

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-117610, 1

2021 517636  
07/13/2021 10:48AM  
Total Fees: 25.00  
By: JS  
Pg #: 2

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

### AFFIDAVIT

TAX: LD. NO. 45-16-08-101-016.000-042

MARK KINNE, being first duly sworn upon oath, deposes and says:

- That **BONNIE L. KINNE a/k/a BONNIE KINNE**, died on the 29th day of November, 2020 at Crown Point, Lake County, Indiana.
- That at the time of her death, she held a Life Estate interest with **SAMUEL M. KINNE** in the following described real estate:

A PART OF THE NORTHWEST QUARTER (NW ¼) OF SECTION EIGHT (8), IN TOWNSHIP THIRTY-FOUR (34) NORTH, OF RANGE EIGHT (8) WEST OF THE SECOND PRINCIPAL MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT AN IRON MONUMENT ON THE NORTH LINE OF THE SAID NORTHWEST QUARTER (NW ¼) 1604.00 FEET WEST OF THE NORTHEAST CORNER THEREOF, (SAID COMMENCING POINT BEING 266.50 FEET WEST OF THE NORTHWEST CORNER OF HOFFMAN'S ADDITION TO THE TOWN OF CROWN POINT, INDIANA,) THENCE CONTINUING WESTERLY ALONG SAID NORTH LINE OF THE NORTHWEST QUARTER (NW ¼) 78.60 FEET TO AN IRON MONUMENT, THENCE SOUTHWESTERLY AT AN ANGLE OF 100 DEGREES 13 MINUTES FROM EAST TO SOUTHWESTERLY 217.05 FEET TO AN IRON MONUMENT, (THIS LINE BEING THE EASTERLY LINE OF A TRACT OF LAND CONVEYED BY JULIA L. FEILMAN TO HENRY P. PFEL, JR., AND WIFE, BY WARRANT DEED ON THE 17<sup>TH</sup> DAY OF OCTOBER 1894, AND RECORDED OCTOBER 31, 1894, IN BOOK 72, PAGE 499 THEREOF,) THENCE SOUTHEASTERLY AT AN ANGLE OF 95 DEGREES 53 MINUTES FROM NORTHEASTERLY TO SOUTHWESTERLY A DISTANCE OF 122.00 FEET TO AN IRON MONUMENT, (THIS LINE BEING THE NORTHERLY LINE OF WHAT WAS COMMONLY REFERRED TO AND KNOWN AS THE "OLD MILL LOT"), THENCE NORTHERLY 247.50 FEET TO THE PLACE OF BEGINNING, CONTAINING 54/100 OF AN ACRE, MORE OR LESS.

COMMONLY KNOWN AS: 427 W. NORTH STREET, CROWN POINT, INDIANA 46307

- That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of **BONNIE L. KINNE a/k/a BONNIE KINNE**.
- That this Affiant's relationship to the Decedent was Son.

FURTHER, your Affiant saith naught.

MARK KINNE

STATE OF IND, COUNTY OF LAKE ) SS:

Before me, the undersigned, a Notary Public in and for said county and state this June day of June, 2021, personally appeared **MARK KINNE**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 681586

My Commission Expires: 3/3/24

Resident of LAKE County

Signature

Printed Name

Notary Public



This instrument prepared by:

**NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45**

**VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303**

No legal opinion given to Grantor(s) in preparation of document.

All information used supplied by title company.

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.

