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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 001542

2014 JAN 13 AM 10:38

AFFIDAVIT of SURVIVORSHIP

MICHAEL B. BROWN
RECORDER

TAX: I.D. NO. 45-07-10-278-009.000-023

Kathryn Kotul, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Paul A. Kotul a/k/a Paul Kotul a/k/a Paul Andrew Kotul**, died (without leaving a will) (leaving a will) on August 27, 2013 at Hammond, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 9, BLOCK 9, CLINE GARDENS ADDITION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31, PAGE 71, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY.

Commonly known as: **6735 Rhode Island Avenue, Hammond, IN 46323**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

Kathryn Kotul
KATHRYN KOTUL

FILED

JAN 09 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA, COUNTY OF LAKE SS:

Subscribed and sworn to before me, a Notary Public this 30th day of DECEMBER, 2013

My Commission Expires: _____
County of Residence: _____

Signature
Printed

ELIZABETH J. WEBSTER
Porter County
My Commission Expires
January 12, 2016, Notary Public

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Elizabeth J. Webster
Signature of Preparer

ELIZABETH J. WEBSTER
Printed Name of Preparer

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COMMUNITY TITLE COMPANY
FILE NO 135174 LAKE CO.

00011

135174



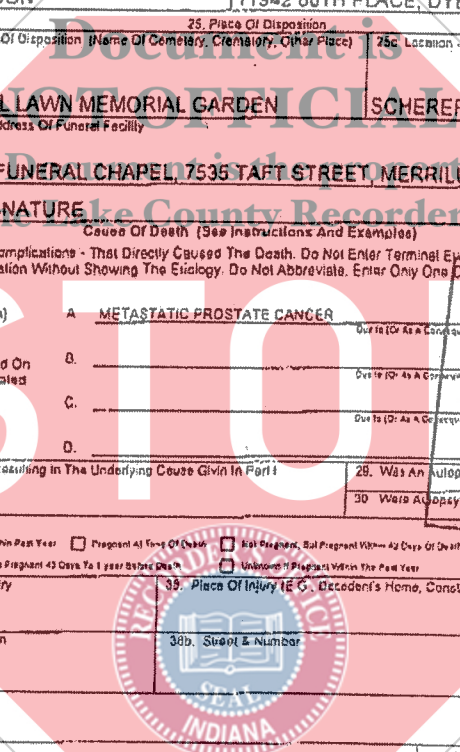
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002873

EDR No 00000340398

State No

1. Decedent's Legal Name (First, Middle, Last) PAUL ANDREW KOTUL		2. Sex MALE		3. Time Of Death 12:05 AM		4. Date Of Death (Month/Day/Year) 08/27/2013	
5. Social Security Number [REDACTED]		6a. Age - Yrs 93		6b. Under 1 Year Months		6c. Under 1 Month Days	
7. Date of Birth (Month/Day/Year) 04/06/1920		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN					
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. 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) 6735 RHODE ISLAND AVENUE							
12. City Or Town, State, And Zip Code HAMMOND, IN, 46323				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 KATHRYN KOTUL		16a. (If Wife) Give Maiden Last Name PADEZAN		16. Decedent's Usual Occupation FORGING INSPECTOR		17. Kind Of Business/Industry RAILROAD	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 6735 RHODE ISLAND AVENUE	
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) STEVE KOTUL		23. Mother's Name (First, Middle, Last) ANNA KOTUL		23a. Mother's Maiden Last Name RUZONAGE			
24. Informant's Name PAUL JOHN KOTUL		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 11942 80TH PLACE, DYER, IN 46311			
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) CHapel LAWn MEMORIAL GARDEN		25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAIT STREET, MERRILLVILLE, IN 46410				27a. Funeral Home License Number FH10400032	
27b. Signature Of Indiana Funeral Service Licensee: SHERRY L WILLIAMS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20700074					
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC PROSTATE CANCER B. C. D. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.							
29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings 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 type="checkbox"/> No <input checked="" 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 Of 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. Menstrual Cycle At Time Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Hormonal <input type="checkbox"/> Artificial <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: LYLE R MUNN, 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: LYLE R MUNN, 85 E US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383		44. License Number 01031582A		45. Date Certified 08/27/2013	
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) AUG 28 2013			



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
AUG 28 2013

State Form 50395 ATTENTION ESTATE The Social Security if it being requested by this state agency in order to purge responsibility Disclosure is voluntary and there will be no penalty for refusal

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COMMUNITY TITLE COMPANY
FILE NO 135174
LAKE CO.

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