3,

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 018397

2019 MAR 28 AM 8:53

MICHAEL B. BROWN RECGROER

STATE OF INDIANA

))SS: Send Tax Bills: 6824 Wicker Ave.,

Hammond, IN 46323

COUNTY OF LAKE

)

AFFIDAVIT OF SURVIVORSHIP

Comes now Stephen Hilton, and upon being duly sworn does attest and say:

- 1. That the affiant is the nephew of Lorraine A. Kasza a.k.a Lorraine Kasza and the son of Joann Hilton, deceased.
- 2. That Lorraine A. Kasza a.k.a Lorraine Kasza and JoAnn Hilton reserved life estates in the following property for each of them:

Commonly Known as: 6824 Wicker Ave., Hammond, IN 46323

Parcel No.: 45-07-08-283-018.000-023

More Particularly Described as: THE NORTH 5 FEET OF LOT 28 AND ALL OF LOT 29 IN BLOCK & IN FORESTDALE ADDITION TO THE CITY OF HAMMOND AS SHOWN IN PLAT BOOK 20, PAGE 16 IN LAKE COUNTY, INDIAN AThis Document is the property of

the Lake County Recorder!
That Lorraine A. Kasza a.k.a Lorraine Kasza passed away on January 14, 2016.

- 4. That Joann Hilton passed away on February 21, 2019.
- 5. That Stephen Hilton and Denise Gosse became the sole owners of the property as Tenants in Common at the passing of Joann Hilton.
- 6. That the purpose of this affidavit is to remove the life estates of Lorraine A. Kasza a.k.a Lorraine Kasza and Joann Hilron.

I affirm under the penalties for perjury that the foregoing statements are true.

Stephen Hilton

STATE OF INDIANA)

3.

SS:

COUNTY OF LAKE)

Subscribed and sworn to before me this 21 day of March 21, 2019.



Shauna M. Lange, Notary Public Resident of Lake County

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

FILED

Shauna M. Lange

MAR 2 7 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR This Instrument Prepared by: Rees and Lange, P.C., Shauna M. Lange, Es

Rees and Lange, P.C., Shauna M. Lange, EsqAMOUNT \$

301 Main St., Hobart, IN 46342 (219) 947-1692. CASH___CHARGE__ CHECK#__Se9

OVERAGE COPY ____

NON-CONF.

