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STATE OF INDIANA
COUNTY OF LAKE

2014 050181
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 AUG 21 AM 9:26
MICHAEL B. BROWN
RECORDER

AFFIDAVIT

I, Paul Biegel, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. I am the owner, along with John Biegel, Mark Biegel, Mary Jo Biscan and Kathryn E. Berkowicz, in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 3, SECOND ADDITION, MARKET SQUARE TRUST TO TOWN OF MUNSTER, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 34, PAGE 81, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

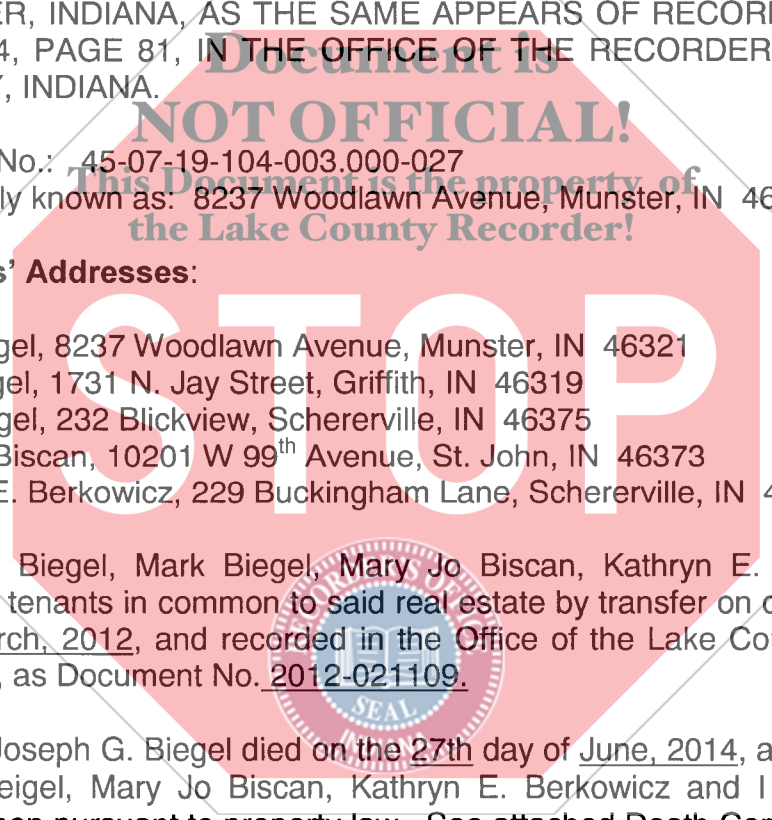
Tax Key No.: 45-07-19-104-003.000-027
Commonly known as: 8237 Woodlawn Avenue, Munster, IN 46321

Grantees' Addresses:

- John Biegel, 8237 Woodlawn Avenue, Munster, IN 46321
- Paul Biegel, 1731 N. Jay Street, Griffith, IN 46319
- Mark Biegel, 232 Blickview, Schererville, IN 46375
- Mary Jo Biscan, 10201 W 99th Avenue, St. John, IN 46373
- Kathryn E. Berkowicz, 229 Buckingham Lane, Schererville, IN 46375

3. John Biegel, Mark Biegel, Mary Jo Biscan, Kathryn E. Berkowicz and I acquired title as tenants in common to said real estate by transfer on death deed on the 14th day of March, 2012, and recorded in the Office of the Lake County Recorder on March 27, 2012, as Document No. 2012-021109.

4. That Joseph G. Biegel died on the 27th day of June, 2014, at which time John Biegel, Mark Beigel, Mary Jo Biscan, Kathryn E. Berkowicz and I acquired title as tenants in common pursuant to property law. See attached Death Certificate for Joseph G. Beigel.



FILED

AUG 21 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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ref
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 22471

Local No 002037

EDR No 000000392478

State No 029156

| | | | | | | | | | | | |
|---|----------------------------|---|---|--|---|--|---|---|--|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) JOSEPH G BIEGEL | | | | 1a. Maiden Name (If female) | | 2. Sex MALE | 3. Time Of Death 08:55 PM | 4. Date Of Death (Month/Day/Year) 06/27/2014 | | | |
| 5. Social Security Number [REDACTED] | 6a. Age - Yrs 97 | 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) 10/27/1916 | | 8. Birthplace (City and State or Foreign Country) FRIEDENSTAL, CD | | | |
| 9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 8237 WOODLAWN AVENUE | | | | | | 12. City Or Town, State, And Zip Code MUNSTER, IN, 46321 | | 13. County Of Death LAKE | | 14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 WEB PRESSMAN | | 17. Kind Of Business/Industry PRINTING | | | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town MUNSTER | | 18d. Apt. No. | 18e. Zip Code 46321 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 18c. Street And Number 8237 WOODLAWN 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) GEORGE BIEGEL | | | 23. Mother's Name (First, Middle, Last) MARY ELLEN BIEGEL | | | 23a. Mother's Maiden Last Name SHEEHAN | | | | | |
| 24. Informant's Name MARY JO BISCAN | | 24a. Relationship To Decedent DAUGHTER | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 10201 WEST 99TH AVENUE, SAINT JOHN, IN 46373 | | | | | | | |
| 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) ST JOSEPH CEMETERY | | | 25c. Location - City, Town, And State HAMMOND, IN | | | | | | |
| 26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321 | | | | | 27a. Funeral Home License Number: FH10700038 | | | | |
| 27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): FD01021590 | | | | | |
| 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. UROTHELIAL CARCINOMA OF BLADDER WITH METASTASIS 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. _____ C. _____ D. _____ | | | | | | | | | | Approximate Interval: Onset To Death MONTHS | |
| Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I CARCINOMA OF PROSTATE, ATRIAL FIBRILLATION, ANEMIA | | | | | | 29. Was An Autopsy Performed? <i>Susan W. Best</i> <input checked="" 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. 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) NOT VALID UNLESS | | | | | |
| 41. Signature, Of Person Certifying Cause Of Death: HERBERT ALAN JONES, 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: HERBERT ALAN JONES, 929 RIDGE ROAD SUITE 7, MUNSTER, IN 46321 | | | | | | 44. License Number 02000640A | | 45. Date Certified 07/01/2014 | | | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *As: | | | | | |
| 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): JUL 01 2014 | | | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | | | |