## NOT AN OFFICIAL DOCUMENT

Jun 29 2022 LM JOHN E. PETALAS LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

State of Indiana ) SS. County of Lake

Edward G. Kasza, being duly sworn states that he resides in Schererville, Indiana, that he was acquainted with Rita I. Kasza, deceased, who at the time of her death, was the owner of the land in Lake County, Indiana, described as follows:

2022-526682 06/29/2022 10:12 AM TOTAL FEES: 25.00 BY: SP PG #: 2

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

Lot 93 in the Estate of Auburn Meadow Phase 1, an Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 92 page 36, in the Office of the Recorder of Lake County, Îndiana

Parcel No.: 45-11-08-303-018.000-036

Commonly known as: 1257 Winterberry Lane, Schererville, IN 46375

11-1-2010 That Rita I. Kasza died certificate of the deceased attached hereto.

as evidenced by a certified copy of the death

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. /s/ Stephen E. Vander Woude

Subscribed and sworn to before me by Edward G. Kasza this 28th Day of June, 2022

Prepared by & Mail to:

Stephen E. Vander Woude; Lanting Paarlberg & Associates, Ltd., 938 W. US 30, Schererville, IN 46375

## NOT AN OFFICIAL DOCUMENT

Local No.		State No										
Decedent's Legal Name (First, M	ddle, Last)			(a. Malden Last Ner	ne (if Female)		2. Sex	1		1		
Rita Irene Kasza			Presnall				female 7:15AM		November 1,2010			
5. Social Security Number (9)	Ape Yts	6b. Under 1 Year	Sc. Under 1 Month	64. Under 1 Day			Birth (Mont				d State Or Foreign Country)	
	56	Months	Days	Hours	Minutes	July	24,	1954	Gary,I	IN		
9, Ever In U.S. Anned Forces?	10. If Dea	th Occurred In A Hospit	al:		10s. If Death Occu	ined Somewher	e Other Than	A Hospital:	Hospice Facility	Decedent's Ho	me Nursing Home/Long-	
☐ Yes ☑ No Unknown ☐	□ incatic	nt 🗀 Emercency Dec	artment Outpatient 🔲 0	Dead On Arrival	Term Care Facility	Other (Spe	city)					
13. Facility Name (If Not institution												
1257 Winterberry Lane 12 City Or Town, State, And Zip Code						13. County Of Death				14. Marial Status At Time Of Death		
Schererville, IN 46375					Lake				Married   Married, But Separated   Divorced   Widowed   Never Married   Unknown			
			Dunc	46 Dear	lent's Usual Occup	☐ Widowed I	Never Marrie	d Unknown  Hustness/industry				
15. Surviving Spouse's Name	67 Wite)Give Maiden				MIII S USAM OCCU	St. Margaret Mercy		arganet Mercy				
Edward G. Kas		Professiona			esional	l'Support   Healthcare North						
13. Residence – State	-	16a	County		18b. City Or	Town						
IN		10	Lake		Sch	erervi	lle				1 181, Insude City Limits7	
16c. Street And Number		CAY						18d. Apt. No.	i	ip Code	10 Yes No	
1257 Winterb	erry I	ane	Х, .						46.	375	14	
19. Decedent's Education		-	20. Decedent DI Hispan	nic Origin		Decedent's I						
12/2 Please select education	level:	- 1	NO Please select Hi	spanic origin, i		Viease sele				a. Mothers Mi		
22. Father's Name (First, Middle,			UX	1	20. Mother's Nar	ne (First, Middle	, Lasi)		23	a. Monins Mi	IOCH LISE NAMO	
William Stan	lev Pr	esnall			Mary	Lavin	e Pre	snall		Johns	on	
24. Informant's Name			24a. Helalionship	To Decedent	1							
Edward G. Ka	sza		Hus	band	1257 W	intert	erry	Lane	Scherer	ville,	IN 46375	
		1 05 0	Of Disposition (Name C	25. P	lace Of Dispositi	25c, Lo	cation - City,	Town, And State				
25a. Method Of Disposition.	Burial Cre		O Dispusion (valve c	77	2							
Other (Specify):		DL.	Jospeh C			H	lammor	nd,IN		27a. Fu	veral Home License Number:	
26. Was Coroner Contacted?	1		odress Of Funeral Facili		42.5 0-1.	mat M	unato	~ TN 46	5321	300	1968	
□Yes □No	B	urns-Kish	n Funeral	Home 8	415 Calı	met H	unsce	T \TIM SE	JUZI	(renses)	1700	
27b. Signature Of Indiana Funeri	Service Licer	···· 2				<b>/</b> /		1	04518	U		
Thoma	0	$\sim$ $\sim$	ius			4		/	0 / 5 / 0	/		
an and San De Shah	~	Tanana Inimine		se Of Death (Se				ents			Approximate	
28. Part I. Enter The <u>Chair</u> Such As Cardiac Arrest, Re A Line. Add Additional Line	spiratory Arr	est, Or Ventricular I	Fibrillation Without S	howing The Eticlo;	y. Do Not Abbre	viate. Enter	Only One C	Cause On			Interval: Onset To Death	
A Line. Add Additional Line Irrimediate Cause (Final Dis	s II Necessa	ry. Africa Deculting In	Death A.	¥	lune,	rance	_	(enne Of)			_ Iyea	
1			_	,	-0	Due Té i	Or As A Conseq				U	
Sequentially List Conditions Line A. Enter The Underlyi	, If Any, Lea	ding To The Cause	Listed On B. at Initiated			Doe To	Dr As A Conseq	ueste OS				
The Events Resulting In De	ath) Last	acase or injury	С			Que Te	Or As A Contract	pence Of;				
			D.				The start of colors	Determent				
Part II. Enter Other Significant C	onditions Cont	rituing To Deals But N	ct Fesulting In The Und	erlying Cause Given Ir	PartI	30. W	ere Autopay i	indings Available	To Complete The C	No ausa Of Death	☐ Yes ☐ No	
								33. Marner	$\triangle$	<u>/</u>		
Xn. Did Tobacco Use Contribute	To Death?	32 If Fen					OLD-10		CF Deally Honeode D Acodor	2	efector	
Yes   Probably   No   United			gnant Within Past Yea: 🔲 1 gnant, But Pregnant 43 Days	rregnant At Time CR Death To 1 Year Before Death	Dicknows #Pregram	e Witin The Paul	STATE IC	Districts C	L Could blot Be Determ		37. Injury At Work?	
34. Dale Of Injury (Month/Day)	ear)	SS. Time	Of Injury	36.	Place Of Injury (G)	HECENTIF	CATEUR	DEATH ON FIL	E WITH THE	_	37. Injury AL WORK?  ☐ Yes ☐ No	
l						INTY HEALT	1 DEPART	MENT	1 38c. A	1	E Zp Code	
38. Location Of Injury - State		38a. City	Or Town	38b.	Street & Number				JOE. A	Γ"		
						NC.	N 0.9	2010	rannodation	Injury Spor	ribr	
39 Describe How Injury Occurre	đ				1				ransportation			
41. Signature, Of Person Certif		K-at-					42. C4	rtifier (Check On)	Operator D Passange ( One)	Pedestrian D	Oner (specify)	
41. Signature, Of Person Certif	1				Coroner 🗆	leath Officer						
43. Name, Address And Zic	To are	rson Certifying Caus	e Of Death:				1 20	- 44	License Number	45.	Date Certified	
		- ,		0				14-0	360802	RF   №	ov. / ,2010	
Dr. Dominic		1801 W	Taylor	chia	X 606	12		X	'Akas:	- 1	, ,2010	
46. Additional Funeral Service	Provider:		-0	0				1				
48. Signature of Local Health 6	Micer		But.	4 -	49. For Re	gistrar Oply -	Date Filed (M	OND VORY Years:	,201			
		) 4	DUT.	0.0.	1	1 m	Unu.	hPV <	201	O .		

STATE FORTH 10110 (R7/9-07) ATTENTION ESTATE. The Social Security 8 to being requested by this visits agreecy in order to pure as to