STATE OF INDIANA FILED FOR RECORD

2017 007522

2017 FEB -2 AM 11:52

MICHAEL B. BROWN RECORDER

## AFFIDAVIT OF SURVIVORSHIP

Patricia E. Bunkowfst, being first duly sworn upon her oath, says:

That she is the owner in fee simple of the following described real estate located in Lake County indiana, more particularly described as follows, to-wit

> PARCET LISOT ROWGODIAWN MANOR, ASSHOWN TO POAT BOOK 27, PAGE 23, INHAKE CALVEY ONDIANAY Recorder!

> PARCEL 2: THE SOUTH 150 FEET OF THE WEST 35 FEET OF OUTLOT 2, CORRECTED PLAT OF WOODLAWN MANOR, AS SHOWN IN PLAT BOOK 10, PAGE 29, IN LAKE COUNTY, INDIANA.

Commonly know as: 7005 West 173rd Lane, Lowell, Indiana 46356.

Parcel Number: 45-19-23-2001-006.000-007

- 2. That John D. Kocher, deceased, and your affiant acquired title to said real estate, as husband and wife, by Quit-Claim Deed dated the 12th day of April, 2001, and feared on the 12th day of April 2001, in the Office of the Lake County, Indiana, Recorder;
- 3. That the said John D. Kocher, deceased, and your affiant held title to said real estate as husband and wife, until the death of the said John 4. That, by virtue of spousal exemption, the said real estate was not subject to the Federal Estate Tax, and passed to your affiant operation of law free from the lien thereof

020872

JOHN E. PETALAS LAKE COUNTY AUDITOR 5. That, by virtue of spousal exemption, the said real estate was not subject to Indiana Inheritance Tax, and passed to your affiant by operation of law free from the lien thereof.

And further affiant sayeth not.

Documentie E Bunkowfort
OT OFFICIA E Bunkowfst

STATE OF INDIANA

COUNTY OF LAKE

The Document is the property of the Lake County Recorder!

Before me, a Notary Public in and for said County and State, personally appeared Patricia E. Bunkowfst, who executed the above and foregoing document, and swore or affirmed that the representations of fact contained therein are true, this 2nd day of February, 2017.

LYNETTE G. GARLING
Lake County
Mx Commission Expires
(Sisaptember 28, 2022

Cynette G. Carling, Notary Public

My Commission Expires: September 28, 2022

Resident of Lake County, State of Indiana DIANA

Pursuant to IC 36-2-11-15, 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 Printed:

Peggy To Stamper

Date signed: 2 - 2 - 17

This document prepared by Peggy Jo Stamper, Attorney at Law 209 South Main Street, Crown Point, Indiana 46307

