STATE OF INCIDENT Y FILED FOR RECORDS

2014 077690

2014 DEC -5 PM 1: 13

STATE OF INDIANA

) SS:

MICHAEL D. BROWN RECORDER

COUNTY OF LAKE

AFFIDAVIT OF SURVIVORSHIP

- I, William H. Kiel, being duly sworn, states 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 in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The North Quarter of the East Half of Lot 9 and the North Half of Lot 10, excepting therefrom the East Half of the South Half of the North Half of said Lot 10 in Pon & Company's Oak Hills Subdivision as shown in Plat book 25, page 11, in the Recorders Office, Lake County, Indiana.

Grantee Address/Commonly known as: 6101 W. 117th Avenue, Crown Point, IN 46307

- 3. The decedent, Lois Kiel, and myself acquired title as husband and wife to said real estate by deed of conveyance on the 10th day of May, 1978 and recorded in the Office of the Lake County Recorder as Document No. 469621.
- 4. The decedent and myself jointly held title to said real estate until the death of my wife Lois Kiel on the 2nd day of March, 2012, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Lois Kiel.

16 -CKH 7299 1805 Ca 5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Tax savas resistant the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

PEGGY HOLINGA KATONA AKE COUNTY AUDITOR

William H. Kiel, Affiant

STATE OF INDIANA)) SS:
COUNTY OF LAKE))

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared William H. Kiel, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 24th day of November, 2014.

My commission expires: 09/06/2022

Signature: TWXY Y WWW.

Rosemarie Juran

Resident of: Lake County, Indiana

his Document is the property of of the lake County Recorder!

"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."

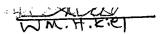
/s/Gary P. Bonk



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT



Local No 00	0672	EDF	EDR No 000000248205				State No 009704						
. Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)								f Death (Month/Day/Year)		
LOIS P KIEL			FAYETTE				MALE 08:11						
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 (Mo	Month/Day/Year) 8. Birthplace (City and State or F			r Foreign Country)			
9. Ever in U.S. Armed Forces? 10. If De	Months ath Occurred In A Hos	Days	Hours	Minutes	Comment	08/02/1			NTON, I	ND			
		Pepartment 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)													
METHODIST HOSPITAL SOUTHLAKE 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death													
MEDDH IVII IE IN 46440						Married ☐ Married, But Separated ☐ Divorc Widowed ☐ Never Married ☐ Unknown							
MERRILLVILLE, IN, 46410 15. Surviving Spouse's Name 15a. (If Wife)Give Ma				LAKE 1 Last Name		16. Deced	ent's Usual Oc		•	17. Kind Of Business/Industry			
NAME A LABOR (CIT)				NURSES AIDE					LICORITAL				
WILLIAM KIEL 18. Residence - State	18a.	County		18b. City Or Tov		NURSE	SAIDE			HOSPIT	AL		
INDIANA	LAK	F		CROWN PO	NINT								
18c. Street And Number	TOAK			TOLOWINE	711 V 1	1	18d. Apt. No).	18e. Zip	Code	18f. Inside City Limits?		
 6101 WEST 117TH AVENUE						1			46	207	☐ Yes 🖾 No		
19. Decedent's Education	20	. Decedent Of Hispan	ic Origin	21. 0	ecedent's	Race			46.	307			
8TH GRADE OR LESS	N	OT HISPANIC		White									
22. Father's Name (First, Middle, Last)	110	OT MOLARIC		23. Mother's Name (lle, Last)			23a. N	other's Maid	en Last Name		
CHARLES FAYETTE SR				ANNA FAYET	··rc				EED	710			
24. Informant's Name		24a. Relationship To		24b. Mailing Address		and Number,	City, State, Zip	Code)	FERI	113			
WILLIAM KIEL		HUSBAND		6101 WEST 1	17TH	AVENUE	E, CROW	N PO	INT, IN	16307			
25. Place Of Disposition													
25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State													
Removal From State Other (Specify):	GEIS	EN CREMATIC	N CENTRE	mont	CRO	WN POI	NT IN						
		Address Of Funeral F		mem	10100	WIVEOI	141, 114			27a. Fune	ral Home License Number:		
	EISEN FUNER 3307	RAL HOME, CF	ROWN POINT	, 606 EAST 1	13TH A	VENUE	, CROWN	I POII	NT, IN	FH1990	00060		
27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN , BY ELECTRONIC SIGNATURE 27c. License Number (Of Licensee): FD09000013													
Cause Of Death (See Instructions And Examples) Approximate 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events Interval: Onset													
A Line. Add Additinal Lines If Necessary.										1 DAY			
inimediate Cause (Final Disease Of Col	idition resulting in D	eath) A. <u>A</u>	COTE FOLIVIONAL	CT EDEWA	Due to (Or A	s A Consequence	on:		-, -,		I DAI		
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 C.													
•		D.	, , , , , , , , , , , , , , , , , , ,	:	Due to (Or A	s A Consequence	Oŋ:			., .			
Part II. Enter Other Significant Conditions Con	tributing to Death But I		nderlying Cause Givir	ı İn Part I	29. Was	An Autopsy	Performed?		☐ Yes	⊠ No			
CONGESTIVE HEART FAILURE, PNEUM	ONIA, CARDIOGEN	IC SHOCK, CARDIA	C ARREST, RESPI	RATORY FAILURE	30. Were	e Autopsy Fir	nding Available		plete The Ca		^{h?} ☐ Yes ☐ No		
31. Did Tobacco Use Contribute To Death?	32. If Fema	le: ant Within Past Year P	regnant At Time Of Death	Not Pregnant, But Pregn	ant Within 42 (Days Of Desih	33. Manne			Accident 🔲	Pending Investigation		
Yes Probably No Unknown		ant, But Pregnent 43 Days To		Unknown if Pregnant Wil			☐ Suicide	Cou	ld Not Be De	termined			
34. Date Of Injury (Month/Day/Year)	35. Time C	rinjury .	36. Place	Offiniony(E) G. Dep	SOBRESTION	mer Construct COVICE LET	E Rest	aurant, v	Vooged Area	37.	Injury At Work?		
38. Location Of Injury - State	38a. City O	r Town		eet & Number 117.		T. 2011 11	E	$\overline{}$	38c. Apt. N		. Zip Code		
39. Describe How Injury Occurred			THE INC.	MAR 29 2	012		40. If Trans	sportation ator Pe	n Injury, Spe assenger Pe	cify: destrian Oth	er (Specify)		
41. Signature, Of Person Certifying Cause O BERNARDO SERRANO LUCI	ENA , BY ELEC		NATURE	DIANA			tifier (Check C tifying Physicia	าก	Coroner		leath Officer		
43. Name, Address And Zip Code Of Person BERNARDO SERRANO LUCI	Certifying Cause Of De ENA 12800 N	eath: AISSISSIPPI P	ARKWAY, SL	JITE B201. CF	ROWN	POINT.	IN 44. LI	icense N	umber	45.	Date Certified		
46307 46. Additional Funeral Service Provider:		1					_ 0103	39302 'Akas:	Α		03/05/2012		
						40 FF			od /3/# "	You'Ve ==\			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE 49. For Registrar Only - Date Filed (Month/Day/Year): MAR 28 2012													
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
8-State: GERMANY 45: 3/5/2012 12:00:00 AM 49: 06-MAR-12													

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.