)
	)SS:
COUNTY OF LAKE	)

M.C. F. D. FAJMAN

## TRANSFER ON DEATH DEED BENEFICIARIES' AFFIDAVIT OF SURVIVORSHIP

Come now NOREEN ARDUINO, LORRIE WARTAK, CLARICE SZYMONIAK and ALLISON HENDRON, who being first duly sworn upon their oath, depose and state as follows:

- 1. The affiants, Noreen Arduino, Lorrie Wartak, Clarice Szymoniak and Allison Hendron, are each surviving daughters of the decedent, Irene Hendron, who died on November 6, 2012 (a certified copy of the death certificate of said Irene Hendron is attached to this Affidavit). Each of these affiants has personal knowledge of the estate and financial affairs of this decedent.
- 2. Irene Hendron, at the time of her death was the sole owner of the real estate commonly known as 8090 Patterson Court, Dyer, Indiana 46311, acquiring her interest under a Deed dated February 3, 2012, recorded on February 24, 2012 as Document No. 2012 013563 in the Office of the Recorder of Lake County, Indiana, and through this deed held title to Real Estate located in Lake County, Indiana, which is more particularly described as follows:

Part of Lot 2 in Aspen Trail, a Planned Unit Development, as per plat thereof, recorded in Plat Book 89 page 61, in the Officer of the Recorder of Lake County, Indiana, described as follows: Commencing at the Southeast corner of Lot 2; thence West on the South line of Lot 2, a distance of 124.22 feet to the point of beginning; thence continuing West on the South line of Lot 2, a distance of 37.22 feet to a point; thence North at an angle of 90 degrees as measured from the South line of Lot 2, a distance of 150.52 feet to a point on the North line of Lot 2, said point being on the arc of a curved line convex to the South, thence Easterly on the North line of Lot 2, on the arc of a curved line having a radius of 70.00 feet, an arc length of 39.48 feet and a chord length of 38.96 feet to a point; thence South on a line drawn at an angle of 90 degrees from the South line of Lot 2, at the point of beginning, thence South on the last described line, a distance of 139.01 feet to the point of beginning.

Tax Key Number: 45-11-20-178-006.000-032

DEC 0 7 2012

Said property is hereinafter referred to as the "Real Estate."

PEGGY HOLINGA KATONA

3. Irene Hendron, as owner of the Real Estate and prior to her death executed a Transfer on Death Deed dated February 3, 2012 recorded on February 24, 2012, as Document No. 2012 013564 in the Office of the Recorder of Lake County, Indiana, naming as Transfer on Death

015720

reb

- 1 -

Beneficiaries to the Real Estate in equal shares her four (4) daughters: Noreen Arduino, Lorrie Wartak, Clarice Szymoniak and Allison Hendron.

4. The name and address of each of these designated beneficiaries, who have survived Irene Hendron, and who are in existence presently are:

Noreen Arduino of 18412 Clyde, Lansing, Illinois 60438; Lorrie Wartak of 1527 Keenland, Schererville, Indiana 46375; Clarice Szymoniak of 19126 Roy, Lansing, Illinois 60438; and, Allison Hendron of 4414 N. Malden, Chicago, Illinois 60613

- 5. There are no other persons who have been named as beneficiaries under the Transfer on Death Deed to the Real Estate executed Irene Hendron, and who have not survived this decedent.
- 6. The current fair market value of the Real Estate, together with all other property passing under any taxable transfer to each designated beneficiary identified in Paragraph 4 of this Affidavit, does not exceed the applicable Indiana Inheritance Tax Class A Transferee exemption amount of \$250,000.00 available to each of these beneficiaries, such that there is no Indiana Inheritance Tax liability associated with the transfer of the Real Estate to any of these designated beneficiaries under the Transfer on Death Deed from the decedent, Irene Hendron.
- 7. This Affidavit is made for the purpose of inducing any person or taxing authority into relying on the rights and ownership of Noreen Arduino, Lorrie Wartak, Clarice Szymoniak and Allison Hendron, as surviving beneficiaries designated under the Transfer on Death Deed executed by Irene Hendron as to the Real Estate, as provided by law, to clear title to said Real Estate, and to enable the Auditor of Lake County, Indiana to transfer on its records our ownership as equal joint owners of the above described Real Estate for the purposes of taxation and otherwise pursuant to Indiana Code §32-17-14-26.

Further these Affiants saith naught.

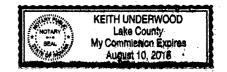
Noreen Arduino, Affiant

Clarice Szymoniak, Affiant

Lorrie Wartak, Affian

Allison Hendron, Affiant

STATE OF INDIANA ) ss:



	ared Noreen Arduino, known by me to be the
person who, having been first duly sworn upon her o	
execution of the foregoing Transfer of Death Deed I	Beneficiaries' Affidavit of Survivorship, on
this <u>24<sup>th</sup> day <u>November</u>, 2012.</u>	. 1
	2/1/1//////////////////////////////////
	Keeth Undand
My Commission Expires:	Notary Public
Aug 10 2015	A Resident of LAKE County, INCIANA
	7/
************	**********
1 1	KEITH UNDERWOOD
STATE OF <u>INDIANA</u> ) ss:  COUNTY OF <u>LAKE</u>	Lake County My Commission Expires
) ss:	August 10, 2016
ACKNOWLED	GEMENT
Doores	
	ared Lorrie Wartak, known by me to be the
person who, having been first duly sworn upon her	
execution of the foregoing Transfer of Death Deed I	Beneficiaries' Affidavit of Survivorship, on
this 24th day November 1,2012 ment is	the property of
the Lake Cour	
	- Jun and
My Commission Expires:	Notary Public
Aug 10 2015	A Resident of LAKE County, Indiana
**************************************	** <del>***</del> ********
	VETTA INDEPNIE
STATE OF INDIANA	KEITH UNDERWOOD Lake County
) ss:	My Commission Expires August 10, 2015
COUNTY OF LAKE	Engust 10, 2015
ACKNOWLED	GEMENT
Before me, a Notary Public, personally appe	ared Clarice Szymoniak, known by me to be
the person who, having been first duly sworn upon l	
execution of the foregoing Transfer of Death Deed I	
this 24 day November, 2012.	microsine, on
mo wi Movernoer, 2012.	
	Kuth Und
My Commission Expires:	Notary Public
Aug 10 2015	A Resident of LAKE County, Liverana
- MUD 10 RUIS	A resident of LARE County, INCAIANA

STATE OF | INCIANA

) ss:

COUNTY OF LAKE

KEITH UNDERWOOD
Lake County
My Commission Expires
August 10, 2015

## <u>ACKNOWLEDGEMENT</u>

Before me, a Notary Public, personally appeared **Allison Hendron**, known by me to be the person who, having been first duly sworn upon her oath, subscribed to and acknowledged execution of the foregoing Transfer of Death Deed Beneficiaries' Affidavit of Survivorship, on this **24** day **November**, 2012.

My Commission Expires:
Aug 10 2015

Notary Public

A Resident of <u>LAKE</u> County, <u>INDIANA</u>

Document is NOT OFFICIAL!

This Document is the property of the Learn County Recorder!

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.

Patrick A. Myshwy, Attorney at Law (Preparer)

THIS INSTRUMENT PREPARED BY: Patrick A. Mysliwy (Indiana Attorney No. 10002-45) of MAISH & MYSLIWY, Attorneys at Law, 53 Muenich Court, P.O. Box 685, Hammond, Indiana 46320

PETHANMAIL TO: MAISH of MYSLING 53 MUENICH CT

HAMMOND, IN 46320



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Decedent's Legal Name (First, Mid	UU	<u>3518                                    </u>		EDI	R No 0000	0002885	75_	2. Sex		No 04	<u> 1994</u>		Death (Month/Day/Ye
	, 220	•/				io (ii ioinaio)							
RENE C HENDRON  5. Social Security Number   6a. Age	- Yrs	6b. Under 1	Year 6c. I	Jnder 1 Month	CHAPIN 6d. Under 1 Day	6e. Under 1 Hour	7. Date	FEMALE of Birth (Month/Da		16:10 P 8. Birthpli			1/06/2012 Foreign Country)
	5	Months	Days		Hours	Minutes	1	03/15/1927		CHIC	AGO, IL		
		ath Occurred in A		<u> </u>	710013	1	urred Some	ewhere Other Than	A Hospita		AGO, IL	•	
				ent Outpatient	☐ Dead on Arrival	☐ Hospice Facili☐ Other (Specify	-	ecedent's Home	Nursi	ng Home/l	ong-term C	are Facility	
<ol> <li>Facility Name (If Not Institution, 0)</li> <li>PATTERSON COU</li> </ol>	IRT_	set and Number)	, 										
<ol><li>City Or Town, State, And Zip Cod</li></ol>	le					13. County	Of Death				arital Status		Death Separated 🔲 Divor
YER, IN, 46311						LAKE					fidowed	Never I	Married Unknow
5. Surviving Spouse's Name				15a	. (If Wife)Give Maide	n Last Name		16. Decedent's l	Isual Occi	pation		17. Kind Of	Business/Industry
								SALES CLE	RK		D	EPART	MENT STORE
8. Residence - State			18a. County	y		18b. City Or To							
NDIANA		1	LAKE			DYER							
8c. Street And Number								18d	Apt. No.	1	8e. Zip Coo	de	18f. Inside City Limit
090 PATTERSON COU	IRT										4631	1	⊠ Yes □ No
9. Decedent's Education			20. Dece	edent Of Hispar	nic Origin	21.	Decedent's	Race					
IIGH SCHOOL GRADU. COMPLETED	AIE (	JK GED	NOT H	IISPANIC		Whi	te						
2 Father's Name (First, Middle, Last	t)				· · ·	23. Mother's Name		de, Last)			23a. Mot	her's Maide	n Last Name
NTON CHAPIN						EVA CHAPII	N				MILAS		
24. Informant's Name			24a.	Relationship T	o Decedent			And Number, City,	State, Zip (	Code)	, <del>.</del>		
LLISON KAPLAN			DAI	UGHTER		4414 NORTI	H MALE	<u>EN APT 3</u> N	CHIC	AGO, I	L 60640	)	
5a. Method Of Disposition		130	Eh Diago Of I	Diamonition (No	25. Pla ame Of Cemetery, Cr	ce Of Disposition	350 1	ocation - City, Tow	And Sta	te .			
Burial 🖾 Cremation 🔲 Donatio	on 🔲 E	1	JD, Flace OI L	Disposition (148	arrie Of Cernetery, Cr	ematory, Other Flace	, 200. 2	Scalon - Ony, Tom	i, rina ota				
Removal From State		П	EDITAC	E CREMA	TOPY	1140004	POE	TAGE, IN					
Other (Specify): 6. Was Coroner Contacted?	1 27	7. Name And Co					1 9	TAOL, (IV					al Home License Num
	1	<ol> <li>Name And Co</li> </ol>	omplete Addre	ess Of Funeral	Facility						1 2	2/a. Funer	
☑ Yes ☐ No	A	NTHONY 8	& DZIAD	OWICZ F	Facility UNERAL HO	ME, INCMUI	ISTER,	9445 CALU	MET A	VE,			
7b. Signature Of Indiana Funeral Se	Al M ervice Lic	NTHONY 8 IUNSTER, censee:	& DZIAD IN 4632	OWICZ F	•	ME, INCMUI	ISTER,	27c. Li	ense Nun	nber (Of Li	F	H8300	
7b. Signature Of Indiana Funeral Se YLE J. KUTLIK , BY EL	Al M ervice Lid ECTI	NTHONY 8 UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR	OWICZ F	UNERAL HO	nt in the		27c. Li FD20	ense Nun	nber (Of Li	censee):	H8300	2916
7b. Signature Of Indiana Funeral Se YLE J. KUTLIK , BY EL	Af M ervice Lid ECTF vents - tory Arre	NTHONY & UNSTER, censee: RONIC SIC Diseases, Injurest, Or Ventricu	& DZIADO IN 4632 GNATUR	OWICZ F	UNERAL HON	e Instructions And	Example	27c. Li FD20 s) C C	cense Nun 80008 PARES	nber (Of Li O THE ABI ERTHICA	censee): OVE 18 A T	H8300	2916
27b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira	An M M Privice Lice Lice Lice Lice Lice Lice Lice L	NTHONY & IUNSTER, censee: RONIC SIC	& DZIADO IN 4632 GNATUR Irries, Or Comular Fibrillation	OWICZ F	UNERAL HON	e Instructions And I The Death. Do No O Not Abbreviate	Example t Enter Ter e. Enter Or	27c. Li FD20 s) — O	cense Nun 80008 PARES	THE ABOUT THE AB	censee): OVE 18 A T TE OF DES	FH8300 Rue 440 ITH GN F	2916
27b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne	An M M Privice Lice Lice Lice Lice Lice Lice Lice L	NTHONY & IUNSTER, censee: RONIC SIC	& DZIADO IN 4632 GNATUR Irries, Or Comular Fibrillation	OWICZ F	UNERAL HON	e Instructions And I The Death. Do No O Not Abbreviate	Example t Enter Ter e. Enter Or	27c. Li FD20 s) C C	cense Nun 80008 PARES	THE ABOUT THE AB	censee): OVE 18 A T	FH8300 Rue 440 ITH GN F	2916  Approximate Minterval Orise To Death
