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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 064981

2019 SEP 24 AM 9:31

MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

On this 16th day of September, 2019, before me, personally appeared Rhonda Kraft aka Rhonda R. Kraft to me personally known, who being duly sworn on oath did say that:

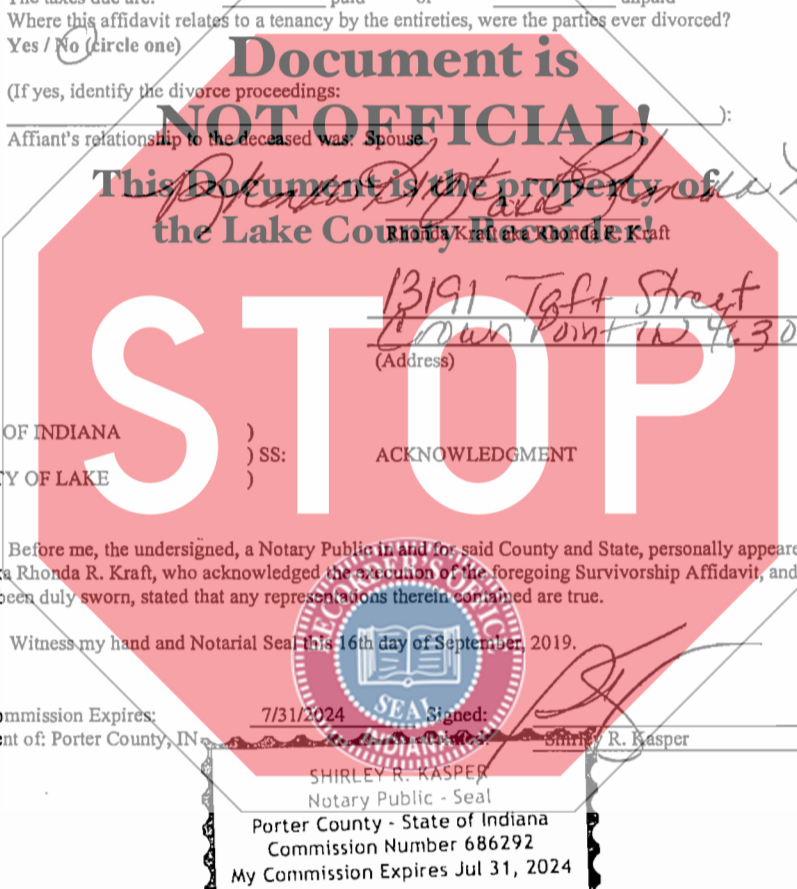
- Affiant resides at the address given below affiant's signature:
- Affiant is Rhonda Kraft aka Rhonda R. Kraft
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Melvin Kraft aka Melvin L. Kraft and Rhonda Kraft aka Rhonda R. Kraft;
- Said Melvin Kraft aka Melvin L. Kraft Died on September 28, 2018 leaving a will / no will (circle one);
- The legal description of the premises in question is:  
 PARCEL I: LOT 101, IN WIRTZ CROWN HEIGHTS UNIT 4 TO LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 39, PAGE 86, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.  
 PARCEL II: THE NORTH 5 FEET OF LOT 20, IN WIRTZ CROWN HEIGHTS UNIT 6, TO THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 44, PAGE 102, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.  
 Property Address: 9510 ROOSEVELT PL, Crown Point, IN 46307  
 Parcel ID: 45-12-32-251-005.000-029
- Is there Federal or State inheritance tax liability by reason of the death of said decedent?  
 Yes / No (circle one)

If yes, then estimated taxes due are \$ \_\_\_\_\_  
The taxes due are: \_\_\_\_\_ paid or \_\_\_\_\_ unpaid

- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
 Yes / No (circle one)

(If yes, identify the divorce proceedings: \_\_\_\_\_)

- Affiant's relationship to the deceased was: Spouse



*Document is the property of Rhonda R. Kraft*  
*Signature: Rhonda R. Kraft*

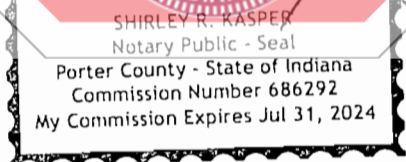
13191 Telft Street  
Crown Point IN 46307  
 (Address)

STATE OF INDIANA )  
) SS: ACKNOWLEDGMENT  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Rhonda Kraft aka Rhonda R. Kraft, who acknowledged the execution of the foregoing Survivorship Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 16th day of September, 2019.

My Commission Expires: 7/31/2024 Signed: Shirley R. Kasper  
Resident of: Porter County, IN



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. Cynthia Reed

Prepared by: Liberty Title & Escrow Company, LLC, Janice Lorraine Shei, Attorney, (25092-46), 505 Silhavy Road, Suite 600, Valparaiso, IN 46383  
Liberty Title & Escrow File #: T8V19006153

*\* See Attached Death Certificate*

**FILED**

28996

SEP 24 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

*JK3*

*Chk # 112506*

*\$25*

*(1)*



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

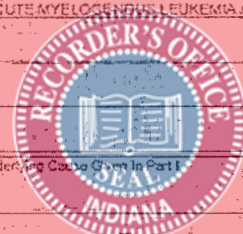
Tracking No. 172850

Local No 903248

EDR No 00000667648

State No 047701

1. Decedent's Legal Name (First, Middle, Last) <b>MELVIN L KRAFT</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>08:40 PM</b>	4. Date Of Death (Month/Day/Year) <b>09/28/2018</b>	
5. Social Security Number [REDACTED]	8a. Age - Yrs <b>76</b>	6a. Under 1 Year Months	6b. Under 1 Month Days	6c. Under 1 Day Hours	6d. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>03/09/1942</b>	
8. Birthplace (City and State or Foreign Country) <b>GREENSBORO, PA</b>		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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) <b>ST ANTHONY MEDICAL CENTER OF CROWN POINT</b>							
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>RHONDA KRAFT</b>		15a. Last Name Before First Marriage <b>CROUCH</b>		16. Decedent's Usual Occupation <b>STEELWORKER</b>		17. Kind Of Business/Industry <b>US STEEL</b>	
19. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>		16a. Apt. No.	
18c. Street And Number <b>9510 ROOSEVELT PLACE</b>		16b. Zip Code <b>46307</b>		16c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>EDWARD GEORGE KRAFT</b>	
22. Parent's Name (First, Middle, Last) <b>EDWARD GEORGE KRAFT</b>		23. Parent's Name (First, Middle, Last) <b>GOLDIE VIOLA KRAFT</b>		23a. Parent's Last Name Before First Marriage <b>GARY</b>			
24. Informant's Name <b>RHONDA KRAFT</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Informant's Address (Street, City, State, Zip Code) <b>9510 ROOSEVELT PLACE, CROWN POINT, IN 46307</b>			
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) <b>NORTHWEST INDIANA CREMATION SERVICES</b>		25c. Location - City, Town, And State <b>CROWN POINT, IN</b>			
26. Was Coroner's Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>		27a. Funeral Home License Number <b>FH83002445</b>			
27b. Signature Of Indiana Funeral Service Licensee <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD20700059</b>		Cause Of Death (See Instructions And Examples)		Approximate Interval: Onset To Death	
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 Specifying 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) <b>A. ACUTE MYELOGENOUS LEUKEMIA AND ACUTE RESPIRATORY FAILURE</b>		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were An Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Decedent Use Contraception 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"/> Pregnant, But Pregnant Within 1 Year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant Between 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 checked="" type="checkbox"/> No	
39. Location Of Injury - State		39a. City Or Town		39b. Street & Number		39c. Apt. No.	
39d. Zip Code		39e. City Or Town		39f. Street & Number		39g. 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>LYLE R MUNN, 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>LYLE R MUNN, 600 SUPERIOR AVENUE, MUNCIE, IN 47302</b>		44. License Number <b>01031562A</b>		45. Date Certified <b>09/30/2018</b>		46. Additional Funeral Service Provider	
48. Signature Of Local Health Officer <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year) <b>OCT 01 2018</b>		47. Date <b>OCT 05 2018</b>		49. For Registrar Only - Date Filed (Month/Day/Year)	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		LAKE COUNTY HEALTH OFFICER					



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