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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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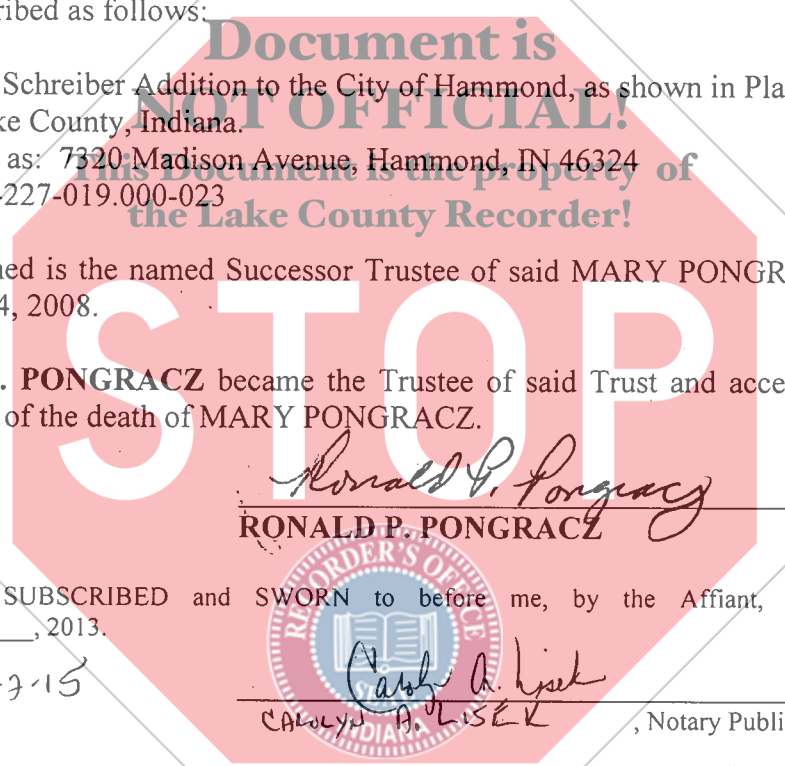
MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

AFFIDAVIT

RONALD P. PONGRACZ, being first duly sworn upon his oath, deposes and says:

1. That MARY PONGRACZ died on August 13, 2012, a resident of Lake County, State of Indiana. A certified copy of her death certificate is attached hereto as "Exhibit A."
2. That at the time of her death, MARY PONGRACZ was the Trustee of the MARY PONGRACZ TRUST NO. 1124 DATED 11/24/2008.
3. That the MARY PONGRACZ TRUST NO. 1124 dated November 24, 2008, is the owner of the real estate legally described as follows:  
  
Lot 12 in Block 1, Schreiber Addition to the City of Hammond, as shown in Plat Book 20, page 27, in Lake County, Indiana.  
Commonly known as: 7320 Madison Avenue, Hammond, IN 46324  
Key No. 45-06-13-227-019.000-023
4. That the undersigned is the named Successor Trustee of said MARY PONGRACZ TRUST NO. 1124 dated November 24, 2008.
5. That RONALD P. PONGRACZ became the Trustee of said Trust and accepted his appointment as Trustee at the time of the death of MARY PONGRACZ.



*Ronald P. Pongracz*  
\_\_\_\_\_  
RONALD P. PONGRACZ

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 6th day of March, 2013.

My Comm. Expires: 3-3-15  
Resident of LAKE County.

*Cathy A. Lisk*  
\_\_\_\_\_  
CATHY A. LISK, Notary Public

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. Thomas L. Kirsch.

PREPARED BY and MAIL TO: Thomas L. Kirsch, 131 Ridge Road, Munster, IN 46321

**FILED**

MAR 12 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

21604

1021, 1300  
1133  
RN



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

EXHIBIT **A**

Local No 002576

EDR No 00000275427

State No 036544

1. Decedent's Legal Name (First, Middle, Last) <b>MARY PONGRACZ</b>				1a. Maiden Name (If female) <b>FERENCZ</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>08:24 PM</b>	4. Date Of Death (Month/Day/Year) <b>08/13/2012</b>					
5. Social Security Number <b>306-01-9757</b>		6a. Age - Yrs <b>100</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>06/26/1912</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>7320 MADISON 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 checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input 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>CLERK</b>	17. Kind Of Business/Industry <b>STEEL MILL</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18c. Street And Number <b>7320 MADISON 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>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>JOSEPH FERENCZ</b>		23. Mother's Name (First, Middle, Last) <b>MARY FERENCZ</b>	23a. Mother's Maiden Last Name <b>BELLENCZ</b>		
24. Informant's Name <b>RONALD PONGRACZ</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>347 CHAPPEL AVENUE, CALUMET CITY, IL 60409</b>									
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>ST JOSEPH CEMETERY</b>			25c. Location - City, Town, And State <b>HAMMOND, IN</b>			27a. Funeral Home License Number: <b>FH10700038</b>				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321</b>						27c. License Number (Of Licensee): <b>FD01021590</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>KEVIN W. KISH, BY ELECTRONIC SIGNATURE</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.  Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>CONGESTIVE HEART FAILURE</b> Due to (Or As A Consequence Of): <b>6 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. _____											
28. 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 43 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within 43 Days To 1 Year Before Death			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			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Warehouse, etc.) <b>LAKE COUNTY HEALTH DEPARTMENT</b>			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>PUNEET SETHI, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	44. License Number <b>01065019A</b>	45. Date Certified <b>08/20/2012</b>
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>PUNEET SETHI, 761 45TH ST SUITE 108, MUNSTER, IN 46321-2899</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>AUG 20 2012</b>

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)