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2019-080887

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

2019 Nov 22 11:21 AM

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

I, Kristi Kucer Dombrowski, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Steve G. Kucer and Darlene M. Kucer (aka Darlene Kucer) are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 7, Fairmeadow Ninth Addition, Block Two, to the Town of Munster, Lake County, Indiana, as shown in Plat Book 37, page 95, in Lake County, Indiana

Commonly Known As: 1331 Fran Lin Parkway, Munster, IN 46321

Affiant's Address: 1207 Woodhollow Drive, Schererville, IN 46375

Tax ID #45-07-30-403-010.000-027

3. Steve G. Kucer and Darlene M. Kucer (aka Darlene Kucer) acquired title to said real estate as Husband and Wife by Trustee's Deed on the 10th day of October 1967, and recorded in the Office of the Lake County Recorder on the 24th day of October, 1967, as Document No. 2825.

4. The marital relationship between Steve G. Kucer and Darlene M. Kucer (aka Darlene Kucer) continued unbroken from the time they acquired title to the real estate until the death of Darlene M. Kucer (aka Darlene Kucer) on April 1, 2010. See attached Death Certificate for Darlene M. Kucer (aka Darlene Kucer).

HOLD FOR MERIDIAN TITLE

19-38877

FILED

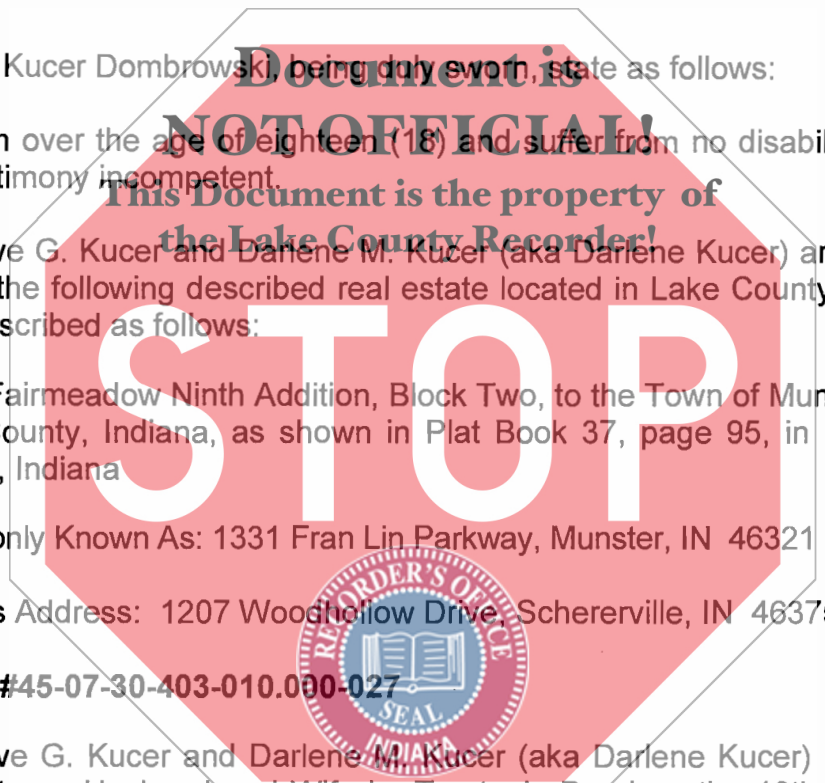
30977

NOV 21 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25 RM

6824



5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

*Kristi Kucer Dombrowski*  
~~Kristi Kucer Dombrowski-Affiant~~

STATE OF INDIANA

COUNTY OF LAKE

Document is  
NOT OFFICIAL!

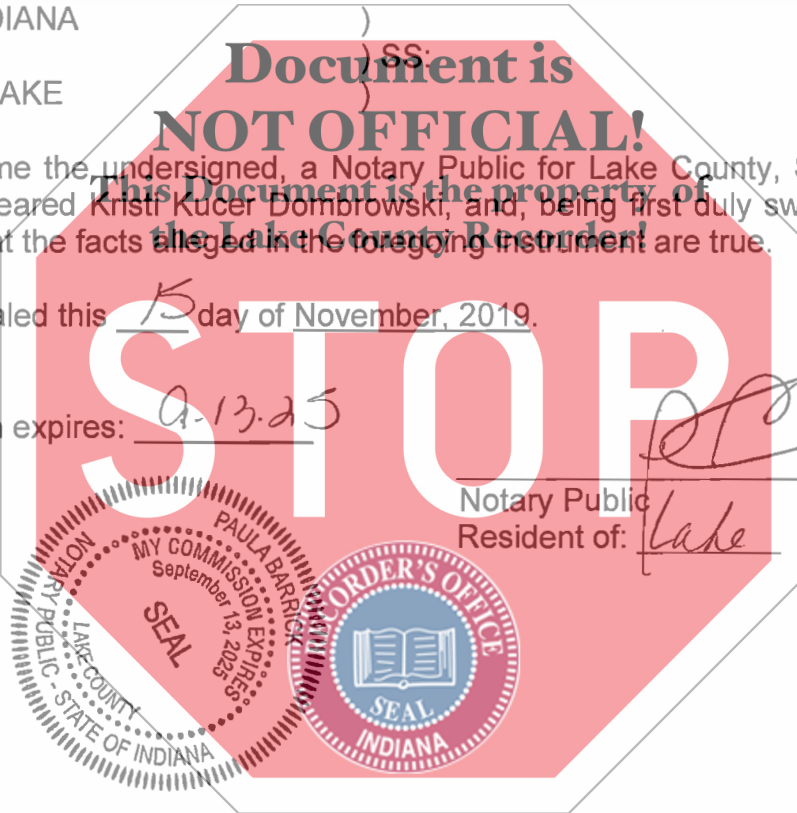
SS: )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared ~~Kristi Kucer Dombrowski~~, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 15 day of November, 2019.

