

5

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 058386

2017 AUG 29 AM 11:40

MICHAEL B. BROWN  
RECORDER

Parcel No.: 45-07-18-178-032.000-023

BT1700334

**SURVIVORSHIP AFFIDAVIT**

I, WILLIAM KAYTAR, being first duly sworn, states:

1. Affiant is the Executor of the Estate of Andrew Kaytar, deceased.
2. Rose Kaytar died a resident of Lake County, Indiana on February 25, 2002 leaving her spouse, Andrew Kaytar, surviving her. A copy of Rose Kaytar's death certificate is attached as Exhibit "A."

3. At the time of her death, Andrew Kaytar and Rose Kaytar, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

SOUTH FIVE FEET OF LOT THIRTY SIX (36) AND NORTH 35 FEET OF LOT THIRTY-FIVE (35), IN BLOCK THREE (3), WISTERIA, BEING A RESUBDIVISION OF QUINNTON TERRACE IN HAMMOND, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 4 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 7522 Jarnecke Avenue, Hammond, IN 46324.

4. At the time of her death, Andrew Kaytar and Rose Kaytar were not divorced and were living together as husband and wife.

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is vested in Andrew Kaytar, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: ~~May~~, 2017.  
August 23, 2017

*William Kaytar (PR)*  
William Kaytar, Executor

**FILED**

AUG 28 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

026690 1820503666

25100  
AS

CHICAGO TITLE INSURANCE COMPANY



STATE OF INDIANA        )  
  ) SS:  
COUNTY OF LAKE        )

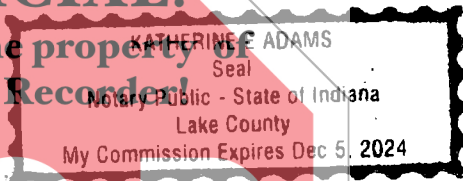
Before me the undersigned, a Notary Public for the State of Indiana, personally appeared William Kaytar, Executor of the Estate of Andrew Kaytar, and acknowledged the execution of this instrument this 28<sup>th</sup> day of August, 2017.

*Victor H. Prasco*

Victor H. Prasco, Notary Public

My Commission Expires: January 12, 2024  
Resident of Lake County, Indiana

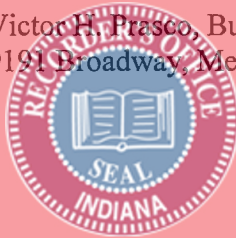
**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!



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. Victor H. Prasco

This instrument prepared by:

Victor H. Prasco, Burke Costanza & Carberry LLP  
9191 Broadway, Merrillville, Indiana 46410



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 501-02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) ROSE A. KAYTAR		2. SEX FEMALE	3a. TIME OF DEATH 9:29 P.M.	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 25, 2002
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) SEPTEMBER 9, 1929
7. BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA	8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL	9c. CITY, TOWN OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) ANDREW KAYTAR	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOME MAKER	12b. KIND OF BUSINESS/INDUSTRY OWN HOME	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN OR LOCATION HAMMOND	13d. STREET AND NUMBER 7522 JARNECKE AVENUE	
13e. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 11th		18. FATHER'S NAME (First, Middle, Last) JOHN SPEAR		
19. MOTHER'S NAME (First, Middle, Maiden Surname) MARY FISHER		20a. INFORMANT'S NAME (Type/Print) ANDREW KAYTAR		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7522 JARNECKE AVE., HAMMOND, IN. 46324		20c. Relationship HUSBAND		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Specify cemetery, crematory, or other place) MARCH 1, 2002 CHAPEL LAWN MEMORIAL GARDENS		21c. LOCATION—City or Town, State SCHERERVILLE, INDIANA
22a. EMBALMER'S NAME DEAN G. WAGNER		22b. EMBALMER'S LICENSE NO. 8800057	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b. LICENSE NUMBER (of License) 8800057	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME SOLAN FUNERAL HOME FH83002893 7109 CALUMET AVE., HAMMOND, IN. 46324	
26. PART I—Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. THIS CERTIFIES THE ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT. IMMEDIATE CAUSE (Final disease or condition resulting in death) Adult Respiratory Distress Syndrome DUE TO OR AS A CONSEQUENCE OF Hypertension DUE TO OR AS A CONSEQUENCE OF Intensive Lung Disorder DUE TO OR AS A CONSEQUENCE OF FEB 28 2002 UNKNOWN				Approximate Interval Between Onset and Death
PART II—Other significant conditions - Conditions contributing to death but not previously stated (Type/Print) Multi-Organ Failure Systemic Lupus Erythematosus Systemic Syndrome Hypertension				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) ( )
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Family Refused				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Alexander Bozanich M.D.</i>		29c. MEDICAL LICENSE NO. 01047404	29d. DATE SIGNED (Month, Day, Year) FEBRUARY 27, 2002	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ALEXANDER BOZANICH, M.D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321				
31. HEALTH OFFICER'S SIGNATURE <i>Simon J. Best D.O.</i>				32. DATE FILED (Month, Day, Year) February 28, 2002
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

