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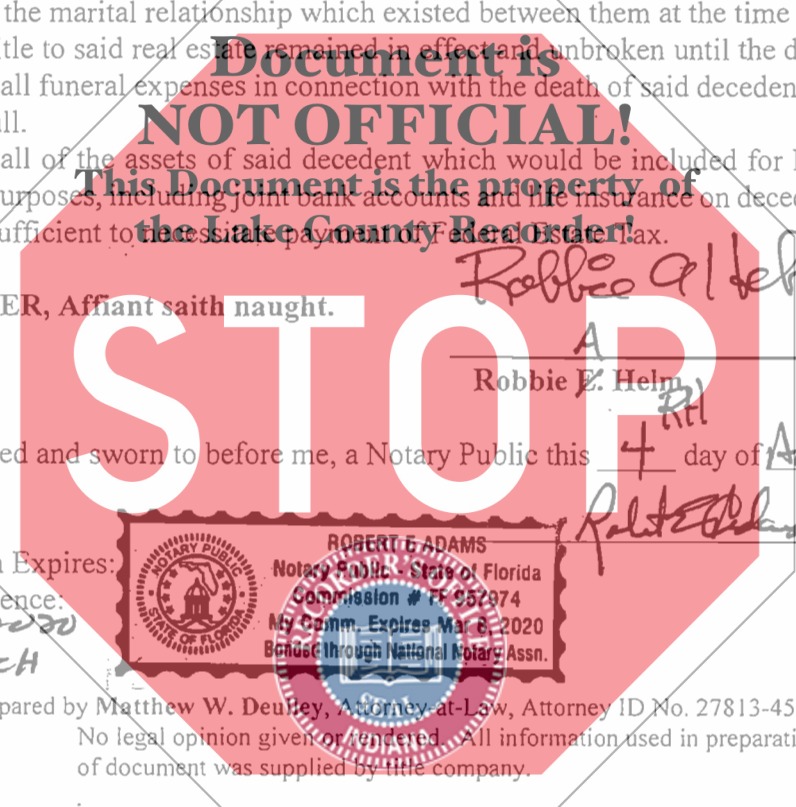
2017 050534

STATE OF INDIANA)
COUNTY OF LAKE) SS:
Tax I.D. No. 45-03-32-151-011.000-024

Robbie A. Helm, being first duly sworn upon oath, deposes and says:

1. That the Affiant is the son and has personal knowledge of the marital status of the Decedent.
2. That **Leona Helm a/k/a Leona Alice Helms** died on May 21, 2013, in East Chicago, Lake County, Indiana.
3. That the Decedent and **Robert E. Helm** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate: **LOTS 23, AND THE NORTH 4.5 FEET OF LOT 22, IN BLOCK 4, IN KOSCHUSKO PARK ADDITION, IN THE CITY OF EAST CHICAGO, LAKE COUNTY, INDIANA**
4. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to meet the payment of Federal Estate Tax.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 AUG 14 AM 9:30
MICHELLE B. BROWN
RECORDER



FURTHER, Affiant saith naught.

Robbie A. Helm
A
Robbie E. Helm

Subscribed and sworn to before me, a Notary Public this 4 day of AUGUST, 2017.

Robert Adams, Notary Public

My Commission Expires:
County of Residence:
EMERALD 2020
DALE BEACH



This instrument prepared by Matthew W. Deufley, Attorney at-Law, Attorney ID No. 27813-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Matthew W. Deufley
Signature of Preparer

Elizabeth Kinzie
Name of Preparer

FILED

004438

AUG 11 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25
EM
D

Community Title Company
File No. 1712497

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

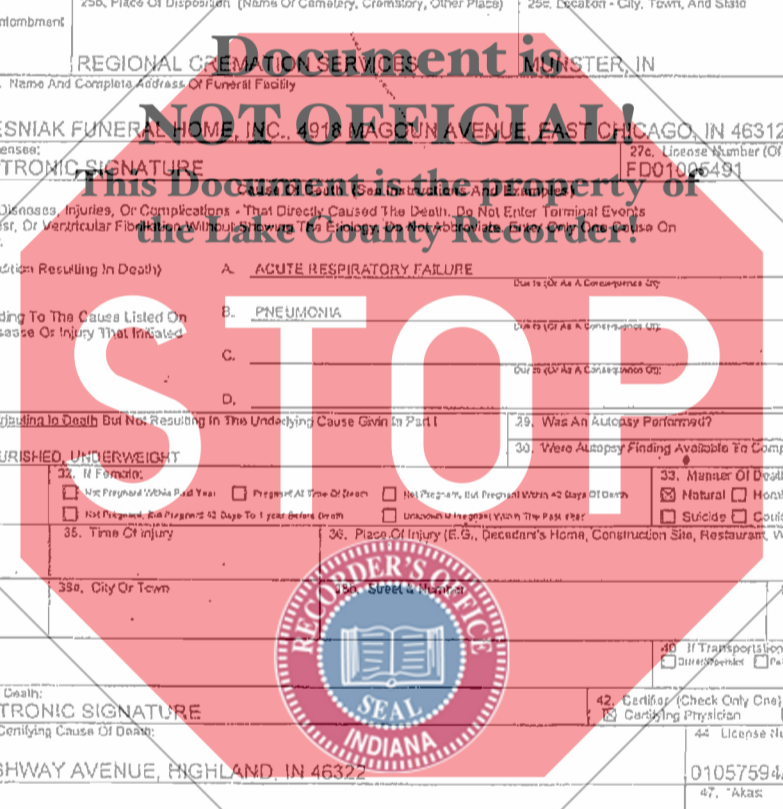
843267

Local No 000125

EDR No 00000324852

State No

1. Decedent's Legal Name (First, Middle, Last) LEONA ALICE HELM				1a. Maiden Name (If Female) KORDAS		2. Sex FEMALE	3. Time Of Death 08:50 AM	4. Date Of Death (Month/Day/Year) 05/21/2013	
5. Social Security Number [REDACTED]	5a. Age - Yrs 80	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 12/19/1924		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) REGENCY HOSPITAL OF NORTHWEST INDIANA, LLC									
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312				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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name ROBERT HELM			15a. (If Wife Give Maiden Last Name)			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO		18d. Apt. No.		18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 5120 WALSH AVENUE		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) JACOB KORDAS			23. Mother's Name (First, Middle, Last) DOMINIKA KORDAS			23a. Mother's Maiden Last Name CZARNIK			
24. Informant's Name ROBERT HELM		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 5120 WALSH AVENUE, EAST CHICAGO, IN 46312					
25. Place Of Disposition 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) REGIONAL CREMATION SERVICES, MONSTER, IN									
25c. Location - City, Town, And State									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LESNIAK FUNERAL HOME, INC., 4918 MAGCUN AVENUE, EAST CHICAGO, IN 46312						27a. Funeral Home License Number: FH83001601	
27b. Signature Of Indiana Funeral Service Licensee: JOHN B. LESNIAK, BY ELECTRONIC SIGNATURE									
27c. License Number Of Licensee: FD01006491									
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 Events That Immediately Preceded Them. Enter On One Line On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE RESPIRATORY FAILURE Due to (Or As A Consequence Of) B. PNEUMONIA Due to (Or As A Consequence Of) C. Due to (Or As A Consequence Of) D. Approximate Interval: Onset To Death 4 WEEKS 4 WEEKS									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I DEBILITY, FAILURE TO THRIVE, MALNOURISHED, UNDERWEIGHT									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown (Specify With The PAM Form)				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, Worked Area)				37. Injury At Work? <input type="checkbox"/> Yes <input 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)			
41. Signature Of Person Certifying Cause Of Death: LINUS B. GANDHI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LINUS B. GANDHI, 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322	
44. License Number 01057594A						45. Date Certified 05/23/2013		46. Additional Funeral Service Provider:	
47. "AKAS"						48. Signature of Local Health Officer ARVIND KAKODKAR, VIA ELECTRONIC SIGNATURE			
49. For Registrar Only - Date Filed (Month/Day/Year): MAY 23 2013						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			



UNRECORDED COPY - NOT VALID UNLESS SIGNED BY HEALTH OFFICER