

7

2017 064697

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 SEP 25 AM 9:12

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT**

TAX: I.D. NO. 45-03-07-302-014.000-023

**Kathryn Kalwinski**, being first duly sworn upon oath, deposes and says:

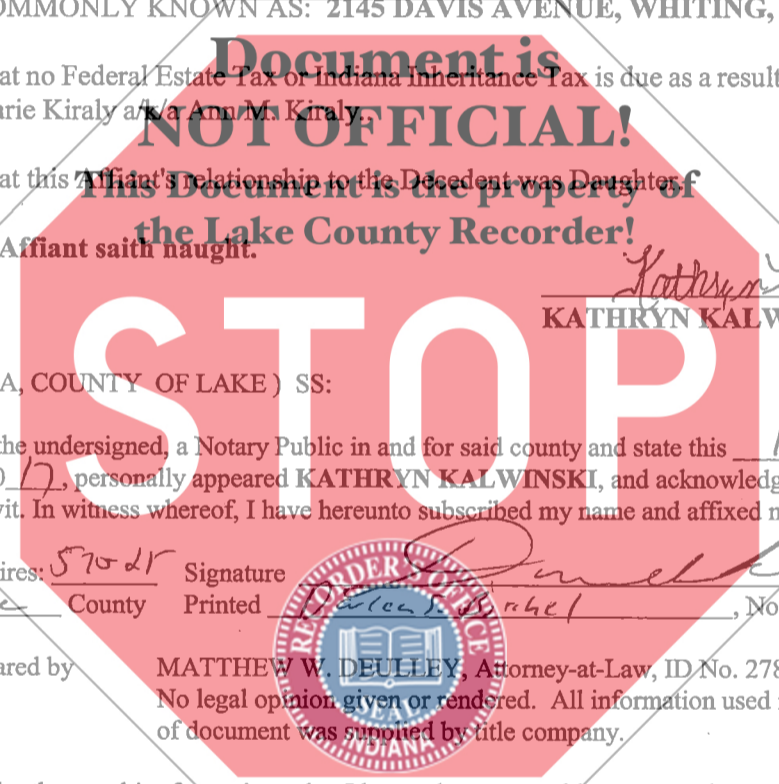
1. That **Anna Marie Kiraly a/k/a Ann M. Kiraly**, died on the 25th day of July, 2017 at Whiting, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest with a certain Title Holding Trust Company in the following described real estate:

**LOT SEVENTEEN (17), IN BLOCK TWO (2), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF SECOND ADDITION TO HAMMOND, IN LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 18, PAGE 12, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.**

COMMONLY KNOWN AS: **2145 DAVIS AVENUE, WHITING, IN 46394**

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Anna Marie Kiraly a/k/a Ann M. Kiraly.
4. That this Affiant's relationship to the Decedent was Daughter.

FURTHER, your Affiant saith naught.



*Kathryn Kalwinski*  
KATHRYN KALWINSKI

STATE OF INDIANA, COUNTY OF LAKE ) SS:

Before me, the undersigned, a Notary Public in and for said county and state this 15<sup>th</sup> day of September, 2017, personally appeared **KATHRYN KALWINSKI**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 5/10/21 Signature [Signature]  
Resident of Cole County Printed Dorcas Bichel, Notary Public

This instrument prepared by **MATTHEW W. DEULLEY**, Attorney-at-Law, 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.

