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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 061526

2015 SEP -8 PM 1:37

MICHAEL J. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-07-18-129-007.000-023

WALTER ROBERT KUCHARSKI, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **EUNICE A KUCHARSKI**, died without leaving a will on July 18th, 2015 at Munster, 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 29 IN BLOCK 1, IN FORD-ROXANA ADDITION TO HAMMOND AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 23 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
Commonly known as: **7335 JARNECKE AVENUE, HAMMOND, IN 46324**

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 meet State payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

x Walter Robert Kucharski

WALTER ROBERT KUCHARSKI

STATE OF INDIANA, COUNTY OF Lake SS:

Subscribed and sworn to before me, a Notary Public this 28 day of August, 2015

My Commission Expires: 5/9/17 Signature _____
County of Residence: Lake Printed _____, Notary Public

ELIZABETH R. KINZIE
Lake County
My Commission Expires
May 9, 2017

This instrument prepared by **MATTHEW W. DEVELLEY**, Attorney at Law, Attorney ID No. 27813-45
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.

[Signature]

Signature of Preparer

Elizabeth Kinzie

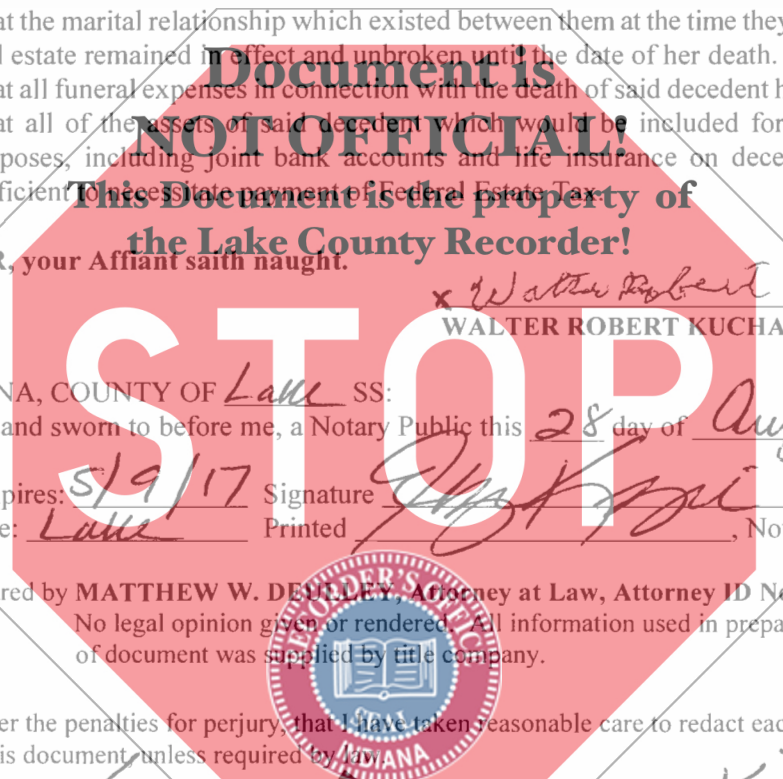
Printed Name of Preparer

FILED
SEP 04 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

015118

COMMUNITY TITLE COMPANY
FILE NO 158026

#13
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

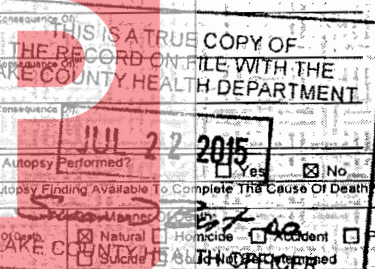
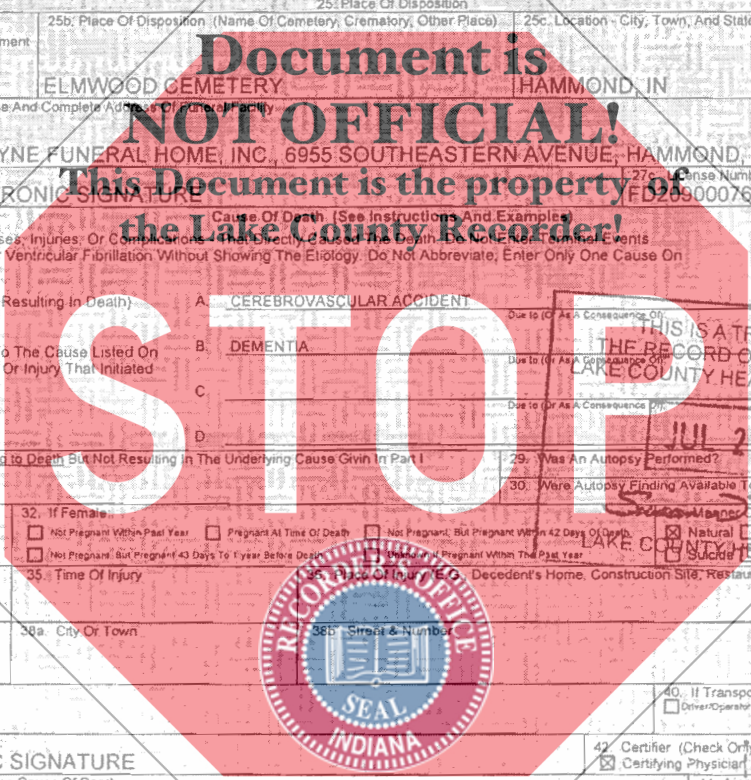
Tracking No. 59860

Local No 002398

EDR No 000000459339

State No 033959

1. Decedent's Legal Name (First, Middle, Last) EUNICE ANITA KUCHARSKI				1a. Maiden Name (If female) RADFORD		2. Sex FEMALE	3. Time Of Death 03:50 AM	4. Date Of Death (Month/Day/Year) 07/18/2015		
5. Social Security Number [REDACTED]		6a. Age - Yrs 91	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) 09/05/1923		8. Birthplace (City and State or Foreign Country) HAMMOND, 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J RILEY RESIDENCE				12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			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 WALTER ROBERT KUCHARSKI			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND						
18c. Street And Number 7335 JARNECKE AVENUE				18d. Apt. No.	18e. Zip Code 46324		18f. 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) JOSEPH E. RADFORD			23. Mother's Name (First, Middle, Last) ELSIE H. RADFORD			23a. Mother's Maiden Last Name SCHRODER				
24. Informant's Name WALTER ROBERT KUCHARSKI		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 7335 JARNECKE AVENUE, HAMMOND, IN 46324						
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) ELMWOOD CEMETERY			25c. Location - City, Town, And State HAMMOND, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324				27a. Funeral Home License Number FH11100004				
27b. Signature Of Indiana Funeral Service Licensee JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20900076		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. 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. CEREBROVASCULAR ACCIDENT 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. DEMENTIA					Approximate Interval: Onset To Death DAYS YEARS	
28. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Natural Menstruation <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other (Specify)		33. 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 checked="" 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"/> 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		44. License Number 01031582A		45. Date Certified 07/18/2015		
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				46. Additional Funeral Service Provider		47. *Axis:				
48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year) JUL 20 2015						



RAISED SEAL AFFIXED

COMMUNITY TITLE COMPANY
FILE NO 158006