

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 048908

2016 AUG -2 AM 10: 03

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Russell J. Kutka, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Gloria G. Kutka (aka Gloria Kutka), Russell J. Kutka and David A. Kutka are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 151 in Candlelight Trails 7th addition Block 2 to the town of St. John, plat book 69 page 52, in the office of the recorder of Lake County, Indiana and amended by a certain instrument recorded December 28, 1990 as document number 1410167 and further amended by a certain instrument recorded April 5, 1991 as document Number 91015874

Commonly Known As: 9605 E. Oakridge Drive, St. John, IN 46373

Affiant's Address: 595 S. Lakeview, Lowell, IN 46356

Key No. 45-11-32-280-004.000-035

3. Gloria G. Kutka (aka Gloria Kutka), Russell J. Kutka and David A. Kutka, acquired title to said real estate as joint tenants by deed of conveyance on the 30th day of January, 2016, and recorded in the Office of the Lake County Recorder, on the 26th day of February, 2016, as Document No. 2016 012082.

4. Gloria G. Kutka (aka Gloria Kutka), Russell J. Kutka and David A. Kutka jointly held title to said real estate until the death of Gloria G. Kutka on April 28, 2016, at which time Russell J. Kutka and David A. Kutka acquired title to the real estate as the surviving joint tenants pursuant to property law. See attached Death Certificate for Gloria G. Kutka (aka Gloria Kutka).

FILED

AUG 02 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

014294

15
CK# 8129
A

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



Russell J. Kutka, Affiant
595 S. Lakeview
Lowell, IN 46356

STATE OF INDIANA

COUNTY OF LAKE

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

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

Signed and sealed this 29th day of July, 2016.

My commission expires: 02/03/2018



Signature: *Lesa A. Potacki*

Lesa A. Potacki
Resident of: Lake County, Indiana



"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. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

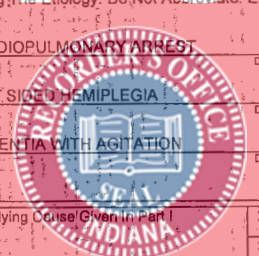
Tracking No. 87226

Local No 001449

EDR No 00000509455

State No 021049

1. Decedent's Legal Name (First, Middle, Last) GLORIA KUTKA		1a. Maiden Name (If female) CHMIELEWSKI		2. Sex FEMALE		3. Time Of Death 11:46 PM		4. Date Of Death (Month/Day/Year) 04/28/2016		
5. Social Security Number [REDACTED]		6a. Age - Yrs 80		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) 04/17/1936		8. Birthplace (City and State or Foreign Country) CHICAGO, IL						
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 checked="" type="checkbox"/> Emergency Department <input type="checkbox"/> 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) FRANCISCAN HOSPITAL (LAKE)										
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 REGISTERED NURSE		17. Kind Of Business/Industry HEALTHCARE	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SAINT JOHN						
18c. Street And Number 9605 EAST OAKRIDGE DRIVE				18d. Apt. No.		18e. Zip Code 46373		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White						
22. Father's Name (First, Middle, Last) FRANK CHMIELEWSKI				23. Mother's Name (First, Middle, Last) MARTHA CHMIELEWSKI				23a. Mother's Maiden Last Name DOBERSTEIN		
24. Informant's Name RUSSELL KUTKA		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 595 SOUTH LAKEVIEW, LOWELL, IN 46356						
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) HOLY CROSS CEMETERY		25c. Location - City, Town, And State CALUMET CITY, IL						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373				27a. Funeral Home License Number FH19900052				
27b. Signature Of Indiana Funeral Service Licensee: DONALD F. SCIACKITANO BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20900052		28. Cause Of Death (See Instructions And Examples) CARDIOPULMONARY ARREST						
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 Or Cause Of Death. A. CARDIOPULMONARY ARREST Due to (Or As A Consequence Of):		B. LEFT SIDED HEMIPLEGIA Due to (Or As A Consequence Of):		C. DEMENTIA WITH AGITATION Due to (Or As A Consequence Of):		D.		28. Was An Autopsy Performed? NO		
Immediate Cause (Final Disease Or Condition Resulting In Death)		Approximate Interval. Onset Of Death		29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Specify In Part I)		29. Was An Autopsy Performed? 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 type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If 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 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"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS						
41. Signature Of Person Certifying Cause Of Death: FRED ADLER 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 01019251A		45. Date Certified 05/02/2016		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: FRED ADLER, 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 46321				46. Additional Funeral Service Provider: SCHROEDER LAUER FUNERAL HOME		47. "Akas"		49. For Registrar Only - Date Filed (Month/Day/Year) MAY 04 2016		
48. Signature of Local Health Officer: SUSAN W. BEST VIA ELECTRONIC SIGNATURE				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAY 04 2016
Susan W. Best, MD
LAKE COUNTY HEALTH OFFICER