

# NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2021-045133

8:58 AM 2021 Jul 2

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF DEATH AND  
AFFIDAVIT FOR TRANSFER OF REAL ESTATE PURSUANT TO  
IC 29-1-7-23(b) AS AMENDED BY SEA 518, SEC. 10, EFFECTIVE 7/1/2019**

**Note to Recorder:**

**Please index this instrument to the following, previous last recorded instruments:**

**PARCEL ONE:** Deed dated July 11, 1966, recorded on July 14, 1966 in Book 1325, Page 284, in the office of the Recorder of Lake County, Indiana;

**PARCEL TWO:** Deed dated January 4, 1989, recorded on January 20, 1989 as Document 019215, in the office of the Recorder of Lake County, Indiana; (hereafter, the "Deeds");

The Affiant, Kathy A. Ceperich, being first duly sworn, upon an oath deposes and says as follows:

1. The Affiant is one of the surviving adult children of Ana Ceperich, deceased (hereafter, "Ana").
2. Ana was the sole owner in title to the following described real estate situated in Lake County, Indiana, to-wit:

**PARCEL ONE:**

LOT SIX (6), BLOCK FIVE (5), PRAIRIE PARK UNIT NO. 1, A SUBDIVISION IN THE CITY OF EAST CHICAGO, LAKE COUNTY, INDIANA, AS SHOWN IN PLAT BOOK 35, PAGE 7, AND AS CORRECTED BY CERTIFICATE OF ENGINEER DATED OCTOBER 11, 1961 AND RECORDED OCTOBER 14, 1961, IN MISCELLANEOUS RECORD 816, PAGE 4, IN LAKE COUNTY, INDIANA.

PARCEL NO.: 45-03-27-131-006.000-024

ADDRESS: 4221 ELM STREET, EAST CHICAGO, IN 46312

**PARCEL TWO:**

LOT ONE (1), BLOCK TWELVE (12) IN SECOND ADDITION TO INDIANA HARBOR IN LAKE COUNTY, INDIANA AS SHOWN IN PLAT BOOK 5, PAGE 18.

PARCEL NO.: 45-03-22-407-001.000-024

ADDRESS: 3801 ALDER STREET, EAST CHICAGO, IN 46312

(referred to hereinafter, the "Real Estate," but the tax parcel numbers and property addresses are provided for informational purposes only and are not part of the description of the Real Estate) by Warranty Deed dated July 11, 1966, recorded on July 14, 1966 in Book 1325, Page 284, and Trustee's Deed dated January 4, 1989, recorded January 20, 1989 as Document 019215, in the office of the Recorder of Lake County, Indiana, being the last deed of record.

3. Ana died intestate on March 18, 2020, unmarried (widowed), leaving three adult children as her only heirs-at-law.

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LAKE COUNTY AUDITOR

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4. Ana was the Mother of three children, namely, Kathy A. Ceperich, the Affiant herein, (hereinafter, "Kathy"), John S. Ceperich (hereinafter, "John"), and Joann E. Napierkowski (hereinafter, "Joann"), all of whom are living, competent adults, as her only heirs-at-law (hereinafter, the heirs-at-law are referred to as the "Heirs").

5. Title to the Real Estate was immediately vested in the Heirs as tenants in common immediately upon Ana's death by operation of the law in accordance with IC 29-1-7-23, subject to the power of a personal representative to divest title under the requirements of IC 29-1-7-15.1.

6. No petition was filed for probate of a will and for issuance of letters testamentary, for appointment of an administrator with the will annexed, or for the appointment of an administrator under IC 29-1-7-5 within five months after Ana's death, nor did the Clerk issue letters testamentary or letters of administration within seven months after Ana's death, so the power of a personal representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the Heirs as follows:

| Name                  | Relationship   | Address  | Percentage |
|-----------------------|----------------|--|------------|
| Kathy A. Ceperich     | Ana's Daughter | 4221 Elm St.<br>East Chicago, IN 46312                 | 33.3334%   |
| John S. Ceperich      | Ana's Son      | 5905 Devington Rd.<br>Apt. 2<br>Indianapolis, IN 46226 | 33.3333%   |
| Joann E. Napierkowski | Ana's Daughter | 2585 Outlook Trail<br>Broomfield, CO 80020             | 33.3333%   |

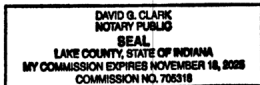
7. This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the Real Estate to the names of Kathy A. Ceperich, John S. Ceperich and Joann E. Napierkowski, as tenants in common, upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

  
Kathy A. Ceperich

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State, this 1st day of June, 2021, personally appeared Kathy A. Ceperich, who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Death and Affidavit for Transfer of Real Estate to be her free and voluntary act and deed.



  
Notary Public

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. - David G. Clark

THIS INSTRUMENT WAS PREPARED BY DAVID G. CLARK, LAWYER #15397-45, CANALIA & CLARK LLC, 8840 CALUMET AVENUE, SUITE 205, MUNSTER, IN 46321, AT THE SPECIFIC REQUEST OF OWNER OR REPRESENTATIVES AND IS BASED SOLELY ON INFORMATION SUPPLIED BY ONE OR MORE OF THOSE PARTIES AND WITHOUT EXAMINATION FOR ACCURACY. THIS PREPARER ASSUMES NO LIABILITY FOR ANY ERROR, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RESULTING FROM THE INFORMATION PROVIDED. THE PARTIES ACCEPT THIS DISCLAIMER BY OWNER'S EXECUTION OF THIS DOCUMENT.

**PREPARED BY, RECORD AND RETURN TO:**

David G. Clark, Esq.  
Canalia & Clark, LLC  
8840 Calumet Avenue, Suite 205  
Munster, IN 46321-2546

