

STATE OF INDIANA
LAKE COUNTY.
FILED FOR RECORD

2015 070764

2015 OCT 19 AM 8:39

MICHAEL B. BROWN
RECORDER

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

AFFIDAVIT OF SURVIVORSHIP (Real Estate)

Comes now the affiant, JEFFREY L. KONOPASEK, being first duly sworn upon his oath, deposes and says:

1. That he is the fee simple owner of the real estate located at 312 W. Glen Park Avenue, Griffith, IN 46319, which is legally described as follows, to-wit:

Lot 13 in Park Manor 2nd Addition to the Town of Griffith, as marked and laid down on the recorded plat thereof, in the Office of the Recorder of Lake County, Indiana.

Tax Parcel # 45-07-26-353-016.000-006

2. That Phyllis E. Konopasek, having a life estate in the above-referenced real estate, died on July 28, 2015. A copy of the death certificate is attached.

3. That all bills, expenses, and taxes attributable to the Estate of Phyllis E. Konopasek have been paid.

Further affiant sayeth not.

Jeffrey L. Konopasek
JEFFREY L. KONOPASEK

FILED

015963

OCT 15 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$15.00
M^r

#28167

Before me the undersigned, a Notary Public for said County and State, personally appeared **JEFFREY L. KONOPASEK**, and having first been duly sworn upon his oath, confirms and verifies that the facts alleged in the foregoing instrument are true.

Signed and sealed this 21st day of September, 2015.



"Official Seal"
Ruth Vera
Notary Public, State of Indiana
Resident of Lake County, IN
My commission expires
September 10, 2021

Ruth Vera

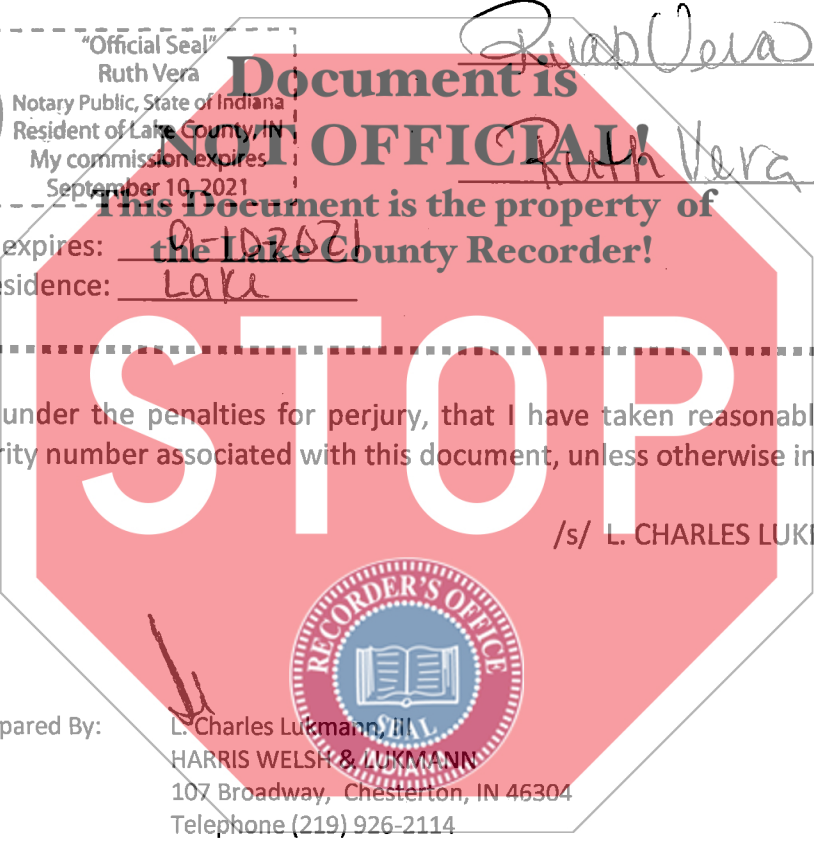
Notary Public

Ruth Vera

Printed Name

My Commission expires: 9-10-2021
My County of Residence: Lake

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number associated with this document, unless otherwise instructed by law.

/s/ L. CHARLES LUKMANN, III



This Instrument Prepared By:

L. Charles Lukmann, III
L. Charles Lukmann, III
HARRIS WELSH & LUKMANN
107 Broadway, Chesterton, IN 46304
Telephone (219) 926-2114



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 60619

Local No 002519

EDR No 00000460904

State No 035646

1. Decedent's Legal Name (First, Middle, Last) PHYLLIS E KONOPASEK				1a. Maiden Name (If female) MCDONALD		2. Sex FEMALE	3. Time Of Death 12:49 AM	4. Date Of Death (Month/Day/Year) 07/28/2015		
5. Social Security Number [REDACTED]	6a. Age - Yrs 89	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) 09/24/1925		8. Birthplace (City and State or Foreign Country) TERRA HAUTE, 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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-DYER										
12. City Or Town, State, And Zip Code DYER, IN, 46311					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 TEACHERS AIDE		17. Kind Of Business/Industry GRIFFITH PUBLIC SCHOOLS		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GRIFFITH			18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 312 WEST GLEN PARK 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) [REDACTED]					23. Mother's Name (First, Middle, Last) [REDACTED]			23a. Mother's Maiden Last Name		
24. Informant's Name JEFF KONOPASEK			24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 608 NORTH LAFAYETTE, 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) RIDGELAWN CEMETERY			25c. Location - City, Town, And State GARY, 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, 921 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.										
Immediate Cause (Final Disease Or Condition Resulting In Death) A. SEPSIS Due to (Or As A Consequence Of): SEVERAL DAYS										
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. HOSPITAL ACQUIRED PNEUMONIA Due to (Or As A Consequence Of): SEVERAL DAYS										
C. _____ Due to (Or As A Consequence Of): _____										
D. _____ Due to (Or As A Consequence Of): _____										
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			
PLEASE SEE ABOVE							30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 (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 And Number [REDACTED]			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: TRILOK PRADUMNA PATHAK, 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: TRILOK PRADUMNA PATHAK, 5454 HOHMAN AVE, HAMMOND, IN 46320						44. License Number 01054411A		45. Date Certified: 07/29/2015		
46. Additional Funeral Service Provider:						47. Akas:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only Date Filed (Month/Day/Year): JUL 29 2015				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY, OR ORIGINAL)										



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