

NOT AN OFFICIAL DOCUMENT

certified copy of the death certificate of Steven F. Kwinta attached hereto.

The affiant is the surviving spouse of Steven F. Kwinta. The affiant and Steven F. Kwinta were married on October 3, 1964. The affiant and Steven F. Kwinta were married and held title to the aforementioned real estate continuously, with no interruption, from the date the warranty deed was recorded on July 24, 2001 to the date of Steven F. Kwinta's death on December 22, 2020. The affiant and Steven F. Kwinta were never divorced and were still lawfully married on the date of Steven F. Kwinta's death on December 22, 2020.

That the total value of the estate of Steven F. Kwinta, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of his death, did not exceed the sum of two hundred thousand dollars (\$200,000.00).

I hereby swear or affirm under the penalties for perjury that the foregoing statements are true and accurate to the best of my knowledge, information, and belief.

DATED: April 22, 2021.

Marilyn D. Kwinta
Marilyn D. Kwinta (SEAL)

NOTARY AFFIRMATION

I, the undersigned, a Notary Public in and for Lake County, State of Indiana, do HEREBY CERTIFY that Marilyn D. Kwinta personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 22nd day of April, 2021.

My commission expires on August 17, 2025.

Jeffrey A. Manjarrez
Notary Public, State of Indiana.



I am a resident of Lake County, Indiana.

This instrument prepared by:

Mr. Edward J. Wartman, Esq.
Attorney at Law
516 E. 86th Avenue
Merrillville, IN 46410-6213
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Fax (219) 791-9366
e-mail: ewartman@aol.com

"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."
PREPARED BY: mtc

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Tracing #: 267857



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 005789

EDR No 000011066131

State No 2020-078669

1. Decedent's Legal Name (First, Middle, Last) Steve F Kwinta Jr		1a. Maiden Name (if female)		2. Gender Male		3. Time of Death 12:10 AM		4. Date of Death (Month/Day/Year) 12/22/2020	
5. Social Security Number [REDACTED]		6a. Age - Yrs 78		6b. Under 1 Year Months [REDACTED]		6c. Under 1 Month Days [REDACTED]		6d. Under 1 Day Hours [REDACTED]	
6e. Under 1 Hour Minutes [REDACTED]		7. Date of Birth (Month/Day/Year) 02/19/1942		8. Birthplace (City and State or Foreign Country) Chicago, Illinois					
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"/> Died on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) Towne Centre Health Care									
12. City or Town, State, and Zip Code Merrillville, Indiana, 46410				13. County of Death Lake		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 Marilyn Kwinta			15a. Last Name Before First Marriage Devot			16. Decedent's Usual Occupation Stationary Engineer		17. Kind Of Business/Industry Heating and Cooling	
18a. Residence - State IN		18b. County Lake		18c. City Or Town Highland		18d. Apt. No.		18e. Zip Code 46322	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18g. Street/And Number 3726 Sandalwood Drive		18h. Inside City Limits?		18i. Apt. No.		18j. Zip Code	
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) Steve F. Kwinta Sr			23. Parent's Name (First, Middle, Last) Stella Kwinta			23a. Parent's Last Name Before First Marriage Aniol			
24. Informant's Name Marilyn Kwinta		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 3726 Sandalwood Drive, Highland, IN, 46322					
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) Hillside Funeral Home & Cremation Center		25c. Place of Disposition White					
25d. Location - City, Town, and State Highland, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322				27a. Funeral Home License Number FH11700003	
27b. Signature of Indiana Funeral Service Licensee: Cornelius R. Soper				Electronically Signed		27c. License Number (Of Licensee): FD01014511			
Cause of Death (See Instructions And Examples)									
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. senile degeneration of brain		B. dementia		C. hypertension		D.		Approximate Interval - Onset To Death	
								years	
								years	
								years	
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									
Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I									
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		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. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code	
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Describe How Injury Occurred		39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		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: Fadi Issa Alzeidan				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: Fadi Issa Alzeidan 2186 N. Hoop Blvd Ste 2, Sullivan IN 47882		44. License Number 01059003A	
45. Additional Funeral Service Provider		46. Signature of Local Health Officer: Chandana Parvada		47. "Date" Filed (Month/Day/Year): 02/24/2021		48. For Registrar Only - Date Filed (Month/Day/Year): 02/24/2021			

THIS IS A TRUE COPY Electronically Signed
 THE RECORD ON FILE WITH THE
 INDIANA HEALTH DEPARTMENT
 FEB 25 2021
 LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED

State Form 53399 - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.