

5. That no inheritance tax is due as a result of the death of the Decedent.
6. That **THE ESTATE OF SUSAN M. KENDERA** releases and quit claims by gift (utilizing her gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of her right title and interest in the Property.
7. That **ANDREW M. KENDERA** releases and quit claims by gift (utilizing his gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of his right title and interest in the Property.
8. That **JAMES S. KENDERA** releases and quit claims by gift (utilizing his gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of his right title and interest in the Property.
9. That **STEPHANIE J. McCORD** releases and quit claims by gift (utilizing her gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of her right title and interest in the Property.
10. That **RICHARD W. KENDERA** releases and quit claims by gift (utilizing his gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of his right title and interest in the Property.
11. That **MARY A. KENDERA** releases and quit claims by gift (utilizing her gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of her right title and interest in the Property.
12. That the value of the Decedent's gross probate estate less the costs and expenses of administration and reasonable funeral expenses does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by I.C. 29-1-8-3.
13. That the gross value of the estate of the Decedent as determined for purposes of Federal Estate taxes, did not require the filing of a Federal Estate Tax Return. As a consequence thereof, the Decedent's estate was not subject to Federal Estate Tax.
14. That the purposes of this Affidavit is to permit the transfer of the real estate to the Decedent's son, **PHILIP J. KENDERA**, and the Decedent's daughter, **PATRICIA A. KENDERA**, as joint tenants with rights of survivorship without the necessity of opening an estate in Indiana for administration of the property described herein.

FURTHER AFFIANTS SAYETH NOT.

Richard W. Kendera *Per. Leg.*

THE ESTATE OF SUSAN M. KENDERA
BY RICHARD W. KENDERA, Personal
Representative

Andrew M. Kendera
ANDREW M. KENDERA

Patricia A. Kendera
PATRICIA A. KENDERA

Philip J. Kendera
PHILIP J. KENDERA

James S. Kendera
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Stephanie M. Concord
This Document is the property of the Lake County Recorder

Richard W. Kendera
RICHARD W. KENDERA

Mary A. Kendera
MARY A. KENDERA

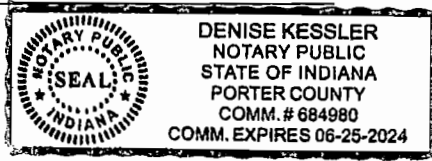


STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 3rd day of Feb, 2017, personally appeared **The Estate of Susan M. Kendera by Richard W. Kendera, Personal Representative**, and acknowledged the execution of the foregoing Affidavit.

Denise Kessler
Notary Public
Printed Name:

My Commission Expires: _____
County of Residence: _____



STATE OF ILLINOIS)
) SS:
COUNTY OF COOK

Before me, the undersigned, a Notary Public in and for said County and State, this 21st
day of January, 2017, personally appeared **Mary A. Kendera** and acknowledged the
execution of the foregoing Affidavit.



Danielle Rickard
Notary Public
Printed Name: DANIELLE RICKARD

County of Residence:

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.

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This instrument prepared by:

Richard E. Anderson, #2408-45
Anderson & Anderson, P.C.
9214 Broadway
Merrillville, IN 46410
(219) 769-1892





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 60264

Local No 002489

EDR No 00000460361

State No 035276

1. Decedent's Legal Name (First, Middle, Last) CECILIA T KENDERA				1a. Maiden Name (If female) KRIETER		2. Sex FEMALE	3. Time Of Death 10:40 AM	4. Date Of Death (Month/Day/Year) 07/23/2015		
5. Social Security Number 89		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) 04/09/1926		8. Birthplace (City and State or Foreign Country) GARY, 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) ST ANTHONY HOSPICE-CROWN POINT										
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" 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 BUS DRIVER		17. Kind Of Business/Industry SCHOOL		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town MERRILLVILLE			18d. Apt. No.	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 6963 MADISON STREET			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) ANDREW KRIETER				23. Mother's Name (First, Middle, Last) MATILDA KRIETER			23a. Mother's Maiden Last Name NEUDORF			
24. Informant's Name SUSAN KENDERA			24a. Relationship To Decedent DAUGHTER		25. Mailing Address (Street Address, Apt. No., State, Zip Code) 7741 W. ST. 73RD AVENUE APT. C, MERRILLVILLE, IN 46410					
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL & CREMATION SERVICES, 7905 BROADWAY, MERRILLVILLE, IN 46410-5559					27a. Funeral Home License Number FB40800005			
27b. Signature Of Indiana Funeral Service Licensee: RONALD J. MESARCH, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee: FD01005912				
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. ACUTE ON CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of): B. AORTIC STENOSIS Due to (Or As A Consequence Of): C. NONE Due to (Or As A Consequence Of): D. Approximate Interval: Onset To Death 3 WEEKS YEARS NONE										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. NONE										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" 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 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 type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town			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: KRISTINE MARIE TEODORI, 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: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307						44. License Number 02002441A		45. Date Certified 07/27/2015		
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 28 2015				



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JUL 28 2015

RAISED SEAL AFFIXED