[Signature]  
Signature of Preparer

Dorcas Bichel  
Printed Name of Preparer

COMMUNITY TITLE COMPANY  
FILE NO 1712755

**FILED**

SEP 22 2017

**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR

005323

25-  
CM  
AM



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

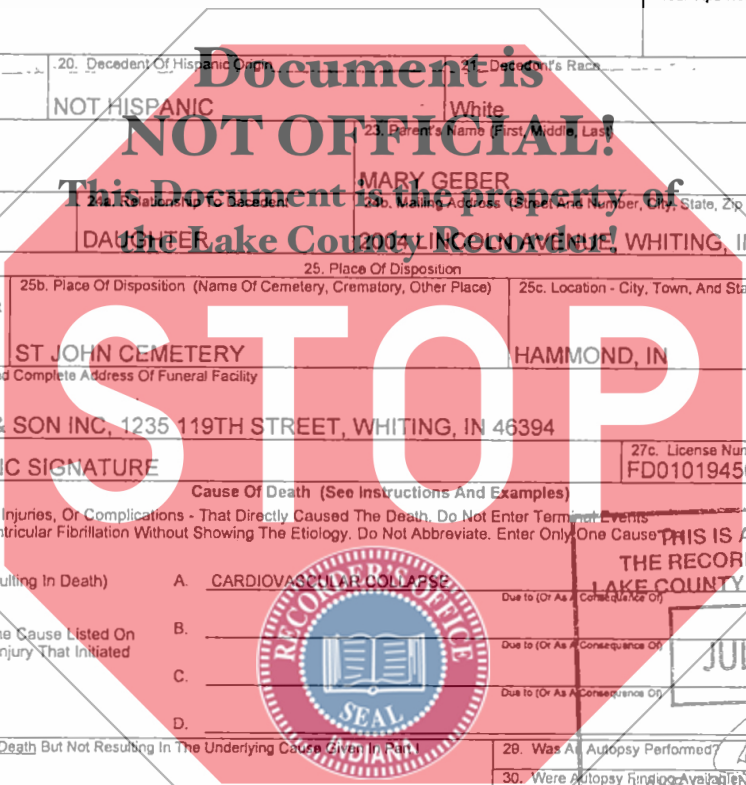
Tracking No. 130673

Local No 002605

EDR No 00000589969

State No 037007

1 Decedent's Legal Name (First, Middle, Last) <b>ANN M KIRALY</b>				1a. Maiden Name (If female) <b>GEBER</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>11:00 AM</b>	4. Date Of Death (Month/Day/Year) <b>07/25/2017</b>		
5 Social Security Number [REDACTED]		6a Age - Yrs <b>94</b>	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) <b>08/20/1922</b>		8 Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>	
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 type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) <b>HAMMOND-WHITING CARE CENTER</b>										
12. City Or Town, State, And Zip Code <b>WHITING, IN, 46394</b>					13. County Of Death <b>LAKE</b>			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 Last Name Before First Marriage		16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>		
18 Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>WHITING</b>		18d. Apt. No.	18e. Zip Code <b>46394</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number <b>1000 114TH STREET</b>										
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>			22. Parent's Name (First, Middle, Last) <b>MELCHIOR GEBER</b>	
23. Parent's Name (First, Middle, Last) <b>MARY GEBER</b>			23a. Parent's Last Name Before First Marriage <b>EVERHARDT</b>			24 Informant's Name <b>MRS KATHRYN KALWINSKI</b>				
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) <b>ST JOHN CEMETERY</b>			25c. Location - City, Town, And State <b>HAMMOND, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BARAN &amp; SON INC, 1235 119TH STREET, WHITING, IN 46394</b>					27a. Funeral Home License Number. <b>FH83007267</b>			
27b. Signature Of Indiana Funeral Service Licensee <b>MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01019456</b>				
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. <b>CARDIOVASCULAR COLLAPSE</b> Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ C. _____ D. _____										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To The Public? <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 type="checkbox"/> No		38. Location Of Injury - State		38a. City Or Town	
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: <b>KANTILAL S PATEL, BY ELECTRONIC SIGNATURE</b>						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. <b>KANTILAL S PATEL, 525 527 WEST CHICAGO AVENUE, EAST CHICAGO, IN 46312</b>						44. License Number <b>01043474A</b>		45. Date Certified <b>07/28/2017</b>		
46. Additional Funeral Service Provider.						47. *A.k.a.				
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 28 2017</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
JUL 28 2017



NOT VALID UNLESS