



Affinity Title Services, LLC

AFFINITY TITLE SERVICES, LLC

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2019-076142
2019 Nov 5 11:55 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

STOP


RECORDER'S OFFICE
INDIANA

Survivor Affidavit
Judy DeMorrow, Trustee
George Kristoff, Jr

Document Type:

Grantor:

Grantee:

Total Amt.:

Check No.:

Deputy:

25.00
5955
[Signature]



SURVIVORSHIP AFFIDAVIT

Judy Dembowska Trustee being first duly sworn upon his oath, states:

1. That he/she resides at 9932 W 129th Pl (address), Cedar Lake (City), Indiana; 46303, Indiana.

2. That he/she is the Trustee ^{Niece} (relationship), of George Kostoff Jr., deceased, who died a resident of 6323 Nebraska (City), Hammond (County), Lake Indiana on 07/19/2019, and who held a Life Estate in the following parcel of real property, which is located at 6323 Nebraska Ave Hammond, IN, Lake County, Indiana; and further described as:

ALL LOT 37, EXCEPT THE SOUTH 12 1/2 FEET THEREOF, ALL LOT 38, ALL LOT 39, EXCEPT THE NORTH 16 1/2 FEET THEREOF, BLOCK 1 OF I.F. PRITCHARD'S 2ND ADDITION TO THE CITY OF HAMMOND, INDIANA AS PER PLAT THEREOF RECORDED IN PLAT BOOK 11, PAGE 28, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
Tax ID: 45-07-03-452-006-000.023

3. That he/she the surviving successor trustee and owner of the said parcel of real property;

4. That attached hereto, is a true and authentic copy of the death certificate of the aforesaid attached

Further affiant sayeth not,

Judy Dembowska Trustee Signature
Judy Dembowska, Trustee

STATE OF Indiana

) SS:

COUNTY OF Lake

FILED

043826

NOV 05 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Before me, the undersigned, a Notary Public in and for said County and State, this 25 day of Oct, 2018, 2019 personally appeared Judy Dembowska, Trustee and acknowledged the execution of the foregoing affidavit.

5555

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

Ka

Karen Centracchio, Notary Public

My Commission Expires 8.18.24

County of Residence: LAKE

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. No legal opinion has been rendered during the preparation of this Deed. / *Judy Dembowski*

**This Document is the property of
the Lake County Recorder!**

This document prepared by: *Judy Dembowski*





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

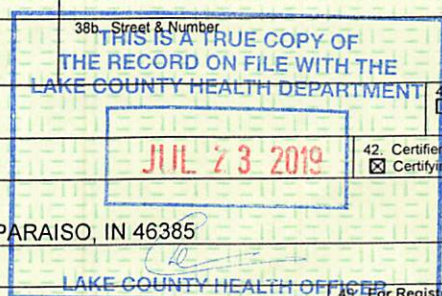
Tracking No. 202320

Local No 902647

EDR No 00000721889

State No 035587

1. Decedent's Legal Name (First, Middle, Last) GEORGE KOSTOFF JR				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 03:00 AM		4. Date Of Death (Month/Day/Year) 07/19/2019			
5. Social Security Number		6a. Age - Yrs 96		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) 02/02/1923				8. Birthplace (City and State or Foreign Country) HAMMOND, IN									
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 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 checked="" 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) 6323 NEBRASKA AVENUE										12. City Or Town, State, And Zip Code HAMMOND, IN 46323			
13. County Of Death LAKE				14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown									
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation MACHINIST		17. Kind Of Business/Industry MANUFACTURING			
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town HAMMOND					
18c. Street And Number 6323 NEBRASKA AVENUE				18d. Apt. No.		18e. Zip Code 46323		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
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) GEORGE KOSTOFF SR				23. Parent's Name (First, Middle, Last) MARY ELLEN KOSTOFF				23a. Parent's Last Name Before First Marriage MCCARTHY					
24. Informant's Name JUDY DEMBOWSKI				24a. Relationship To Decedent NIECE				24b. Mailing Address (Street And Number, City, State, Zip Code) 9932 WEST 129TH PLACE, CEDAR LAKE, IN 46303					
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) ELMWOOD CEMETERY				25c. Location - City, Town, And State HAMMOND, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322				27a. Funeral Home License Number: FH10300021					
27b. Signature Of Indiana Funeral Service Licensee: DAVID R. PETERSON, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD08601585									
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. HYPERTENSIVE HEART 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. _____ Due to (Or As A Consequence Of) C. _____ Due to (Or As A Consequence Of) D. _____										Approximate Interval: Onset To Death SEVERAL MONTHS			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. CONGESTIVE HEART FAILURE ETIOLOGY UNKNOWN										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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				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)				NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				44. License Number 01057042A		45. Date Certified 07/23/2019			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385				47. *Akas:									
46. Additional Funeral Service Provider:				48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): JUL 23 2019					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													



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