

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-044386

8:59 AM 2021 Jun 28

3

AFFIDAVIT

26375

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

On this 17th day of June, 2021, before me personally appeared Beth M. Pensinger and Jill A. Fortuna, who being duly sworn on his/her oath states the following:

1. That the Affiants are the daughters of owner of the real estate located in LAKE County, State of Indiana, more particularly described as follows:

LOT 5, BLOCK 2, FIFTH ADDITION TO WOODLAND ESTATES, TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 64, PAGE 56, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key No.: 45-07-34-108-005.000-006

Commonly known as:

713 HEATHER CT, GRIFFITH, IN 46319

Zeisel AKA Barbara Zeisel B&P

2. That said Barbara A. Ziesel reserved a Life Estate in said property

3. That said Barbara A. Ziesel died on 3/23/2021, a resident of LAKE, Indiana.

zeisel AKA Barbara Zeisel

FURTHER AFFIANT SAITH NOT.

IN WITNESS WHEREOF, Grantor has executed this Affidavit this 17th day of June, 2021

Beth M. Pensinger
BETH M. PENSINGER

Jill A. Fortuna
JILL A. FORTUNA

FILED
AMOUNT \$ 25
JUN 25 2021 CASH CHARGE
CHECK # 4165
JOHN E. PETALAS
LAKE COUNTY AUDITOR
OVERAGE
COPY
NON-COM
CLERK D

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

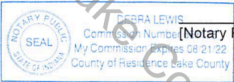
Before me, a Notary Public in and for said County and State, personally appeared BETH M. PENSINGER AND JILL A. FORTUNA, who acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this 17th day of June, 2021.



[Notary Public's Signature]

My commission expires:
County of Residence:
(SEAL)



[Notary Public's Printed Name]

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.
RICHARD A. ZUNICA

This Instrument prepared by: Attorney Richard A. Zunica, 162 Washington Street, Lowell, In 46356, File No. 21-26375

County of Lake County Recorder



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 001263

EDR No 000011088222

State No 2021-017498

1. Decedent's Legal Name (First, Middle, Last) Barbara Zinal		1a. Maiden Name (if female) Rakowski		2. Gender Female	3. Time Of Death 08:30 AM	4. Date Of Death (Month/Day/Year) 03/28/2021		
5. Social Security Number [REDACTED]	6a. Age - Yrs 80	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	7. Date of Birth (Month/Day/Year) 07/28/1940	8. Birthplace (City and State or Foreign Country) Chicago, Illinois		
9. (Was In U.S. Armed Forces?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. (Is Death Occurred In A Hospital?) <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		12c. (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. Vicinity Name (if Not Institution, Give Street and Number) Park Place Of St. John								
12. City Or Town, State, And Zip Code St. John, Indiana, 46373				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 type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Spouse's Name			16a. Last Home Before First Marriage		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home	
18. Residence - State IN		18a. County Lake		18b. City Or Town Griffith		18c. Apt. No.	18d. Zip Code 46319	18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19c. Department Number 713:Healthier Court		19d. Ap. No.		19e. Zip Code 46319		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19a. Decedent's Education High School graduate or GED completed		19b. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race White				
20. Parents Name (First, Middle, Last) Stanley Rakowski			23. Father's Name (First, Middle, Last) Sylvia Rakowski			25a. Parents Last Name Before First Marriage Witkowski		
24. Informant Name Jill Fortuna		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 501 Forest Avenue, Griffith, IN, 46319				
22. Place Of Disposition								
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Hillside Funeral Home & Cremation Center		25c. 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			27c. License Number Of Licensor FH11700003			
27b. Signature Of Indiana Funeral Service Licensor: Christina K. Spitzer				27d. Electronically Signed		27e. License Number Of Licensor FD01014511		
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 Vascular Thrombosis 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. metastatic breast cancer days								
Separately 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. immunocompromised status days								
C.								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Other Than Part I				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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 Within 1 To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Side Of Injury (R/L/Both/Any/Yes)		35. Year Of Injury		36. Place Of Injury (ICD, Decedent's Home, Construction Site, Recreational, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street Or Highway		38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Passenger <input type="checkbox"/> Operator <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: Sonia Ahora				43. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Other (Specify)				
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: Sonia Ahora 9305 Colunmet Avenue, Suite D-2, Munster, IN 46321				44. License Number 020027952		45. Issue Date 03/30/2021		
46. Additional Funeral Service Provider:				47. "Attest" [Signature]		48. Registrar Only - Date 03/31/2021		
49. Signature of Local Health Officer: Christiana Vardola				50. Registrar Only - Date 03/31/2021				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								

State Form 00330 - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure by you is required by law. If you do not wish to disclose, you may file a request for a hearing.

RAISED SEAL AFFIXED