

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-048287

8:32 AM 2021 Jul 21

SURVIVOR'S AFFIDAVIT

BRANDON ORTIZ, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with KATHY J. CLARK, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy Deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 28 IN BLOCK "C" AS SHOWN IN THE RECORDED PLAT OF PARKLAND TERRACE ADDITION TO HAMMOND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 24, PAGE 18, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No: 45-07-04-451-044.000-023

Address: 2907 163rd Place
Hammond, IN 46323-1115

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on March 20, 2021, per attached Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The Affiant states no more.

Brandon Ortiz
BRANDON ORTIZ

Subscribed and sworn to before me this
1st day of July, 2021.

Monica Fritz
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 - PETER B. CANALIA

PREPARED BY, RECORD AND RETURN TO:

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

FILED

JUL 20 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

L:\ESTATE PLANNING\Ortiz, Brandon & Michelle (IN)\Survivor's Affidavit (IN).wpd

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

File No. 272038

Local No. 001130		EDR No. 000011082145		Signature 2021-015944	
1. Decedent's Legal Name (First, Middle, Last) Kathy J Clark		1a. Maiden Name (If female) Ball		2. Gender Female	
3. Social Security Number [REDACTED]		4. Date of Birth (Month/Day/Year) 07/08/1945		5. Time of Death 11:48 PM	
6. Date of Death 03/20/2021		7. Date of Birth (Month/Day/Year) 07/08/1945		8. Date of Death (Month/Day/Year) 03/20/2021	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. In What State, Territory, or Foreign Country Did Death Occur? Indiana		11. Place Name (If Institution, Give Street and Number) 2907 163rd Place	
12. City or Town, State, and Zip Code Hammond, Indiana 46323		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. Surviving Spouse's Name [REDACTED]		16. Decedent's Usual Occupation Sever		17. Kind of Business/Industry Restaurant	
18. Residence - State IN		19. City or Town Hammond		20. Street and Number 2907 163rd Place	
21. Zip Code 46323		22. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23. Decedent's Education High School graduate or GED completed	
24. Parents Name (First, Middle, Last) Carl Clifford Ball		25. Parents' Last Name (Surname) Webster		26. Decedent's Place of Birth White	
27. Decedent's Home Michelle L. Ortiz		28. Relationship to Decedent Daughter		29. Mailing Address (Street and Number, City, State, Zip Code) 2907 163rd Place, Hammond, IN 46323	
30. Place of Disposition (Name of Cemetery, Crematory, Other Place) Kathy Carroll Cremation Service		31. Location of City, Town, and State Gary, IN		32. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. Name and Complete Address of Funeral Home Bocken Funeral Home, Inc 7042 Kennedy Avenue, Hammond, Indiana 46323		34. License Number of Licensee FD08801373		35. Cause of Death (See Instructions and Examples) Essential Hypertension	
36. Immediate Cause (Final Disease or Condition Resulting in Death) Cardiovascular accident		37. Approximate Interval Onset to Death 15 minutes		38. Underlying Cause (List All Causes) Essential Hypertension	
39. Approximate Interval Onset to Death 20 minutes		40. Underlying Cause (List All Causes) Essential Hypertension		41. Approximate Interval Onset to Death 10 minutes	
42. Part I: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part I		43. Part II: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part II		44. Part III: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part III	
45. Part I: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part I		46. Part II: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part II		47. Part III: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part III	
48. Part I: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part I		49. Part II: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part II		50. Part III: Enter Other Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part III	
51. Date of Injury (Month/Day/Year) 03/20/2021		52. Time of Injury 11:48 PM		53. Place of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) Home	
54. Location of Injury - State Indiana		55. City or Town Hammond		56. Street and Number 2907 163rd Place	
57. Zip Code 46323		58. Apt. No. [REDACTED]		59. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
60. Signature of Local Health Officer Christina Wozniak		61. Signature of Person Completing Cause of Death [REDACTED]		62. Signature of Physician (Check One) <input checked="" type="checkbox"/> Certifying <input type="checkbox"/> Pending Investigation	
63. Address of Person Completing Cause of Death Samuel Anotelo Gbenro 9800 Valparaiso Drive, Muncie, IN 47302		64. Address of Physician (Check One) 01083139A		65. Date of Signature 03/23/2021	
66. Signature of Local Health Officer Christina Wozniak		67. Signature of Person Completing Cause of Death [REDACTED]		68. Signature of Physician (Check One) <input checked="" type="checkbox"/> Certifying <input type="checkbox"/> Pending Investigation	
69. Signature of Local Health Officer Christina Wozniak		70. Signature of Person Completing Cause of Death [REDACTED]		71. Signature of Physician (Check One) <input checked="" type="checkbox"/> Certifying <input type="checkbox"/> Pending Investigation	