17b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The <u>Chain Of E</u> : Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions.	An M M Privice Lice Lice Lice Lice Lice Lice Lice L	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR	OWICZ F	UNERAL HON	e Instructions And I The Death. Do No O Not Abbreviate	Example t Enter Ter e. Enter Or	27c. Li FD20 s) — O	cense Nun 80008 PARES	THE ABOUT THE AB	censee): OVE 18 A T TE OF DES	FH8300 Rue 440 ITH GN F	2916  Approximate Minterval Orise To Death
17b. Signature Of Indiana Funeral Sc YLE J. KUTLIK, BY EL 28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease	An M M ervice Lice LECTF  vents - tory Arroy of Or Cor  Any, Lea ause (Di	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR	OWICZ F	UNERAL HON	e Instructions And I The Death. Do No O Not Abbreviate	Due to (Or	27c. Li ED20 sy This Control of the	cense Nun 80008 PARES	THE ABOUT THE AB	censee): OVE 18 A T TE OF DES	FH8300 Rue 440 ITH GN F	2916  Approximate Minterval Orise To Death
17b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca	An M M ervice Lice LECTF  vents - tory Arroy of Or Cor  Any, Lea ause (Di	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR	OWICZ F	UNERAL HON	e Instructions And I The Death. Do No O Not Abbreviate	Due to (Or	27c. Li FD20 sy this Committee of the co	cense Nun 80008 PARES	THE ABOUT THE AB	censee): OVE 18 A T TE OF DES	FH8300 Rue 440 ITH GN F	2916  Approximate Minterval Orise To Death
17b. Signature Of Indiana Funeral Sc YLE J. KUTLIK, BY EL 28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying C The Events Resulting In Death) I	Any, Leasure (Dickster)	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632  GNATUR  GNATUR  rries, Or Compular Fibrillation  ng In Death)  Cause Listed  y That Initiat	OWICZ F  Ca pplications - T on Without S  A. On ed  C. D.	une of Death (Se hat Directly Caused nowing The Etiology	e Instructions And The Death, Do No Do Not Abbreviat	Example t Enter Ter e, Enter Or  Due to (Or	27c. Li ED20 sy This Control of the	Sense Nun 80008 PARES FIRES	NOV	censee): OVE 18 A T TE OF DES CHARTME	FH8300 Rue 440 ITH GN F	2916  Approximate Minterval Orise To Death
7b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The <u>Chain Of E</u> : Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca The Events Resulting In Death) I	Any, Leasure (Dickster)	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632  GNATUR  GNATUR  rries, Or Compular Fibrillation  ng In Death)  Cause Listed  y That Initiat	OWICZ F  Ca pplications - T on Without S  A. On ed  C. D.	une of Death (Se hat Directly Caused nowing The Etiology	e Instructions And The Death, Do No Do Not Abbreviat	Example t Enter Pre a. Enter Or  Due to (Or  Due to (Or  Due to (Or	as A Consequence Office As A C	ROOS ROOS FILE FILE FILE FILE Available	NOV	Censee):  3VE IS A TO DESCRIPTION OF	TH8300  TH GN FI  NT GN FI  NT SN FI  NT SN FI	2916  Approximate Mindrysh Orise To Death MINUTES
7b. Signature Of Indiana Funeral St. YLE J. KUTLIK, BY EL. 28. Part I. Enter The Chain Of E. Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne. Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca The Events Resulting In Death) I. 2art II. Enter Other Significant Conditions (TRIAL FIBRILLATION) 1. Did Tobacoo Use Contribute To I.	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIC Diseases, Injury est, Or Ventricuty, ading To The Cisease Or Injury	& DZIADO IN 4632  GNATUR  GNATUR  Irries, Or Comular Fibrillation  and In Death)  Cause Listed  by That Initiat  th But Not Re	OWICZ F  Ca pplications - T on Without St  A.  On ed  C.  D.  Isulting In The II	une of Death (Se hat Directly Caused nowing The Etiology CARDIOVASCULA	e Instructions And I The Death, Do No OD Not Abbreviate NR	Due to (Or  O  Due to (Or  Due to (Or  Due to (Or  Due to (Or	as A Consequence Office As A C	Manner	NOV	Feensee):  3VL 18 A T  TE OF DES  SHARTME	THE AND THE GIVEN THE GIVE	2916  Whyte programmes to Death  MINUTES  To Peath  Yes N
17b. Signature Of Indiana Funeral St. YLE J. KUTLIK, BY EL 28. Part I. Enter The Chain Of E- Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ct The Events Resulting In Death) I Part II. Enter Other Significant Conditions TRIAL FIBRILLATION 11. Did Tobacoo Use Contribute To I 11. Yes Probably No St.	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632  GNATUR  Veries, Or Comular Fibrillation  ong In Death)  Cause Listed  or That Initiat  th But Not Re  If Female:  Not Pregnant Within Not Pregnant, But I	OWICZ F  1  Ca pplications - T  on Without St  A.  On  B.  cal  cal  cal  cal  cal  cal  cal  ca	uneral Holomase of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA Underlying Cause Giver Pregnant At Time of Death on 1 year Before Death	e Instructions And The Death, Do No Do Not Abbreviate  AR  Not Pregnant, But Pre Unknown If Fregnant	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passer Within the Passer	As A Consequence Office As A C	Manner   Natural   Suicide	NOV	Censee):  OVE IS A T  FE OF DESTRICTIONS  THE THE STATE THE CAUSE  de Account the Cause  The Cause  The Cause  Account the Cause  The Ca	THE NET THE STATE OF THE STATE	2916  Approximate To Death  MINUTES  17
17b. Signature Of Indiana Funeral St. YLE J. KUTLIK, BY EL 28. Part I. Enter The Chain Of E- Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ct The Events Resulting In Death) I Part II. Enter Other Significant Conditions TRIAL FIBRILLATION 11. Did Tobacoo Use Contribute To I 11. Yes Probably No St.	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632  GNATUR  GNATUR  Irries, Or Comular Fibrillatic  ang In Death)  Cause Listed  by That Initiat  th But Not Re  If Female:  Not Pregnant Within	OWICZ F  1  Ca pplications - T  on Without St  A.  On  B.  cal  cal  cal  cal  cal  cal  cal  ca	uneral Holomase of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA Underlying Cause Giver Pregnant At Time of Death on 1 year Before Death	e Instructions And The Death, Do No Do Not Abbreviate  AR  Not Pregnant, But Pre	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passer Within the Passer	As A Consequence Office As A C	Manner   Natural   Suicide	NOV	Censee):  OVE IS A T  FE OF DESTRICTIONS  THE THE STATE THE CAUSE  de Account the Cause  The Cause  The Cause  Account the Cause  The Ca	THE AND THE STATE OF THE STATE	2916  Approximate Approximate To Death  MINUTES  17 Yes N.  Pending Investigation
7b. Signature Of Indiana Funeral Sc YLE J. KUTLIK, BY EL  28. Part I. Enter The Chain Of E. Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca The Events Resulting In Death) I  art II. Enter Other Significant Conditions TRIAL FIBRILLATION  1. Did Tobacoo Use Contribute To I  Yes Probably No L  4. Date Of Injury (Month/Day/Year)	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR  In 4632 GNATUR  In est of company of the	OWICZ F  Ca explications - T on Without St  A.  On ed  C.  D.  In Past Year   Pregnant 43 Days To  Y	une of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA Underlying Cause Giver Pregnant At Time of Death on 1 year Before Death 35. Pla	e Instructions And The Death, Do No Do Not Abbreviate  In Part I  In Not Pregnant, But Pre In Unknown It Pregnant Co Of Injury (E.G., Di	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passer Within the Passer	As A Consequence Office As A C	Manner   Natural   Suicide	NOV  To Comple  Of Death: Homici Could I	Censee):  OVE IS A T  FE OF DESTRICTIONS  THE THE STATE THE CAUSE  de Account the Cause  The Cause  The Cause  Account the Cause  The Ca	No se Of Death cident □ 37.	2916  Approximate To Death  MINUTES  17
28. Part I. Enter The Chain Of E. Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Cart II. Enter Other Significant Conditions of The Events Resulting In Death) If TRIAL FIBRILLATION  27. Date Of Injury (Month/Day/Year)	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632  GNATUR  Veries, Or Comular Fibrillation  ong In Death)  Cause Listed  or That Initiat  th But Not Re  If Female:  Not Pregnant Within Not Pregnant, But I	OWICZ F  Ca explications - T on Without St  A.  On ed  C.  D.  In Past Year   Pregnant 43 Days To  Y	une of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA Underlying Cause Giver Pregnant At Time of Death on 1 year Before Death 35. Pla	e Instructions And The Death, Do No Do Not Abbreviate  AR  Not Pregnant, But Pre Unknown If Fregnant	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passer Within the Passer	As A Consequence Office As A C	Manner   Natural   Suicide	NOV  To Comple  Of Death: Homici Could I	Fecensee):  3VE IS A T  TE OF DESCRIPTION  THE	No se Of Death cident □ 37.	2916  Approximate Mindred To Death  MINUTES  12 Yes N.  Pending Investigation  Injury At Work?  Yes No
7b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The Chain Of E. Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca The Events Resulting In Death) I art II. Enter Other Significant Conditions and I are the Conditions of the Events Resulting In Death) I art II. Enter Other Significant Conditions of the Events Resulting In Death) I art II. Enter Other Significant Conditions of the Conditions of	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR  In 4632 GNATUR  In est of the control of	OWICZ F  Ca explications - T on Without St  A.  On ed  C.  D.  In Past Year   Pregnant 43 Days To  Y	une of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA Underlying Cause Giver Pregnant At Time of Death on 1 year Before Death 35. Pla	e Instructions And The Death, Do No Do Not Abbreviate  In Part I  In Not Pregnant, But Pre In Unknown It Pregnant Co Of Injury (E.G., Di	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passer Within the Passer	as A Consequence Office Autopsy Finding Property of Death Livear Construction	med? Available Manner Natural Suicide Site, Resta	NOV To Complete Homici Could	Presented Accorded Ac	ROE NO SE OF Death Institute of the control of the	2916  Why to the province of t
7b. Signature Of Indiana Funeral Style J. KUTLIK, BY EL 28. Part I. Enter The Chain Of E: Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca The Events Resulting In Death) I art II. Enter Other Significant Conditions ITRIAL FIBRILLATION 1. Did Tobacoo Use Contribute To I 3 Yes Probably No Late 4. Date Of Injury (Month/Day/Year) 8. Location Of Injury - State	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR  In 4632 GNATUR  In est of the control of	OWICZ F  Ca explications - T on Without St  A.  On ed  C.  D.  In Past Year   Pregnant 43 Days To  Y	une of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA Underlying Cause Giver Pregnant At Time of Death on 1 year Before Death 35. Pla	e Instructions And The Death, Do No Do Not Abbreviate  In Part I  In Not Pregnant, But Pre In Unknown It Pregnant Co Of Injury (E.G., Di	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passer Within the Passer	as A Consequence Office Autopsy Finding Property of Death Livear Construction	med? Available Manner Natural Suicide Site, Resta	NOV To Complete Homici Could	Fecensee):  3VE IS A T  TE OF DESCRIPTION  THE	ROE NO SE OF Death Institute of the control of the	2916  Why to the province of t
7b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The Chain Of E. Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ct The Events Resulting In Death) I art II. Enter Other Significant Conditions (RIAL FIBRILLATION)  1. Did Tobacoo Use Contribute To It 29. Probably No L. Date Of Injury (Month/Day/Year)  3. Location Of Injury - State	AT M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR  Irries, Or Comular Fibrillatic and In Death) Cause Listed by That Initiat  That Initiat  With But Not Re  If Female: Not Pregnant With Not Pregnant, But Time Of Injur  City Or Town	OWICZ F  Ca pplications - T on Without St  A.  On B.  ca C.  D.  in Past Year  Pregnant 43 Days T  y	une of Death (Se hat Directly Caused nowing The Etiology CARDIOVASCULA)  Underlying Cause Given the Company of the Cause Given	e Instructions And The Death, Do No Do Not Abbreviate  In Part I  In Not Pregnant, But Pre In Unknown It Pregnant Co Of Injury (E.G., Di	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passagnart Within 1the Pass	as A Consequence Office Autopsy Finding	med? Available Manner Natural Suicide Site, Resta	NOV  To Complete  Of Death:  Homici  Could invariant, Wood  38  portation in the Passes  nly One)	Fecensee):  3VL 18 A T  TE OF DES  TE OF DES	ZUIZ  WNo se Of Death cident   37.	2916  Approximate Approximate To Death  MINUTES  Yes No  Pending Investigation  Injury At Work?  Yes No  Zip Code
7b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The Chain Of E. Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca The Events Resulting In Death) I art II. Enter Other Significant Conditi IRIAL FIBRILLATION 1. Did Tobacco Use Contribute To I Yes Probably No U 4. Date Of Injury (Month/Day/Year) 8. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature, Of Person Certifying IETER HERBERT NEA	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR  In 4632 GNATUR  In est of compular Fibrillation In Death) Cause Listed That Initiat  That Initiat  The Pregnant With Not Pregnant With Not Pregnant But Time Of Injur  City Or Town	OWICZ F  Ca pplications - T on Without St  A.  On B.  ca C.  D.  in Past Year  Pregnant 43 Days T  y	une of Death (Se hat Directly Caused nowing The Etiology CARDIOVASCULA)  Underlying Cause Given the Company of the Cause Given	e Instructions And The Death, Do No Do Not Abbreviate  In Part I  In Not Pregnant, But Pre In Unknown It Pregnant Co Of Injury (E.G., Di	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passagnart Within 1the Pass	minal Eventia Y miny One Cause Or  As A Consequence Or  As A Consequence Or  As A Consequence Or  S An Autorsy Performe Autopsy Finding Declary Or Death Livear  Ome, Construction	med? Available Manner Nutural Suicide Site, Resta	NOV  To Complete  Of Death:  Homici  Could invariant, Wood  38  portation in the Passes  nly One)	Tes  te The Cause  Apt. No.  Apt. No.  Apt. No.  Coroner	2012  No se Of Death cident   37.	2916  White the Approximate Mindre the Orse To Death MINUTES  Pending Investigation Injury At Work? Yes No Zip Code
7b. Signature Of Indiana Funeral StyLE J. KUTLIK, BY EL  28. Part I. Enter The Chain Of E: Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ct The Events Resulting In Death) I  art II. Enter Other Significant Condition TRIAL FIBRILLATION  1. Did Tobacco Use Contribute To I  Yes Probably No L  4. Date Of Injury (Month/Day/Year)  8. Location Of Injury - State  9. Describe How Injury Occurred  1. Signature, Of Person Certifying ETER HERBERT NEA  3. Name, Address And Zip Code Of	AN M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIG	& DZIADO IN 4632 GNATUR  Irries, Or Com  Irrie	OWICZ F  Gamplications - T on Without St  A.  On B.  cut   D  cut	UNERAL HOI  Buse Of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA)  Underlying Cause Given the Company of t	e Instructions And The Death, Do No Do Not Abbreviate  In In Part I  Out Pregnant, But Pre Of Injury (E.G., Do  Street & Number	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passagnart Within 1the Pass	as A Consequence Office Autopsy Finding	med? Available Manner J Natural J Natural J Suicide Site, Resta	NOV  To Complete Country Count	Tes  Tes  Tes  Tes  Tes  Tes  Tes  Tes	2012  No se Of Death cident   37.	2916  Approximate Mindry Month Crise To Death  MINUTES  To Pending Investigation  Injury At Work?  Yes No  Zip Code  Instruction Code  Ins
