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**AFFIDAVIT**

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:  
Tax I.D. No. 45-11-16-178-009.000-036

2014 081432

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 DEC 23 AM 9:17

MICHAEL D. BROWN  
RECORDER

**KAREN E. KALAPP** being first duly sworn upon oath, depose(s) and say(s):

1. That Affiant's husband **JOHN D. KALAPP a/k/a JOHN DOUGLAS KALAPP** died leaving a will on December 29, 2009, in Lake County, Indiana.
2. That the Affiant and **JOHN D. KALAPP a/k/a JOHN DOUGLAS KALAPP** were duly and legally married at the time they acquired title in the following described real estate:

**LOT 35 IN BOHLINGS SHAWNEE TRAILS SECOND ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 37 PAGE 64, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

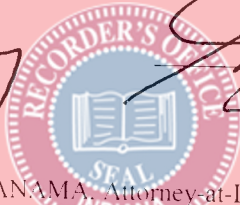
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of 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, Affiant saith naught.**

*Karen E. Kalapp*  
Karen E. Kalapp

Subscribed and sworn to before me, a Notary Public this 19 day of December, 2014.

My Commission Expires: 5/9/17  
County of Residence:



*Elizabeth Kinzie*  
Notary Public

**FILED**

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law. Attorney ID No. DEC-23 2014  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

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.

*Patrick J. McManama*  
Signature of Preparer

*Elizabeth Kinzie*  
Name of Preparer

05821

COMMUNITY TITLE COMPANY  
FILE NO 146771

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nm  
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# CERTIFICATION OF DEATH RECORD

## CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0096400

DATE ISSUED 01/07/2010

DECEDENT'S LEGAL NAME JOHN DOUGLAS KALAPP			SEX MALE	DATE OF DEATH DECEMBER 29, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 60 YEARS		DATE OF BIRTH NOVEMBER 05, 1949		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT					
BIRTHPLACE JACKSONVILLE, FL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME KAREN SARD		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1939 CHIPPEWA DRIVE		APT. NO.	CITY OR TOWN SCHERERVILLE		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46375	FATHER'S NAME JOHN MELTON KALAPP		MOTHER'S NAME PRIOR TO FIRST MARRIAGE PEGGY LUDDERS
INFORMANT'S NAME KAREN KALAPP		RELATIONSHIP WIFE	MAILING ADDRESS 1939 CHIPPEWA DRIVE, SCHERERVILLE, IN, 48375		
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION MEMORY LANE MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN	DATE OF DISPOSITION JANUARY 08, 2010	
FUNERAL HOME BOCKEN FUNERAL HOME, 7042 KENNEDY AVENUE, HAMMOND, IN, 46323					
FUNERAL DIRECTOR'S NAME JOSE G CORONA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012287		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 4, 2010		
<b>CAUSE OF DEATH</b> PART I. MULTIORGAN FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ <small>Due to (or as a consequence of)</small>		DAYS	
		b. STATUS POST FEM-FEM BYPASS			
		c. STATUS POST AORTIC VALVE REPLACEMENT <small>Due to (or as a consequence of)</small>		10 DAYS	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
DID TOBACCO USE CONTRIBUTE TO DEATH? NO			FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
LOCATION OF INJURY					MANNER OF DEATH NATURAL
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 29, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 10:06 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 31, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH OKUMURA, KEIKO OKEIKO, 1653 W. CONGRESS PKWY, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 036-122931	

This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE