

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 072485

2015 OCT 27 AM 9:17

STATE OF INDIANA

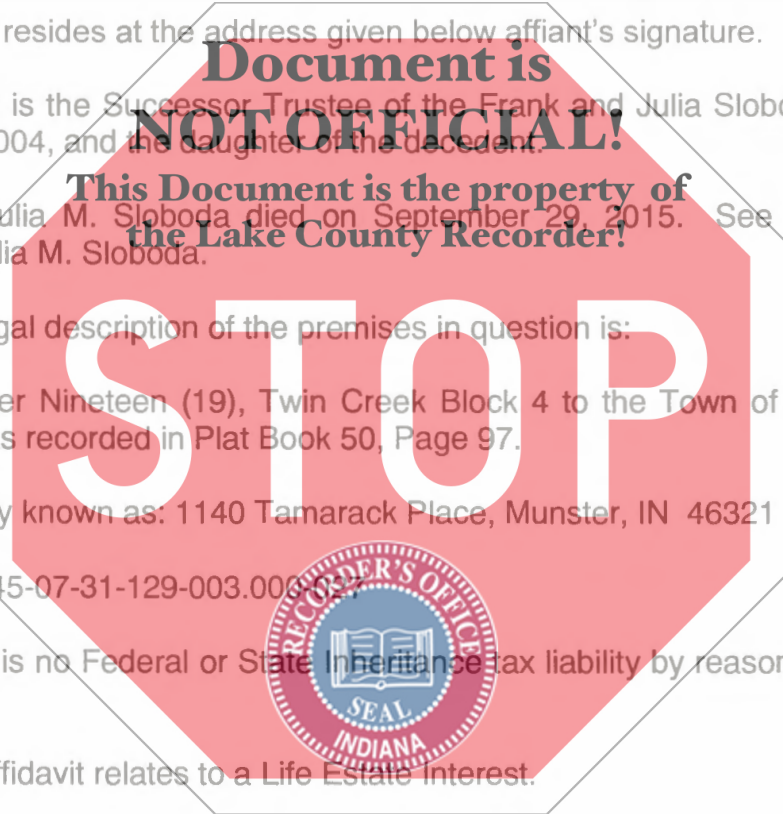
)
) SS: MICHAEL B. BROWN
) RECORDER

COUNTY OF LAKE

AFFIDAVIT

I, Suzanne E. Kaegebein, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the Successor Trustee of the Frank and Julia Sloboda Living Trust dated May 12, 2004, and the daughter of the decedent.
3. Said Julia M. Sloboda died on September 29, 2015. See attached Death Certificate for Julia M. Sloboda.
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.: 45-07-31-129-003.000-027
5. There is no Federal or State Inheritance tax liability by reason of the death of said decedents.
6. This affidavit relates to a Life Estate Interest.
7. Affiant's relationship to the deceased was her daughter.



Suzanne E. Kaegebein

 Suzanne E. Kaegebein, Affiant
 1410 Oak Court, Apt. 1
 Schererville, IN 46375

FILED

OCT 27 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

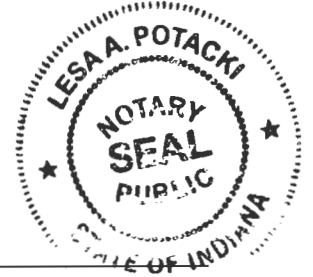
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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.

Signed and sealed this 20th day of October, 2015.



My commission expires: 2/13/2018

Signature: *Lesla A. Potacki*

Lesla A. Potacki

Resident of: Lake County, IN

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

STOP

This instrument prepared by: Gary P. Bonk, Attorney, 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 66471

Local No 003245

EDR No 00000471559

State No

1. Decedent's Legal Name (First, Middle, Last) JULIA M SLOBODA				1a. Maiden Name (If female) GERKA		2. Sex FEMALE	3. Time Of Death 11:55 PM	4. Date Of Death (Month/Day/Year) 09/29/2015		
5. Social Security Number [REDACTED]		6a. Age - Yrs 90	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) 07/04/1925		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 checked="" 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) RILEY HOSPICE 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 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 HOMEMAKER		17. Kind Of Business/Industry FAMILY RESIDENCE		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 1140 TAMARACK PLACE										
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) STEPHEN GERKA						23. Mother's Maiden Last Name BAZIK		23a. Mother's Maiden Last Name		
24. Informant's Name JULIA M SLOBODA										
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) COMMUNITY CREMATION SERVICE		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 BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303						27a. Funeral Home License Number: FH83002461			
27b. Signature Of Indiana Funeral Service Licensee: SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700051				
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. ARTEROSCLEROTIC CEREBOVASCULAR DISEASE <small>Due to (Or As A Consequence Of):</small>							Approximate Interval: Onset To Death 15 YEARS		
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. DEGENERATIVE ARTHRITIS <small>Due to (Or As A Consequence Of):</small>							20 YEARS		
	C. ARTEROSCLEROTIC HEART DISEASE <small>Due to (Or As A Consequence Of):</small>							20 YEARS		
	D. DEMENTIA <small>Due to (Or As A Consequence Of):</small>							5 YEARS		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Of Death. If An Autopsy Performed, Enter Autopsy Finding Available To Complete The Cause Of Death.										
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"/> 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) OCT 02 2015			
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 LAKE COUNTY HEALTH OFFICER		38b. Street And Number		38c. Apt. No.	38d. Zip Code			
39. Describe How Injury Occurred										
41. Signature, Of Person Certifying Cause Of Death: KRISHNAN POTTI, 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: KRISHNAN POTTI, 8300 BROADWAY STE 1B, MERRILLVILLE, IN 46410						44. License Number 01025043A		45. Date Certified 10/02/2015		
46. Additional Funeral Service Provider:						47. *Ages:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 02 2015				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



NOT VALID UNLESS

RAISED SEAL AFFIXED