7b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The Chain Of E- Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ct The Events Resulting In Death) I Part II. Enter Other Significant Condition TRIAL FIBRILLATION The Probably No Late Probably No Late 4. Date Of Injury (Month/Day/Year) 8. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature, Of Person Certifying PETER HERBERT NEA 3. Name, Address And Zip Code Of PETER HERBERT NEA 6. Additional Funeral Service Provice	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIGNIC	& DZIADO IN 4632 GNATUR  In 4632 GNATUR  Iries, Or Comular Fibrillation In Death) Cause Listed That Initiat  That Initiat  The Pregnant With Not Pregnant With Not Pregnant, But Time Of Injur  City Or Town  RONIC Size Of Death:  UIS AVE!	OWICZ F  Gamplications - T on Without St  A.  On B.  cut   D  cut	UNERAL HOI  Buse Of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA)  Underlying Cause Given the Company of t	e Instructions And The Death, Do No Do Not Abbreviate  In In Part I  Out Pregnant, But Pre Of Injury (E.G., Do  Street & Number	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passagnart Within 1the Pass	as A Consequence Office Autopsy Finding	med? Available Manner J Natural J Natural J Suicide Site, Resta	NOV  To Complete Homic Could Jurant, Wood Complete Could Jurant, Wood	Tes  Tes  Tes  Tes  Tes  Tes  Tes  Tes	2012  No se Of Death cident   37.	2916  Approximate Minutes Onse To Death  MINUTES  2 Yes No Pending Investigation Injury At Work? Yes No Zip Code
17b. Signature Of Indiana Funeral StryLE J. KUTLIK, BY EL 28. Part I. Enter The Chain Of E- Such As Cardiac Arrest, Respira A Line. Add Additional Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca The Events Resulting In Death) I Part II. Enter Other Significant Conditional Cardial Conditional Cardial Cardia Cardia Cardia Cardial Cardial Cardial Cardial Cardial Cardial Cardia	An M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIGNIC	& DZIADO IN 4632 GNATUR  In 4632 GNATUR  Iries, Or Comular Fibrillation In Death) Cause Listed That Initiat  That Initiat  The Pregnant With Not Pregnant With Not Pregnant, But Time Of Injur  City Or Town  RONIC Size Of Death:  UIS AVE!	OWICZ F  Gamplications - T on Without St  A.  On B.  cut   D  cut	UNERAL HOI  Buse Of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA)  Underlying Cause Given the Company of t	e Instructions And The Death, Do No Do Not Abbreviate  In In Part I  Out Pregnant, But Pre Of Injury (E.G., Do  Street & Number	Example t Enter Tele a, Enter Or  Que to (Or  Due to (Or  Due to (Or  29. Wa 30. We  and the Passagnart Within 1the Pass	as A Consequence Office Autopsy Finding	med? Available Manner Site, Resta  V. If Trans Driver/Opera  (Check Og Physicia 44. Li  0200 47.	NOV  To Comple  Of Death: Homico Could Jurrant, Work  38  portation Inter Passes nhy One) n	Tes  te The Cause  de Act Not Be Dete poded Area)  ic. Apt. No.  Coroner  iber	2012  No se Of Death cident unmined 37.	2916  Approximate Approximate To Death  Ininfer late Orise To Death  MINUTES  Pending Investigation  Injury At Work?  Yes No  Zip Code  In (Specify)  Reath Officer  Date Certified
27b. Signature Of Indiana Funeral St YLE J. KUTLIK, BY EL 28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If Ne Immediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Ca	AI M M M M M M M M M M M M M M M M M M M	NTHONY & UNSTER, censee: RONIC SIGN per st. or Ventricuty. Indition Resulting ading To The Consease Or Injury and the state of the stat	& DZIADO IN 4632 GNATUR  Iries, Or Com ular Fibrillation ing In Death) Cause Listed by That Initiat  City Or Town  City Or Town  RONIC S Se Of Death:  UIS AVEL  E	OWICZ F	UNERAL HOI  Buse Of Death (Set hat Directly Caused nowing The Etiology CARDIOVASCULA)  Underlying Cause Given the Company of t	e Instructions And The Death, Do No Do Not Abbreviate  In In Part I  In Not Pregnant, But Pri In University of Pregnant Oce Of Injury (E.G., D)  Street & Number	Due to (Or  A)  Due to (Or  Due to (Or	minal Events 2 minal Events 2 minal Events 2 min one Cause Office of Cause Off	med? Available Manner Site, Resta  V. If Trans Driver/Opera  (Check Og Physicia 44. Li  0200 47.	NOV  To Comple  Of Death: Homic Could I urrant, Work  138  2162A  Akas: Date Filed	Tes  te The Cause  de Act Not Be Dete poded Area)  ic. Apt. No.  Coroner  iber	2012  No se Of Death cident   37.   38d   38d   45.	2916  Approximate Approximate To Death Initiative To Death MINUTES  Pending Investigation Injury At Work? Yes No Zip Code  Per (Specify)  Reath Officer Date Certified