

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-057286

1:50 PM 2021 Aug 31

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF INDIANA)
COUNTY OF Lake

) SS:

Keith Alan Kozup ~~AKA KEITH A KOZUP KAK~~, being first duly sworn upon oath, deposes and says:

1. That Margaret Ann Kozup ~~AKA MARGARET A KOZUP~~ died on 06/30/2021 at Munster, IN ~~KAK~~. A certified copy of the death certificate is attached hereto as Exhibit A.

2. That Margaret Ann Kozup and Keith Alan Kozup were duly and legally married at the time they acquired title as husband and wife to the following described real estate, recorded on 05/05/1999 as Book 36, Page 3 in the records of Lake County, Indiana: Lot 1, Brinwood 3rd Addition to Griffith, as shown in Plat Book 36, page 3, in Lake County, Indiana

Property address: 1137 N. Lafayette, Griffith, IN 46319

Parcel ID: 15-26-0257-0001

~~45-07-26-330-008, 000-006~~
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of ~~his~~ (her) death.

4. That Keith Alan Kozup makes these representations to set forth the present ownership of title to the above real estate pursuant to IC 32-17-3-1(c).

Further affiant sayeth not.

Keith Alan Kozup
Affiant signature

Keith Alan Kozup

Print name

8-31-21
Date

FILED
AUG 31 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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ACKNOWLEDGEMENT

STATE OF INDIANA)
COUNTY OF Lake) SS:

Before me, a notary public in and for said county and state, and a resident of Lake County, Indiana, personally appeared Keith Alan Kozup who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 31 day of August, 2021.

Notary signature: Lionel E. Malocan

701807

Print name: LIONEL E. MALOCAN

My commission expires: 6/19/2025

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.

This document was prepared and affirmation made by:

Keith Alan Kozup
Preparer's signature
KEITH ALAN KOZUP
Print name

After recording, please return instrument to:



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 284014

Local No 002623

EDR No 00001128191

State No 2021-035789

1. Decedent's Legal Name (First, Middle, Last) Margaret Kozup			1a. Maiden Name (if female) Canham			2. Gender Female		3. Time of Death 06:50 AM		4. Date of Death (Month/Day/Year) 06/30/2021		
5. Social Security Number [REDACTED]		6a. Age - Yrs 65		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) 03/23/1956		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana		
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: <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 <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. Facility Name (if Not Institution, Give Street and Number) Community Hospital Munster												
12. City Or Town, State, And Zip Code Munster, Indiana 46321						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 Keith Kozup				15a. Last Name Before First Marriage Kozup				16. Decedent's Usual Occupation Office Manager		17. Kind Of Business/Industry Dental		
18. Residence - State IN			18a. County Lake			18b. City Or Town Griffith			18d. Apt. No.		18e. Zip Code 46319	
18c. Street And Number 1137 Lafayette Street												
19. Decedent's Education Some college, but no degree			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White			21a. Parent's Last Name Before First Marriage Chete			
22. Parent's Name (First, Middle, Last) John Canham						23. Parent's Name (First, Middle, Last) Pauline Canham						
24. Informant's Name Keith Kozup			24a. Relationship To Decedent Husband			24b. Mailing Address (Street And Number, City, State, Zip Code) 1137 Lafayette Street, Griffith, IN, 46319						
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. Location - City, Town, And State Highland, IN			27a. Funeral Home License Number: FH11700003			
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 Licensee): FD29600005			
27b. Signature Of Indiana Funeral Service Licensee: <i>Kevin Bryant Nordyke</i>			27d. Signature Of Indiana Funeral Service Licensee: <i>KEVIN BRYANT NORDYKE</i>			27e. Signature Of Indiana Funeral Service Licensee: <i>KEVIN BRYANT NORDYKE</i>			27f. Signature Of Indiana Funeral Service Licensee: <i>KEVIN BRYANT NORDYKE</i>			
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) CARDIO RESPIRATORY FAILURE 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 MYOCARDIAL INFARCTION												
										Approximate Interval: Onset To Death 15 MIN		
										Approximate Interval: Onset To Death 1-2 HOUR		
29. Cause Of Death (See Instructions And Examples) Electronically Signed												
30. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. HYPERTENSION, DIABETES, PSORIATIC ARTHRITIS, PARKINSON DISEASE												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown												
32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year												
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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) JUL 06 2021			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred												
41. Signature Of Person Certifying Cause Of Death: <i>Bharat V Bhavsar</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			44. License Number: 01045402A			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Bharat V Bhavsar 911 Fran-Lin Parkway A, Munster, IN 46321						45. Date Certified 07/02/2021			46. Additional Funeral Service Provider: 07/06/2021			
48. Signature Of Local Health Officer: <i>Chandana Vavilala</i>						49. For Registrar Only Electronically Signed			Date Filed (Month/Day/Year): 07/06/2021			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												