**SEND TAX BILLS TO:**

Kathy A. Ceperich  
4221 Elm St.  
East Chicago, IN 46312





# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 227776

Local No 001094

EDR No 00000767275

State No 014285

|   |                            |                            |  |   |   |  |                                     |  |  |
|---|----------------------------|----------------------------|--|---|---|--|-------------------------------------|--|--|
| 1. Decedent's Legal Name (First, Middle, Last)<br><b>ANA A CEPERICH</b>   |                            |                            |  | 1a. Maiden Name (if female)<br><b>JOVANOVIC</b> |   | 2. Sex<br><b>FEMALE</b>  | 3. Time Of Death<br><b>08:53 AM</b> | 4. Date Of Death (Month/Day/Year)<br><b>03/18/2020</b>                                       |  |
| 5. Social Security Number<br><b>BB</b>  | 6a. Age - Yrs<br><b>88</b> | 6b. Under 1 Year<br>Months | 6c. Under 1 Month<br>Days                              | 6d. Under 1 Day<br>Hours                        | 6e. Under 1 Hour<br>Minutes   | 7. Date of Birth (Month/Day/Year)<br><b>03/27/1931</b>   |                                     | 8. Birthplace (City and State or Foreign Country)<br><b>DONJA PAZARISTE, C1</b>              |  |
| 9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown  |                            |                            |  |   |   |  |                                     |  |  |
| 10. If Death Occurred In A Hospital:<br><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:<br><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)<br><b>MUNSTER MED-INN</b>  |                            |                            |  |   | 12. City Or Town, State, And Zip Code<br><b>MUNSTER, IN, 46321</b>  |  |                                     |  |  |
| 13. County Of Death<br><b>LAKE</b>  |                            |                            |  |   | 14. Marital Status At Time Of Death<br><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   |                            |                            | 15a. Last Name Before First Marriage<br><b>LAKE</b>    |   |   | 16. Decedent's Usual Occupation<br><b>HOMEMAKER TEACHER</b>  |                                     | 17. Kind Of Business/Industry<br><b>OWN HOME EDUCATION</b>                                   |  |
| 18. Residence - State<br><b>INDIANA</b>   |                            |                            | 19a. County<br><b>LAKE</b>                             |   |   | 19b. City Or Town<br><b>EAST CHICAGO</b>   |                                     |  |  |
| 18c. Street And Number<br><b>4221 ELM STREET</b>  |                            |                            |  |   | 18d. Apt. No.   | 18e. Zip Code<br><b>46312</b>  |                                     | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 19. Decedent's Education<br><b>BACHELOR'S DEGREE (BA, AB, BS)</b>   |                            |                            | 20. Decedent Of Hispanic Origin<br><b>NOT HISPANIC</b> |   |   | 21. Decedent's Race<br><b>White</b>  |                                     |  |  |
| 22. Parent's Name (First, Middle, Last)<br><b>STEPHAN JOVANOVIC</b>   |                            |                            |  |   | 23a. Parent's Last Name Before First Marriage<br><b>KUCAN</b>   |  |                                     |  |  |
| 24. Informant's Name<br><b>KATHY CEPERICH</b>   |                            |                            | 24a. Relationship To Decedent<br><b>DAUGHTER</b>       |   | 24b. Mailing Address (Street And Number, City, State, Zip Code)<br><b>4221 ELM STREET, EAST CHICAGO, IN 46312</b>   |  |                                     |  |  |
| 25. Method Of Disposition<br><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):  |                            |                            |  |   |   |  |                                     |  |  |
| 25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)<br><b>ST JOHN-ST JOSEPH CATHOLIC CEMETERY</b>  |                            |                            |  |   | 25b. Location - City, Town, And State<br><b>HAMMOND, IN</b>   |  |                                     |  |  |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                            |                            |  |   |   |  |                                     |  |  |
| 27. Name And Complete Address Of Funeral Facility<br><b>OLESKA-PASTRICK FUNERAL HOME, 3934 ELM STREET, EAST CHICAGO, IN 46312</b>   |                            |                            | 27a. Funeral Home License Number:<br><b>FH86000155</b> |   |   |  |                                     |  |  |
| 27b. Signature Of Indiana Funeral Service Licensee<br><b>DAVID PASTRICK, BY ELECTRONIC SIGNATURE</b>  |                            |                            |  |   |   | 27c. License Number (Of Licensee)<br><b>FD08800012</b>   |                                     |  |  |
| 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.<br>Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. CARDIOMYOPATHY</b> <span style="float: right;">Approximate Interval: Onset To Death</span> |                            |                            |  |   |   |  |                                     |  |  |
| 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   |                            |                            |  |   |   |  |                                     |  |  |
| 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 checked="" type="checkbox"/> No  |                            |                            |  |   |   |  |                                     |  |  |
| 31. Did Tobacco Use Contribute To Death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown  |                            |                            |  |   |   |  |                                     |  |  |
| 32. Manner Of Death:<br><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)<br><b>MAR 25 2020</b>   |                            |                            | 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      |  |
| 38. Location Of Injury - State  |                            |                            | 38a. Street & Number                                   |   |   | 38c. Apt. No.  |                                     | 38d. Zip Code  |  |
| 39. Describe How Injury Occurred  |                            |                            |  |   |   |  |                                     |  |  |
| 41. Signature, Of Person Certifying Cause Of Death<br><b>PAULA BENCHIK-ABRINKO, BY ELECTRONIC SIGNATURE</b>   |                            |                            |  |   |   | 42. Certifier (Check One)<br><input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other |                                     |  |  |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:<br><b>PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394</b>   |                            |                            |  |   |   | 44. License Number<br><b>01034561</b>  |                                     |  |  |
| 46. Additional Funeral Service Provider:  |                            |                            |  |   |   | 47. For Registrar Only   |                                     |  |  |
| 48. Signature of Local Health Officer:<br><b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>  |                            |                            |  |   |   | 49. For Registrar Only   |                                     |  |  |

TRUE COPY OF THE RECORDS-36 FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
MAR 25 2020

