STATE OF INDIANA FILED FOR RECORD

2013 091389

2013 DEC 13 AM 11: 15

STATE OF INDIANA

)SS:

MICHAEL B. BROWN RECORDER

COUNTY OF LAKE

AFFIDAVIT OF SURVIVORSHIP

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

- That the affiant is the son of Margaret J. Kuchta, deceased. 1.
- 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

- That Margaret J. Kuchta died on the 23rd day of February, 2012. 3.
- 4. That Michael J. Kuchta became the fee simple joint owner of the property at the death of Margaret J. Kuchta ounty Recorder!

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

Michael J. Kuchta

STATE OF INDIANA COUNTY OF Lake

Subscribed and sworn to before me this

day of

ncenly, 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.

My Commission Expires: 03/25/2018

Patricia A. Rees, Notary Public Resident of Lake County

This Instrument Prepare By. Paricit 1. 1803, Attorney at Law, 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

DEC 1 3 2013

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000634			EDR No 00000246900			State No 009213						
 Decedent's Legal Name (First, Middle, L 	ast)	٠		1a. Maiden Nam	ne (If female)	:	2. Sex	3. Time Of	Death	4. Date Of	f Death (Month/Day/Yea	
MARGARET J KUCHTA		•		BODNAR			FEMALE		8 PM		02/23/2012	
. Social Security Number 6a. Age - Yrs	6b. Under	1 Year 60	. Under 1 Month	h 6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Month/Da	y/Year) 8. Bi	rthplace (City a	nd State o	r Foreign Country)	
88	Months	Da	ays	Hours	Minutes	d	1/13/1924	KE	KENSINGTON, PA			
Ever in U.S. Armed Forces? 10. If Death Occurred in A Hospital: 10a. If Death Occurred In A Hospital: 10b. I							here Other Than edent's Home	A Hospital Nursing Ho	mall one torm (Cara Eacilit		
Yes 🛛 No 🔲 Unknown 🔼 Ing	atient 🔲 Emer	gency Depar	rtment Outpatien	t 🔲 Dead on Arrival	Other (Specify)	L Dec	edent's nome	I Nuising No	mercong-term (Jaie Fauiii	у	
Facility Name (If Not Institution, Give S	treet and Number	er)			1							
IETHODIST HOSPITAL SC 2. City Or Town, State, And Zip Code	UTHLAKE			· · · · · ·	13. County C	of Dooth		1 1/	Marital Status	At Time (of Death	
15. County Or Tourit, Grand, Print Exp County Or						or Death	14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☐ Divorce					
MERRILLVILLE, IN, 46410				LAKE			☑ Widowed ☐ Never Married ☐ Unkno					
5. Surviving Spouse's Name			15	a. (If Wife)Give Maide	n Last Name		16. Decedent's U	Isual Occupation	n	17. Kind C	of Business/Industry	
					l l		UBLIC SERVANT GOVERNMENT				NMENT	
8. Residence - State		18a. Cou	inty		18b. City Or Tow		ODEIO OEI					
NDIANA		LAKE			HOBART							
8c. Street And Number		LAKE			ITIODAICT		18d.	Apt. No.	18e. Zip Co	de	18f. Inside City Limits	
700 WEST OLD DIDGE DO	\AD				•	:					⊠ Yes 🔲 No	
1728 WEST OLD RIDGE ROAD 19. Decedent's Education			ecedent Of Hispa	nois Origin		21. Decedent's Race			4634	12		
IIGH SCHOOL GRADUATE	OR GED			-	21. 0	-wasina K						
OMPLETED		NOT	HISPANIC	·	White		Loat		I 00- 11	lbada 84-11	lon I ant blama	
22. Father's Name (First, Middle, Last)					23. Mother's Name (First, M		, Lasi)		23a. Mo	uiers Maid	len Last Name	
CHARLES BODNAR					BARBARA BO	DNAR			CSAK			
24. Informant's Name		24	a. Relationship	To Decedent	24b. Mailing Address	(Street An	d Number, City, S	State, Zip Code)	•			
RICHARD KUCHTA	ON	437 WILDROSE			RIVE, HOBART, IN 46342							
		ori 61			ce Of Disposition	105-1		1-101-1-				
5a. Method Of Disposition 3 Burial Cremation Donation		25b. Place C	T Disposition (N	lame Of Cemetery, Cre	ematory, Other Place)	25C. LOC	ation - City, Town	i, And State				
Removal From State			/ 1		100 0 10 4	20						
Other (Specify): 6. Was Coroner Contacted?	27. Name And 0		T CEMETE			HOBA	RT, IN		——	27a Euro	ral Home License Numb	
	21. Name And C	zompiete Add	uless Of Fulleral	racity		W A				zra. Tune	rai Home Elcense Numb	
		ERAL H	IOME, HO	BART CHAPE	, 600 W OLD	RIDGE				H8300	03069	
P7b. Signature Of Indiana Funeral Service AMES J. KRAUSE, BY ELE	Licensee: -CTRONIC	SIGNA	TURF		in 416 n m	10010	27c. Lic FD010	ense Number (C 306463	Of Licensee):			
				auga Of Dagth (Sac	Instructions And F	-vampleet					Approximate	
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Cau Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etion A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>ACUTE RESPI</u>					The Death. Do Not Enter Terminal Events RT. Do Not Abbreviate. Enter Only One Cause O			IES THE ARE E CERTIFICAT	VE 16 A TRUE E OF DEATH (AND CO	MPLETS Death	
Immediate Cause (Final Disease Or C	ondition Result	ing In Death	n) A	ACUTE RESPIRAT	ORY FAILURE	Dun to (Or As	LARE GUUF	LA HEWITH DE	PARIMENT		INITIAL	
			B.	DILATEDAL REON	CHOONELIMONIA	2000				;	INITIAL	
Sequentially List Conditions, If Any, Leading To The Cause Lister Line A. Enter The Underlying Cause (Disease Or Injury That Initia			sted On B. BILATERAL BRONCHOPNEUMONIA Due to (Or As				A Consequence Of): MAR 3 0 2012					
.The Events Resulting In Death) Last			C. ACUTE CARDIO-PULMONARY ARRES			T Dave to (Or As a	FINAL FINAL					
			D.			300 10 (01) 2		arterior to the sale of the		:	1	
art II. Enter Other Significant Conditions Co	ontributing to De	ath But Not F		Underlying Cause Givi	in In Part I	29. Was A	Autopsy Perfor	med?	☐ Yes	Ø No		
ONE						30. Were	Autopsy Finding /	Available To Cor			h? ☐ Yes ☐ No	
		If Female:			_			Manner Of De				
				Programme At Times Of Death	Mat Occasion Dut Occasion	ant Within 42 Da	ys Of Death		micide	_	Pending Investigation	
Did Tobacoo Use Contribute To Death?	" 🗖	Not Pregnant W	fithin Past Year		THE STATE OF THE S		, I 🗆			minea	Injury At Work?	
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Did Tobacco Use Contribute To Death? Yes	yn 35.	Not Pregnant W Not Pregnant, B Time Of Inj	lut Pregnant 43 Days T UTY	o 1 year Before Death 36. Place	Unknown it Prognant Wite e Of Injury (E.G., Dece	hin The Past Ye			Wooded Area)		Yes No	
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.