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 110494

Local No 000	088		00005536	88			0010		
Decedent's Legal Name (First, Middle, Last)		1a. Maider	n Name (If female)		2. Sex	3. Time	Of Death	4. Date Of	Death (Month/Day/Year)
JOHN DANIEL KOCHER	8b. Under 1 Year   6c. Unde	er 1 Month 6d. Under 1 D	Day   6e. Under 1 Hour	7 0-1-	MALE f Birth (Month/D		53 AM		01/09/2017 r Foreign Country)
				1	,			-	
	Months Days Occurred In A Hospital:	Hours	Minutes 10a, If Death Occ		10/13/1930 there Other Than		VALSH, IL	· · · -	· · · · · · · · · · · · · · · · · · ·
Yes No Unknown inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)									
11. Facility Name (If Not institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT									
12. City Or Town, State, And Zip Code 13. County Of Death							14. Marital Status At Time Of Death  ☑ Married ☐ Married, But Separated ☐ Divorced		
CROWN POINT, IN, 46307  15. Surviving Spouse's Name	15a. Last Name Bel	LAKE  15a. Last Name Before First Marriage 16. Decede			Usual Occupation 17. Kind Of Business/Industry				
DATRICIA DUNICOMECT	EL CTON	EL STON MAINTEN			NOE MECHANIC MEDICAL				
PATRICIA BUNKOWFST ELSTON MAINTENANCE MECHANIC MEDICAL  18. Residence - State 18a. County 18b. City Or Town							<u> </u>		
INDIANA	LAKE		LOWELL						
18c. Street And Number		./			180	i. Apt. No.	18e. Zip	Code	18f. Inside City Limits?
7005 WEST 173RD LANE		Door	mont				46	356	Yes 🛭 No
19. Decedent's Education  20. Decedent of Alsoand Origin  21. Decedent's Râce  HIGH SCHOOL GRADUATE OR GED									
COMPLETED  22. Parent's Name (First, Middle, Last)	NOTHIS	PANICT	23. Parent's Name	(First, Middle	(Last)		23a. P	arent's Last N	lame Before First Marriage
ALEBED KOOLIED	ZDI-1- I		TOWITH ALLHON	CLIED	C		1001	LAMO	
ALFRED KOCHER  24. Informant's Name	24a. Rela	etionship To Decedent	24b. Mailing Addres	ss <b>46</b> treet An	id Number, City,	State, Zip Coo		LIAMS	
PATRICIA BUNKOWFST  SPOSE LAKE COUPEDS WESE PASSE LANE, LOWELL, IN 46356  25. Place Of Disposition									
25a, Method Of Disposition  ☑ Burial ☐ Cremation ☐ Donation ☐ Entor			ry, Crematory, Other Place)	25c. Loc	ation - City, Tow	n, And State			
Removal From State									
Other (Specify):  26. Was Coroner Contacted?  27. N	CEDAR PAR	K CEMETERY  of Funeral Facility		CALU	MET PAR	K, IL	<del></del>	27a, Fune	ral Home License Number:
☐ Yes ☒ No SHE	ETS FUNERAL HO	ME AND CREMA	ATION SERVICES	S, 604 E	COMME	RICAL AV	ENUE,	E. 1000	1077
27b. Signature Of Indiana Funeral Service Licens							r (Of Licensee):	FH8300	)42//
MOLLY E. TUCKER , BY ELECT	RONIC SIGNATUR		(See Instructions And	Examples)		200061			Approximate
28. Part I. Enter The <u>Chain Of Events</u> - Dis- Such As Cardiac Arrest, Respiratory Arrest,	eases, Injuries, Or Complica	ations - That Directly Car	used The Death, Do Not	Enter Only	inal Events	S A TRUE	COPY OF		Interval: Onset To Death
A Line. Add Additional Lines If Necessary.		TILL	SER'C	į.	THE RECO	RD ON F	ILE WITH	THE	
Immediate Cause (Final Disease Or Condition	ph Resulting In Death)	A. ACUTERESP	IRATORY FAILURE	Due to (Or As	KE COUNT A Consequence Of):	HEAL.	H DEPAR	MEN	HOURS
Sequentially List Conditions, If Any, Leading	g To The Cause Listed On	B. PNEUMONIA		Due to (Or As	A Consequence Off	M 13	2017		A FEW WEEKS
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last  C.									
			SEAL	Due to (Or As.	A Consequence Oi):				
Part II. Enter Other Significant Conditions Contribu	iting to Death But Not Resulting	ng In The Underlying Caus	g Given in Part i	29. Was	An Autopsy Peril	imed?	u TIA YOSI	or⊠ No	
DIABETES MELLITUS, PENILE CANCER, HY		CLEROTIC HEART DIS	SEASE	30. Were	Andrew Landson March		Complete The C	ause Of Deat	<sup>ħ?</sup> ☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death?  ☐ Yes ☐ Probably ☒ No ☐ Unknown	32. If Female:  Not Pregnant Within Past	Year Pregnant At Time Of D	Death Not Pregnant, But Preg		sys Of Death	-	Homicide 🔲		Pending Investigation
34. Date Of Injury (Month/Day/Year)	Not Pregnant, But Pregna 35. Time Of Injury	nt 43 Days To 1 year Before Death 36.	Unknown if Pregnant W				Could Not Be D nt, Wooded Are		Injury At Work?
									☐ Yes ☐ No
38. Location Of Injury - State	38a. City Or Town	38	3b. Street & Number				38c. Apt. N	No. 38d	. Zip Code
						. 16 T	atlan Jahani Sa		
39. Describe How Injury Occurred						Driver/Operator	Deer NO The	VALIP	<b>WALESS</b>
41. Signature, Of Person Certifying Cause Of De JOSEPH KACMAR, BY ELECTR		=			42. Certifier	(Check Only)	One) ☐ Cocone		lealth Officer
43. Name, Address And Zip Code Of Person Cert					La Certifyin		e Number		Date Certified
JOSEPH KACMAR , 123 N. COURT ST., CROWN POINT, IN 46307 0102							7088A 01/11/2017		
46. Additional Funeral Service Provider: 47. */							Akas:		
							Date Elled (Month/Day/Year):		
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							JAN 11 2017		
						b 1 ***			
		5				:-	DAISE	D.CEA	LACEIVED
State Form 53395 ATTENTION ESTATE: The	e Social Security # is being	requested by this state a	agency in order to pursue	e responsibi	lity. Disclosure	is voluntary	and there will	be no penalt	tor refusal.