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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 018397

2019 MAR 28 AM 8:53

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

Send Tax Bills: 6824 Wicker Ave.,  
Hammond, IN 46323

**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 15 FEET OF LOT 28 AND ALL OF LOT 29 IN BLOCK 8 IN FORESTDALE ADDITION TO THE CITY OF HAMMOND AS SHOWN IN PLAT BOOK 20, PAGE 16 IN LAKE COUNTY, INDIANA

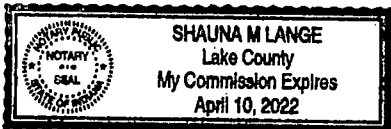
3. That Lorraine A. Kasza a.k.a Lorraine Kasza passed away on January 14, 2016.
4. That Joann Hilton passed away on February 21, 2019.
5. That Stephen Hilton and Denise Gosse became the sole owners of the property as Tenants in Common at the passing of Joann Hilton.
6. That the purpose of this affidavit is to remove the life estates of Lorraine A. Kasza a.k.a Lorraine Kasza and Joann Hilton.

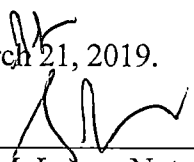
I affirm under the penalties for perjury that the foregoing statements are true.

  
Stephen Hilton

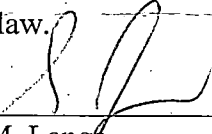
STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

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.

  
Shauna M. Lange

**FILED**

MAR 27 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

*This Instrument Prepared by:*  
Rees and Lange, P.C., Shauna M. Lange, Esq.  
301 Main St., Hobart, IN 46342  
(219) 947-1692.

AMOUNT \$ 2500  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 509  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY JB/RCM

040824



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

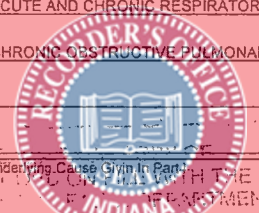
Tracking No. 77192

Local No 000188

EDR No 00000490053

State No 002604

Form containing fields for decedent's name (LORRAINE A KASZA), date of death (01/14/2016), residence (6824 WICKER AVENUE, HAMMOND, IN), cause of death (ACUTE AND CHRONIC RESPIRATORY FAILURE), and certifying physician (LYLE R MUNN).





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 187115

Local No 900651

EDR No 00000695081

State No 008797

1. Decedent's Legal Name (First, Middle, Last) JOANN HILTON
1a. Maiden Name (If female) KASZA
2. Sex FEMALE
3. Time Of Death 10:24 PM
4. Date Of Death (Month/Day/Year) 02/21/2019
5. Social Security Number
6a. Age - Yrs 80
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 05/28/1938
8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) MUNSTER COMMUNITY HOSPITAL
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. Last Name Before First Marriage
16. Decedent's Usual Occupation PHARMACY TECHNICIAN
17. Kind Of Business/Industry TEMPLE PHARMACY
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town HAMMOND
18c. Street And Number 6824 WICKER AVENUE
18d. Apt. No.
18e. Zip Code 46323
18f. Inside City Limits?
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Parent's Name (First, Middle, Last) STEVE KASZA
23. Parent's Name (First, Middle, Last) MARY KASZA
23a. Parent's Last Name Before First Marriage LOVRINICH
24. Informant's Name STEPHEN HILTON
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 6824 WICKER AVENUE, HAMMOND, IN 46323
24c. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) SOLAN PRUZIN FUNERAL HOME AND CREMATORY
25c. Location - City, Town, And State SCHERERVILLE, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375
27a. Funeral Home License Number: FH10200037
27b. Signature Of Indiana Funeral Service Licensee: DEAN G WAGNER, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08800057
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. ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of):
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.
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: WASSIM ATASSI, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI, 9696 GORDON DR., HIGHLAND IN 46322
44. License Number 01058603A
45. Date Certified 02/25/2019
46. Additional Funeral Service Provider:
47. \*As:
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): FEB 25 2019
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)
LAKE COUNTY HEALTH OFFICER



NOT VALID UNLESS