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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 091389

2013 DEC 13 AM 11:15

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Michael J. Kuchta, and upon being duly sworn does attest and say:

1. That the affiant is the son of Margaret J. Kuchta, deceased.
2. That Margaret J. Kuchta and Michael J. Kuchta were the joint owners of real property located in Lake County, Indiana, more particularly described as:
LOTS 18 AND 19, BLOCK 3, COUNTRY CLUB ESTATES SUBDIVISION, IN THE CITY OF HOBART, AS SHOWN IN PLAT BOOK 20, PAGE 41, LAKE COUNTY, INDIANA.

Commonly known as: 912 W. Old Ridge Rd., Hobart, IN 46342
Parcel Number: 45-09-30-332-023.000-018
3. That Margaret J. Kuchta died on the 23rd day of February, 2012.
4. That Michael J. Kuchta became the fee simple joint owner of the property at the death of Margaret J. Kuchta.

I affirm under the penalties for perjury that the foregoing statements are true.

Michael J. Kuchta
Michael J. Kuchta

STATE OF INDIANA)
COUNTY OF Lake)SS:

Subscribed and sworn to before me this 12 day of December, 2013.

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

Patricia A. Rees
Patricia A. Rees, Notary Public
Resident of Lake County

My Commission
Expires: 03/25/2018

This Instrument Prepared by *Patricia A. Rees*, Attorney at Law, 5341 Central Ave., Portage, IN 46368
(219) 947-1692.

FILED

DEC 13 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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

Local No 000634

EDR No 00000246900

State No 009213

1. Decedent's Legal Name (First, Middle, Last) MARGARET J KUCHTA				1a. Maiden Name (If female) BODNAR		2. Sex FEMALE	3. Time Of Death 10:28 PM	4. Date Of Death (Month/Day/Year) 02/23/2012				
5. Social Security Number [REDACTED]		6a. Age - Yrs 88	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) 01/13/1924		8. Birthplace (City and State or Foreign Country) KENSINGTON, PA			
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 checked="" 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 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) METHODIST HOSPITAL SOUTHLAKE												
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410					13. County Of Death LAKE			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 PUBLIC SERVANT		17. Kind Of Business/Industry GOVERNMENT				
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HOBART			18c. Street And Number 1728 WEST OLD RIDGE ROAD	18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			22. Father's Name (First, Middle, Last) CHARLES BODNAR		23. Mother's Name (First, Middle, Last) BARBARA BODNAR	23a. Mother's Maiden Last Name CSAKI
24. Informant's Name RICHARD KUCHTA			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 437 WILDROSE DRIVE, HOBART, IN 46342							
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) HOBART CEMETERY			25c. Location - City, Town, And State HOBART, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342						27a. Funeral Home License Number: FH83003069				
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006463						
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. ACUTE RESPIRATORY FAILURE Due to (Or As A Consequence Of):												
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. BILATERAL BRONCHOPNEUMONIA Due to (Or As A Consequence Of):												
C. ACUTE CARDIO-PULMONARY ARREST 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												
NONE												
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 Or 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: OSAMA AYAD, BY ELECTRONIC SIGNATURE						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: OSAMA AYAD, 800 MACARTHUR BLVD, SUITE 7, MUNSTER, IN 46321						44. License Number 01066512A		45. Date Certified 03/02/2012				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 02 2012						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												