STATE OF INDIANA LAKE COUNTY

2015 072485

STATE OF INDIANA

COUNTY OF LAKE

2015 OCT 27 AM 9: 17

MICHAEL B. BROWN SS: RECORDER

AFFIDAVIT

- I, Suzanne E. Kaegebein, being duly sworn, state as follows:
- 1. Affiant resides at the address given below affiant's signature.
- Frank and Julia Sloboda Living Trust 2. Affiant is the Successor Trustee dated May 12, 2004, and the daughter of the
- This Document is the property of 3. Said Julia M. Sloboda died on September 29, 2015. Certificate for Julia M. Sloboda. See attached Death
 - 4. The legal description of the premises in question is:

Lot number Nineteen (19), Twin Creek Block 4 to the Town of Munster, Indiana, as recorded in Plat Book 50, Page 97.

Commonly known as: 1140 Tamarack Place, Munster, IN 46321

Key No.: 45-07-31-129-003.00

- 5. There is no Federal or State Inheritance ax liability by reason of the death of said decedents.
 - 6. This affidavit relates to a Life E
 - 7. Affiant's relationship to the deceased was her daughter.

Suzanne E. Kaegebein, Affiant

1410 Oak Court, Apt. 1

Schererville, IN 46375

OCT 2 7 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

#15.00 #77

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

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

My commission expires: 2/13/2018

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NOT OFFICIAL

NOT OFFICIAL

NOTOFFICIAL

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 in this document, unless required by law." /s/Gary P. Bonk

This instrument prepared by: Gary P. Conk, Africa ey, 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7300

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 66471

1. Decedent's Legal Name (First	No 003	7240		EDI	R No 0000		59	2. Sex	State	No me Of Death	4. Date	Of Death	Month/Day/Yea
	n, madaid, Eddy					c (ii formato)				1:55 PM		09/29	
JULIA M SLOBODA 5. Social Security Number 68	. Age - Yrs	6b. Under	1 Year 6c. Und	der 1 Month	GERKA 6d. Under 1 Day	6e. Under 1 Hour	7. Date o	FEMAL of Birth (Month)		8. Birthplace (Ci	ty and State		
	90	Months	Days		Hours	Minutes		07/04/192	25 EAST CHICAGO, IN				
9. Ever in U.S. Armed Forces?	10. If Deat	h Occurred I	n A Hospital:	-		10a. If Death Occ	Oa. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Fac						
Yes No Unknow				Outpatient	Dead on Arrival	Other (Specify	,						
11. Facility Name (If Not Institu RILEY HOSPICE RE		t and Number	er)										
2. City Or Town, State, And Zi						13. County	Of Death			14. Marital St			ted C Observe
JUNSTER, IN, 4632	1					LAKE				☐ Married [☐ Ne	ver Married	ted Divor
5. Surviving Spouse's Name				15a	. (If Wife)Give Maider	Last Name		16. Decedent	s Usual Occ	pation	17, Kin	d Of Busine	ss/Industry
								HOMEMA	KER		FAMIL	YRES	IDENCE
8. Residence - State			18a. County			18b. City Or To	OWN						
NDIANA IBc. Street And Number			LAKE			MUNSTER		11	8d. Apt. No.	18e. Zip	Code	1 18f Ir	nside City Limit
				/					ou. Apr. 110.	100. 24	, 0000		Yes No
140 TAMARACK PL	ACE		20 Deceder	nt Of Hispa	ic Origin	214	Decedent's F	Rack		46	321		
	NO DIDLA	2110			Docu			.acal					
TH - 12TH GRADE; 22. Father's Name (First, Middle		JMA	NOT HIS	PANIC	TOI	White Name		a, Casi		238.	Mother's M	alden Last	Name
TEDUEN CEDIA				NU	1 01	ANNA CERK	IA	L:		BAZ	IV.		
TEPHEN GERKA 4. Informant's Name			This	ationship	cument	15 Melnedon	rone	ad redment of	State, 2ip (Code)	.IN		
ULIA M SLOBODA		/			ake Cou								
5a. Method Of Disposition					25. Placeme Of Cemetery, Cre	e Of Disposition		cation - City, To					
Burlal Cremation D	onation Ent		Lob. 1 lace of bisp	03/2017 (170	ind or definition, ord	·	1	,,	,				
Removal From State Other (Specify):			COMMUNIT	YCRE	MATION SERV	VICE	SCHE	RERVILL	E, IN				
8. Was Coroner Contacted?	27.	Name And C	Complete Address	Of Funeral F	acility						27a. Fu	ineral Home	License Num
Yes 🖾 No	BU	RDAN F	UNERAL H	OME IN	IC, 12901 WIC	KER AVENU	E, CED	AR LAKE	IN 4630	3		002461	
7b. Signature Of Indiana Funer COTT A. BURDAN			C SIGNATU	RE					License Num	ber (Of Licensee)	:		
				Car	use Of Death (See								pproximate iterval: Onset
.A. Part I. Enter The Chain I Such As Cardiac Arrest, Res A Line. Add Additinal Lines	spiratory Arres	t, Or Ventri	unes, Or Compile cular Fibrillation (Without Sh	owing The Etiology.	Do Not Abbreviate	. Enter Only	One Cause	On				Death
Immediate Cause (Final Disc		tion Result	ng In Death)	A.	ARTEROSCLORO	C CEREBOOVAS	CULAR DIS	EASE				.15	YEARS
					A 0 0 0								
Sequentially List Conditions, Line A. Enter The Underlyin			Cause Listed On	B. <u>1</u>	DEGENERAL DE A	RTHRITIS						20	
		rase or mu	ry That Initiated		E⊅i m	RTHRITIS	Due to (Or As	A Consequence Of)					YEARS
The Events Resulting In Dea	nth) Last	ase or inju	nry That Initiated		ARTEROSCLEROT	- 102		A Consequence Of					YEARS
The Events Resulting In Dea	ath) Last	ase or mju	ny That Initiated	C. <u>/</u>		- 102		A Consequence Off				_	1
				C/	ARTEROSCLEROT	EAL DISEAS	Due to (Or As	A Consequer on Oh		· 🗆 Yes	⊠ No	<u>5 Y</u>	YEARS
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