040824

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 77192

Local No 00018	8 ED	EDR No 000000490053				State No 002604					
Decei/Ent's Legal Name (First, Middle, Last)		1a. Maiden Name (If temale)			2. Sex 3. Time C			Death 4.	Date Of D	eath (Monti	h/DzyMear)
LORRAINE A KASZA 5. Social Security Number 6a, Age - Yrs 6b, U	Inder 1 Year 6c. Under 1 Month	KASZA	6e. Under 1 Hour 7. Date		FEMALE of Birth (Month/Day/Yea		04:20 PM		01/14/2016 y and State or Foreign Country)		
		Hours	Minutes					AST CHICAGO, IN			
10	rred In A Hospital:	nours	10a. If Death Occu	rred Somew	vhere Other	Than A Hospit	al				
Yes 🗵 No 🗌 Unknown 🗎 Inpatient 🗎 Emergency Department Cutpatient 🔲 Dead on Arrival 🗎 Characteristy 🔲 Other (Specify)											
11. Facility Name (If Not Institution, Give Street and N 6824 WICKER AVENUE	umber)					•					
12. City Or Town, State, And Zip Code			13. County (Of Death			1 ' '	Marital Status Al			™ Diversed
HAMMOND, IN, 46323 LAKE Married Married, But Widowed Never II									Never M	arried 🔲	Unknown
15. Surviving Spouse's Name 15a. (If Wife) Give Maiden Last Name 16. Decedent's Usual Occupation 17. Kind Of Business/I									Business/Ind	iustry	
18. Residence - State	1.40		1 451 00 0 7		PATIEN	T REPRE	SENT	ATIVE HA	<u>MMO</u>	<u>ID CLIN</u>	11C
	18a. County		18b. City Or Tov								
INDIANA 18c. Street And Number	<u> </u>	·	HAMMOND		 ₁	18d. Apt. No).	18e, Zip Code		18f. Inside	City Limits?
8824 WICKER AVENUE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10000			
19. Decedent's Education	20. Decedent Of Hispa	nic Origin	21. 0	ecedent's P	₹ece			46323	i_		
HIGH SCHOOL GRADUATE OR GE COMPLETED	NOT HISPANIC	<i>Jocun</i>	nent								
22. Father's Name (First, Middle, Last)	NO	TOR	23. Mother's Name (First Middle	e, Last)			23a, Mothe	r's Maider	Last Name	
STEPHEN KASZA	110	1 01	MARY KASZ		U •			LOVRIN	ICH		
24. Informant's Name	This Doc	ument i	24b. Mailing Address the pr	ope	nd Number,	City State, Zip	Code)				
JOANN HILTON	SISTER La	ake Can	6824 WICKER	ord	EIC. HA	MIMOND,	110 46	5323			
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation ☐ Entombre	25b. Place Of Disposition (N	lame Of Cemetery, Cre	ematory, Other Place)	25c. Loc	cation - City	, Town, And St	ate				
Removal From State										,	
Other (Specify): 26. Was Coroner Contacted? 27. Name /	SOLAN PRUZIN C And Complete Address Of Funeral			ISCH	ERERVI	ILLE, IN		27	a. Funera	I Home Lice	ense Number.
SCHER	-PRUZIN FUNERAL S ERVILLE, IN 46375	SERVICE INC.	DBA SOLAN-	RUZIN	I, 14 KE	ENNEDY A	AVEN	UE, FI	11020	0037	
27b. Signature Of Indiana Funeral Service Licensee: PAUL P. GONZALEZ, BY ELECTR	ONIC SIGNATURE					7c, License Nu D2110003		f Licensee):			
28. Part I. Enter The Chain Of Events - Disease	s Injuries Or Complications . I	ause Of Death (See That Directly Caused	The Death De Not	Entor Torr	sinal Event	s					ximate al: Onset
Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additinal Lines If Necessary.	entricular Fibrillation Without S	howing The Etiology.	Do Not Abbreviate.	Enter Oni	y One Cau	se On				To De	ath
Immediate Cause (Final Disease Or Condition R	esulting In Death) A.	ACUTE AND CHRO	NIC RESPIRATOR	Y FAILUR	E A Consequenc	e On:				DAYS	
Sequentially List Conditions, If Any, Leading To The Cause Listed On B. CHRONIC GESTRUCTIVE PULMONARY DISEASE YEARS											
Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Last	r Injury That Initiated		THE STATE OF		A Consequence						
	; n			Que to (Or As	A Consequence	g Off:			-		
Part II. Enter Other Significant Conditions Contributing	to Death But Not Resulting In The	Uniderlying Cause Giv	ININ PARTH THE	29. Was	An Autopsy	Performed?		☐ Yes 【	<u></u>		
		Eddy /ND	THE VEYMEN	130. Were	Autopsy F	-		plete The Cause		⁷ □ Ye	s 🗆 No
31. Did Tobacoo Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown	32 If Female. Rot Pregnant Wirth Pasi Year	- Pregnant At Time D' Death	Not Pregnant, But Preg	nani Vilitin 42,8	Days Of Death	33. Manne Naturel		ath: nicide 🔲 Accid	lant 🔲	Pending Inv	estigation
34. Date Of Injury (Month/Day/Year)	Not Piegnant, Sut Pregnant 43 Qaya 1	To tygar Beller Degin	Of Injury (E.G., Dec					old Not Be Determ Wooded Area)		njury At Wo	rk?
	:			1	,			,	1] Yes	□ No
38. Location Of Injury - State	t .	. 38b., St	HERENGHER					33c, Apt. No.	38d.	Zip Code	
39 Describe How Injury Occurred	<u> </u>		i i i i i i i i i i i i i i i i i i i			40. If Fran	sponatio	on Injury, Specify:	. L.	/Brazilo	
41. Signature, Of Person Certifying Cause Of Death:		·						* * * * * * * * * * * * * * * * * * * *		14.	
LYLE R MUNN BY ELECTRONIC 43. Name, Address And Zip Cope Of Person Certifying						entifier (Check (entifying Physic 44. L		☐ Caraner		sath Officer Date Certifie	
LYLE R MUNN , 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383							01/20/2 01/20/2				
45 Additional Funeral Service Provider	O, MILDIONE I LAZ	, U . C 239, V/	LE FIVAIOU,	7000			*Avas		<u>.</u>	0 1120/2	-0.0
48 Signature of Local Health Officer:	-				49 For R	egistrar Only	- Date F	iled (Month/Day/	Year)		
SUSAN W. BEST, VIA ELECTRON		ENT TO CERTIFICA	TE OF DEATH (FN'	TRY OR O	RIGINALI			JAN 21 201	6		·
	- Autorities										
								-			
1							-				

State Form 53395 ATTENTION ESTATE The Social Security # is being requested by the state agency in order to pursue responsibility. O scio-sure is voluntary and there will be no panelly for refusal.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 187115

Local No 9	00651		EDR No ()			<u> 31</u>	٠.			0087			
Decedent's Legal Name (First, Middle,	Last)		1a. Mai	den Name (I	f female)		2. Sex	3.	Time Of I	Death	4. Date	Of Death (Month/Day/Year)	
JOANN HILTON 5. Social Security Number 6a. Age - Yr	- Yrs 6b. Under 1 Year 6c. Under 1 N		KASZA Month 6d. Under		6e. Under 1 Hour 7. Date		FEMALE 1 of Birth (Month/Day/Year)			10:24 PM 8. Birthplace (City and St		02/21/2019 State or Foreign Country)	
80	Months	Days	Hours		inutes	1	05/28/1	938	FAS	ST CHIC	AGO I	N	
	Death Occurred In			10	Da. If Death Occu	rred Some	where Othe	r Than A Hosp	ital				
		gency Department Outp	atient 🔲 Dead o	–	Hospice Facility Other (Specify)	/ 🔲 De	ecedent's H	ome Nu	rsing Hom	ie/Long-tem	Care Faci	lity	
11. Facility Name (If Not Institution, Give MUNSTER COMMUNITY H		r)											
12. City Or Town, State, And Zip Code	_				13. County (Of Death			1	Marital Stat			
MUNSTER, IN, 46321					LAKE					Married ∐ Widowed		ut Separated 🔯 Divorced er Married 🔲 Unknown	
15. Surviving Spouse's Name			15a, Last Name	Before First I			16. Dece	dent's Usual O	ccupation		17. Kind	Of Business/Industry	
							DHARN	ACY TEC	CHNIC	IAN	TEMPI	E PHARMACY	
18, Residence - State		18a. County			18b. City Or Tox		I I IZINI	INOT TEC	JI 11410		1 E IVII E		
INDIANA		LAKE			HAMMOND)							
18c. Street And Number								18d. Apt. N	lo. 18e. Zip Code 18f. Inside City Lim				
6824 WICKER AVENUE	824 MICKED WENTE									46323		Yes-🖸 No	
19. Decedent's Education		20. Decedent Of	Hispa nic Origin	0000	21,	Decedent's	Race			40.	دےر	<u> </u>	
HIGH SCHOOL GRADUAT	E OR GED		DO	cun	nent	15							
COMPLETED 22. Parent's Name (First, Middle, Last)		NOT HISPA	INIC	23	White Parent's Name (le, Last)			23a. Pa	rent's Last	Name Before First Marriage	
			OT	OF.	FIC	IA	L!						
STEVE KASZA 24. Informant's Name		24a, Retation	ship To Decedent	M.	ARY KASZ b. Mailing Addres	A selStreet A	and Milmhe	Oity State X	in Code)	LOVI	RINICH		
			Jucum				√		\	222			
STEPHEN HILTON		SONth	e Lake	25 Place C	of Disposition	COY	ler!	AMMOND), IIV 4C	0323			
25a, Method Of Disposition		25b, Place Of Disposition	on (Name Of Ceme			25c. Lo	ocation - Ci	y, Town, And S	State				
☐ Burial ☐ Cremation ☐ Donation ☐ Removal From State		SOLAN PRUZI	V FLINERAL	HOME	AND								
Other (Specify):		CREMATORY		I TOWNE		SCH	ERER\	ILLE, IN					
26. Was Coroner Contacted?		omplete Address Of FL		INO DE	201.41	ווקוו	1 4 4 12	ENNEON	A)/EN		27a. Fu	neral Home License Number:	
☐ Yes ⊠ No		UZIN FUNERA		INC. DE	SA SOLAN-	PRUZII	N, 14 K	ENNEDY	AVEN	UE,	FH102	200037	
27b. Signature Of Indiana Funeral Service	Licensee:							27c. License N		Licensee):			
DEAN G WAGNER , BY EL	ECTRONIC	SIGNATURE	Cause Of Dea	th (See In:	structions And	Examples		-1000000	157			Approximate	
28. Part I, Enter The <u>Chain Of Event</u> Such As Cardiac Arrest, Respiratory	s - Diseases, Inju	uries, Or Complication	ns - That Directly	Caused The	Death. Do Not	Enter Ter	minal Ever	nts				Interval: Onset To Death	
A Line. Add Additional Lines If Nece	ssary.	cular Pioriliation vyith	out anowing The	Ellology, DC		. CINOI OII	ny One Ca	use On				10 25401	
Immediate Cause (Final Disease Or	Condition Resulti	ng In Death)	A. ADVANCE	D CHRONIC	OBSTRUCTIV	E PULMO	NARY DIS	EASE					
			в.	O.	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM								
Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause	Leading To The t (Disease Or Inju	Cause Listed On In That Initiated				Due to (Or A	la A Consequer	ce Oi):					
The Events Resulting In Death) Last			C			Due to (Or A	ls A Conseque	ice Oi):					
			D. [SE	AL								
Part II. Enter Other Significant Conditions	Contributing to Dea	ath But Not Resulting Ir	The Underlying C	ause Given I	Parkl July		. /-	y Performed?			⊠-No		
					Him	30. Wei	e Autopsy	Finding Availab			ause Of De	ath? Yes No	
31. Did Tobacco Use Contribute To Deat		If Female; Not Pregnant Within Past Year	Pragnant At Time	Of Death	Not Pregnant, But Preg	mant Within 42	Dave Of Death		ner Of Dea		Accident i	Pending Investigation	
Yes Probably No Unkn	own	Not Pregnant, Bul Pregnant 43		esth 🔲	Unknown If Pregnant V	Vithin The Past	Year	Suicid	le 🔲 Cou	ld Not Be De	etermined		
34. Date Of Injury (Month/Day/Year)	35.	. Time Of Injury		36. Place C	f Injury (E.G., Dec	cedent's Ho	me, Const	uction Site, Re	staurant, \	Vooded Are	a) 3	7. Injury At Work? ☐ Yes ☐ No	
				001 5:						200 4-4 **		Yes No	
38. Location Of Injury - State	38a	. City Or Town		38b. Stree	t & Number					38c. Apt. N	u. 3	ou, zip coue	
loo Barrier II in the second								40 147	neport-#	n Iniverse	ocific:		
39. Describe How Injury Occurred											VAL		
41. Signature, Of Person Certifying Cause WASSIM ATASSI, BY ELE		SIGNATURE F				-		ertifier (Check Certifying Physi		Corone		Health Officer	
43. Name, Address And Zip Code Of Per					IUE COPY (N FILE WIT!				License N	lumber	4	5. Date Certified	
WASSIM ATASSI , 9696 G	ORDON DE	R., HIGHLAND	IN463220U	NTY HE	ALTH DEPA	RTMEN	ıτ	010	058603	3A		02/25/2019	
46. Additional Funeral Service Provider:		,			THE PERSON NAMED OF THE PE	7	Ĭ.		. •Akas:				
48. Signature of Local Health Officer.		<u> </u>	1	FFD 7	6 2019	1	49∦ For	Registrar Only	/ - D _p ate F	iled (Month	Day/Year):		
CHANDANA VAVILALA, VI	A ELECTRO	DNIC SIGNAT	IKE į		_					EB 25			
		AME	IDMENT TO CE	RTIFICATE	OF DEATH (EN	IRY OR (DRIGINAL)	1				
		A		(10 -			H		1 1				
			LAKE C	OUNTY I	HEALTH OFF	ICER			1				
I		Ľ.			********				1				