2

2013 091637

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 DEC 16 AM 11: 21

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

AFFIDAVIT OF SURVIVORSHIP

Thomas M. Kepperling, being first duly sworn upon his oath, deposes and says:

1. That he is the brother of **Kathleen Simpson**, and is personally aware of the facts attested to in this affidavit.

2. **Kathleen Simpson** acquired fee simple title to certain Real Estate in **Lake** County, Indiana by Warranty Deed, dated July 21st, 2009, recorded July 28, 2009 as Document No. 2009 052060 in the Office of the Recorder of Lake County, Indiana, To- Wit:

The South Half of Lot 24 in MESA RIDGE, a subdivision in the Town of Merrillville, Indiana, as per Record Plat thereof appearing in Plat book 96, page 55, in the Office of the Recorder of Lake County, Indiana.

3. That **Kathleen Simpson** executed a warranty deed for said real estate to herself TOD to Thomas M. Kepperling, dated November 15th, 2012 and recorded November 16th, 2012 as Document No. 2012 081351, in the Office of the Recorder of Lake County, Indiana.

4. Kathleen Simpson died on **October 26, 2013,** at which time **Thomas M. Kepperling acquired title as TOD pursuant to and as defined by Indiana Code §32-17-14-11.**

5. That a certified copy of the death certificate of Kathleen Simpson is attached to the affidavit.

6. That the purpose of this affidavit is to induce the **Lake** County Auditor to show the transfer of such property on his records.

AFFIANT FURTHER SAYETH NOT.

FILED
DEC 16 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Thomas M Kepperling
Thomas M. Kepperling

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared **Thomas M. Kepperling** and acknowledged the execution of the foregoing affidavit, this 13 **day of December, 2013.**

My Commission Expires: 7-13-19

Donna Dyer 007063

Notary Public
Resident of Lake County, IN

"OFFICIAL SEAL"
DONNA DYER
Resident of Lake County, IN
My commission expires
July 13, 2019
STATE OF INDIANA NOTARY PUBLIC

MAIL TAX BILLS TO: ~~Thomas M. Kepperling~~
15289 Montgomery St. Hebron, IN 46341

TAX KEY NO(S): 45-12-21-383-004.000-030

GRANTEE(S) ADDRESS: 15289 Montgomery Hebron In 46341

THIS INSTRUMENT PREPARED BY: Douglas R. Kvachkoff #5575-56, Attorney at Law, 325 N. Main Street, Crown Point, IN 46307 (219)662-2977

File No. N/A

Return to
INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
CROWN POINT, IN 46307

15
2 REC
CK# 22444

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.

Jolene Kratochvil
Jolene Kratochvil

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003496 EDR No 000000350526 State No 049134

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
KATHLEEN SIMPSON	KEPPERLING	FEMALE	05:00 AM	10/26/2013

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
	55	Months	Days	Hours	Minutes	01/21/1958	EAST CHICAGO, IN

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): 8413 PIERCE STREET

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
MERRILLVILLE, IN, 46410	LAKE	☐ Married ☐ Married, But Separated ☒ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
		COORDINATOR	HEATH CARE

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	MERRILLVILLE

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
8413 PIERCE STREET		46410	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
SOME COLLEGE CREDIT, BUT NOT A DEGREE	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
DONALD R KEPPERLING	MARYANN R KEPPERLING	DZUROVCAK

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
MARYANN R KEPPERLING	MOTHER	2825 ROSS STREET, HIGHLAND, IN 46322

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Bunal ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	NORTHWEST INDIANA CREMATION SVS	CROWN POINT, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307	FH83002445

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
JAMES F. BURNS , BY ELECTRONIC SIGNATURE	FD01000461

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	METASTATIC LUNG CANCER WITH BRAIN, LIVER, BONE, ADRENAL (Due to (Or As A Consequence Of))	1 YEAR 7 MONTHS
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.	FAILURE TO THRIVE (Due to (Or As A Consequence Of))	
	C.	WEIGHT LOSS (Due to (Or As A Consequence Of))	
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacoo Use Contribute To Death? ☐ Yes ☒ Probably ☐ No ☐ Unknown

32. If Female: ☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: GEETA KURRA , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One) ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
GEETA KURRA , 200E 89TH AVE, 2A, MERRILLVILLE, IN 46410	01067865A	10/28/2013

46. Additional Funeral Service Provider:	47. *Akas:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	OCT 29 2013

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.