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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 059651

2015 SEP -2 AM 11:29

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On the 1st day of September, 2015, before me personally appeared LOU ANN KRONLAND to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 115 Manor Drive, Griffith, Indiana 46319. <<GRANTEE'S ADDRESS

2. Affiant is the owner of the following described property:

Lot 30 in Brinwood Manor addition to the Town of Griffith, Indiana, as per plat thereof recorded in the Office of the Recorder of Lake County, Indiana.

Key No.: 45-07-26-333-003.000-006

Property Address: 115 Manor Drive, Griffith, IN 46319

3. Said premises were formerly owned as tenants by the entirety by LOU ANN KRONLAND and BRIAN J. KRONLAND, wife and husband.

4. Said BRIAN J. KRONLAND died on March 2, 2015. A certified copy of the death certificate of BRIAN J. KRONLAND is attached hereto as "Exhibit A".

5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.

6. That Affiant and BRIAN J. KRONLAND were never divorced, and Affiant is the surviving spouse of said decedent.



THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 1st day of September, 2015.

My Commission Expires: 11-9-2019
Resident of LAKE County.

GLADYS ESCOBEDO
Notary Public - Seal
State of Indiana
My Commission Expires Nov 9, 2019 Gladys Escobedo, Notary Public

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. Thomas L. Kirsch

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 131 Ridge Road, Munster, IN 46321, 219-836-1384

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FILED

SEP 02 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

04064

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MM
#1267



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 46428

Local No 000740

EDR No 00000435711

State No

| | | | | | | | | | | |
|--|--|---|---|---|--|--|---|---|--|--------------------|
| 1. Decedent's Legal Name (First, Middle, Last) BRIAN J KRONLAND | | | | 1a. Maiden Name (If female) | | 2. Sex MALE | 3. Time Of Death 11:45 AM | 4. Date Of Death (Month/Day/Year) 03/02/2015 | | |
| 5. Social Security Number | | 6a. Age - Yrs 59 | 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) 05/14/1955 | | 8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN | |
| 9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) 115 EAST MANOR DRIVE | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code GRIFFITH, IN, 46319 | | | | | 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 LOUANN KRONLAND | | | 15a. (If Wife) Give Maiden Last Name DYER | | | 16. Decedent's Usual Occupation PARTS BUYER | | 17. Kind Of Business/Industry PEPSI COMPANY | | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town GRIFFITH | | 18c. Apt. No. | 18d. Zip Code 46319 | 18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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) JOHN KRONLAND | | | | 23. Mother's Name (First, Middle, Last) HELEN KRONLAND | | | 23a. Mother's Maiden Last Name BAZAN | | | |
| 24. Informant's Name LOUANN KRONLAND | | | 24a. Relationship To Decedent WIFE | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 115 EAST MANOR DRIVE, GRIFFITH, IN 46319 | | | | | |
| 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 GARDENS | | | 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 WHITE FUNERAL HOME & CREMATION SERVICE, 924 WEST 45TH AVENUE, GRIFFITH, IN 46319 | | | | | 27a. Funeral Home License Number: FH10600026 | | | |
| 27b. Signature Of Indiana Funeral Service Licensee: RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): FD08700086 | | | | |
| 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. HER2 POSITIVE ADENOCARCINOMA OF THE GASTROESOPHAGEAL JUNCTION WITH METASTASIS TO THE BRAIN AND LIVER | | | | | | | | | | |
| 28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I | | | | | | | | | | |
| 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"/> Unspecified 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 |
| 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 | |
| 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 03/03/2015 | | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Alias: | | | | |
| 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): MAR 04 2015 | | | | |



THIS IS A TRUE COPY OF
APPROXIMATE INTERVAL ONSET TO DEATH
LESS THAN 2 WEEKS
MAR 04 2015
LAKE COUNTY HEALTH DEPARTMENT

NOT VALID UNLESS

EXHIBIT A

RAISED SEAL AFFIXED