My commission expires: 9-13-25

*Paula Barrick*  
Notary Public  
Resident of: Lake County, Indiana



"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." /s/ Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

CERTIFICATION OF VITAL RECORD

City of Corpus Christi, Texas
Bureau of Vital Statistics

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER
1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) (Male/f)
2. DATE OF DEATH: ACTUAL OR PRESUMED
DARLENE KUCER BOLDT 04/01/2010
3. SEX 4. DATE OF BIRTH 5. AGE-Last Birthday (Years) 6. UNDER 1 YEAR 7. UNDER 1 DAY
FEMALE 10/04/1927 82 0 0 0
8. BIRTHPLACE (City & State or Foreign Country)
HAMMOND, IN
7. SOCIAL SECURITY NUMBER 8. MARITAL STATUS AT TIME OF DEATH
9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)
STEVE G KUCER
10a. RESIDENCE STREET ADDRESS 10b. APT. NO. 10c. CITY OR TOWN
1331 FRAN-LIN PARKWAY MUNSTER
10d. COUNTY 10e. STATE 10f. ZIP CODE 10g. INSIDE CITY LIMITS?
LAKE INDIANA 48324 Yes
11. FATHER'S NAME 11. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
WALTER BOLDT VARIE CAMP
12. PLACE OF DEATH (CHECK ONLY ONE)
13. PLACE OF DEATH (CHECK ONLY ONE)
14. COUNTY OF DEATH 15. CITY/TOWN, ZIP CODE 16. FACILITY NAME (if not institution, give street address)
NUECES CORPUS CHRISTI, 78405 CORPUS CHRISTI MEDICAL CENTER - THE
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED 18. MAILING ADDRESS OR INFORMANT'S NAME AND NUMBER, City, State, Zip Code
STEVE G. KUCER - HUSBAND 1331 FRAN-LIN PARKWAY, MUNSTER, IN 46321
19. METHOD OF DISPOSITION 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 21.
22. PLACE OF DISPOSITION (Name of Cemetery, Crematory, other place) 23. LOCATION (City/Town, and State)
SOUTH TEXAS CREMATION SERVICES ROCKPORT, TX
24. NAME OF FUNERAL FACILITY 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and/or P.O. Box, City, State, Zip Code)
TREVINO FUNERAL HOME - CORPUS CHRISTI 3006 NIAGARA, CORPUS CHRISTI, TX 78405
26. CERTIFIER (Check only one)
27. SIGNATURE OF CERTIFIER 28. DATE CERTIFIED (Mo/Da/Yr) 29. LICENSE NUMBER 30. TIME OF DEATH (Actual or presumed)
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)
Dr. Sudhakar Paiparene 33155 N. Hamedast, Corpus Christi, TX 78411
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OF 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 EACH LINE.
IMMEDIATE CAUSE (Final disease or condition resulting in death)
ISCHEMIC COLITIS
34. WAS AN AUTOPSY PERFORMED?
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
36. MANNER OF DEATH 37. DID TOBACCO USE CONTRIBUTE TO DEATH? 38. IF FETAL DEATH
39. IF TRANSPORTATION INJURY, SPECIFY:
40a. DATE OF INJURY (Mo/Day/Yr) 40b. TIME OF INJURY 40c. INJURY AT WORK? 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code) 40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED
42a. REGISTRAR FILE NO. 42b. DATE RECEIVED BY LOCAL REGISTRAR 42c. REGISTRAR
020879 APR 30 2010
43. VITAL RECORDS ONLY (If not a true reproduction of the document officially registered and recorded on file in the BUREAU OF VITAL STATISTICS, CORPUS CHRISTI-NUECES COUNTY HEALTH DEPARTMENT.)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 198.1518)

NOTICE: This Document is the property of the Lake County Recorder



244502

CERTIFIED COPY OF VITAL RECORDS
STATE OF TEXAS
COUNTY OF NUECES
DATE ISSUED APR 30 2010
Annette Rodriguez, MPH
LOCAL REGISTRAR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 901990

EDR No 00000713256

State No

Form containing fields for decedent information (Steve G Kucer), date of death (05/30/2019), cause of death (End Stage Renal Disease), and certifying officer (Leonard Joseph Buccellato).