Signature

Patrick Lindington

Typed Name

COMMUNITY TITLE

FILE # 110

COMMUNITY TITLE COMPANY  
FILE NO. 5212723

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 821-1760, 1

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 259719

Local No 005389

FDR No 00000821945

State No 071428

1. Deceased's Last Name (For Index Only)		2a. Maiden Name (if female)		2. Sex		3. Time Of Death		4. Date Of Death (Month/Day/Year)			
BONNIE L. KINNE		SMITH		FEMALE		09:33 PM		11/29/2020			
5. Social Security Number		6a. Age - Yrs		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day			
		90									
7. Date of Birth (Month/Day/Year)		8. Birthplace (City and State or Foreign Country)		9. Date of Death (Month/Day/Year)		10. Date of Death (Month/Day/Year)		11. Date of Death (Month/Day/Year)			
06/14/1930		LOWELL, IN									
12. Marital Status At Time Of Death		13. If Death Occurred In A Hospital		14. If Death Occurred Somewhere Other Than A Hospital		15. Residence (City and State or Foreign Country)		16. Residence (City and State or Foreign Country)			
Married		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Death/In Outpatient <input type="checkbox"/> Dead on Arrival		<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)		LAKE		CROWN POINT			
17. Facility Name (If Not Institution, Give Street and Number)		18. City or Town, State, and Zip Code		19. County Of Death		20. Medical Status At Time Of Death		21. Medical Status At Time Of Death			
427 WEST NORTH STREET		CROWN POINT, IN 46307		LAKE		<input type="checkbox"/> Improved <input type="checkbox"/> Maintained, But Stagnant <input type="checkbox"/> Deteriorated <input type="checkbox"/> Unknown <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed		CROWN POINT SCHOOL SYSTEM			
22. Marital Status Before First Marriage		23. Last Name Before First Marriage		24. Occupied Usual Occupation		25. Kind Of Business/Industry		26. Kind Of Business/Industry			
		LAKE		TEACHER		CROWN POINT SCHOOL SYSTEM					
27. Residence - State		28. County		29. City Or Town		30. Apt. No.		31. Zip Code			
INDIANA		LAKE		CROWN POINT				46307			
32. Street Address Number		33. City or Town		34. State		35. Zip Code		36. Inside City Limits?			
427 WEST NORTH STREET		CROWN POINT		INDIANA		46307		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
37. Decedent's Education		38. Decedent Of Hispanic Origin		39. Decedent's Race		40. Decedent's Race		41. Decedent's Race			
MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)		NOT HISPANIC		White							
42. Parents Name (First, Middle, Last)		43. Parents Name (First, Middle, Last)		44. Parents Name (First, Middle, Last)		45. Parents Name (First, Middle, Last)		46. Parents Name (First, Middle, Last)			
THOMAS WALTER SMITH		DOROTHY SMITH		TAYLOR							
47. Marital Status		48. Relationship To Decedent		49. Marital Status		50. Marital Status		51. Marital Status			
MARK T. KINNE		SON		9162 WEST 90TH AVENUE, ST. JOHN, IN 46373							
52. Marital Status		53. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)		54. Place Of Disposition		55. Location - City, Town, and State		56. Location - City, Town, and State			
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify)		SALEM CEMETERY		HEBRON, IN							
57. Was Coroner Called?		58. Name And Complete Address Of Funeral Facility		59. Funeral Home License Number		60. Funeral Home License Number		61. Funeral Home License Number			
<input type="checkbox"/> Yes <input type="checkbox"/> No		PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307		FH33001261							
62. Registrar Of Indiana Funeral Service Operator		63. Registrar Of Indiana Funeral Service Operator		64. Registrar Of Indiana Funeral Service Operator		65. Registrar Of Indiana Funeral Service Operator		66. Registrar Of Indiana Funeral Service Operator			
THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE			
67. 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 Venous Aortic Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.		68. Part II - 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 Venous Aortic Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.		69. Part III - 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 Venous Aortic Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.		70. Part IV - 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 Venous Aortic Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.		71. Part V - 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 Venous Aortic Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.		72. Part VI - 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 Venous Aortic 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. RESPIRATORY DISTRESS		B. MYOCARDIAL INFARCTION		C.		D.			
Significantly Use Comorbidities, 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.		Significantly Use Comorbidities, 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.		Significantly Use Comorbidities, 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.		Significantly Use Comorbidities, 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.		Significantly Use Comorbidities, 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.			
73. Part I - Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed On Part I		74. Part II - Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed On Part I		75. Part III - Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed On Part I		76. Part IV - Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed On Part I		77. Part V - Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed On Part I			
HYPERTENSION, TYPE 2 DIABETES, AND SENILE DEGENERATION OF BRAIN											
78. Did Tobacco Use Contribute To Death?		79. If Female		80. If Female		81. If Female		82. If Female			
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown			
83. Date Of Injury (Month/Day/Year)		84. Site Of Injury		85. Place Of Injury (E.O., Decedent's Home, Construction Site, Recreational, Workplace, Other)		86. Injury At Work?		87. Injury At Work?			
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
88. Location Of Injury - State		89. City Or Town		90. Street And Number		91. Apt. No.		92. Zip Code			
93. Describe How Injury Occurred		94. Describe How Injury Occurred		95. Describe How Injury Occurred		96. Describe How Injury Occurred		97. Describe How Injury Occurred			
98. Registrar Of Indiana Funeral Service Operator		99. Registrar Of Indiana Funeral Service Operator		100. Registrar Of Indiana Funeral Service Operator		101. Registrar Of Indiana Funeral Service Operator		102. Registrar Of Indiana Funeral Service Operator			
OKECHI N. Nwabara, BY ELECTRONIC SIGNATURE		OKECHI N. Nwabara, BY ELECTRONIC SIGNATURE		OKECHI N. Nwabara, BY ELECTRONIC SIGNATURE		OKECHI N. Nwabara, BY ELECTRONIC SIGNATURE		OKECHI N. Nwabara, BY ELECTRONIC SIGNATURE			
103. Name, Address, and Zip Code Of Person Registering Cause Of Death		104. License Number		105. License Number		106. License Number		107. License Number			
OKECHI N. Nwabara, 3535 BROADWAY, GARY, IN 46409		01083511A		12/15/2020							
108. Signature of Local Health Officer		109. For Registrar Only (Date Filed - Month/Day/Year)		110. For Registrar Only (Date Filed - Month/Day/Year)		111. For Registrar Only (Date Filed - Month/Day/Year)		112. For Registrar Only (Date Filed - Month/Day/Year)			
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		DEC 16 2020		DEC 16 2020							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

THIS IS A TRUE COPY OF  
 THE ORIGINAL FILED WITH THE  
 LAKE COUNTY HEALTH DEPARTMENT  
 ON  
**DEC 16 2020**  
 1 HOUR  
 33 MIN  
 LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS