

# NOT AN OFFICIAL DOCUMENT

**FILED**

Oct 28 2022 LM  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

2022-54 826  
10/28/2022 10:33 AM  
TOTAL FEES: 25.00  
BY: SP  
PG #: 4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**AFFIDAVIT**

STATE OF INDIANA \_\_\_\_\_

File No.: CTNW2204940-JRA

COUNTY OF LAKE \_\_\_\_\_

On this October 26, 2022 before me personally appeared John S. Kapec to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. That Steve J. Kapec AKA Steve Joseph Kapec and Helen Kapec both held a life estate interest in the following described land;

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

3. Said Steve J. Kapec AKA Steve Joseph Kapec died on February 12, 2007; *See attached Exhibit "B"*
4. Said Helen Kapec died on August 4, 2012; *See attached Exhibit "C"*

5. Is there Federal inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid

6. Affiant's relationship to the deceased was Son.

IN WITNESS WHEREOF, the undersigned have executed this document on October 26, 2022.

BY: John S. Kapec Successor Trustee Address: 18575 W. Yucatan Dr. Surprise, AZ 85388  
John S. Kapec  
Successor Trustee

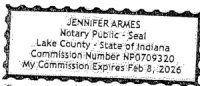
STATE OF FN

COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared John S. Kapec, Trustee, or their successor in trust, under the The Kapec Living Trust, dated September 09, 2003, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 26 day of October, 2022

Signature: \_\_\_\_\_  
Printed: Jennifer Armes  
Resident of: Lake County  
State of: IN  
My Commission expires: 2-8-2026



This instrument prepared by: John S. Kapec  
& Return to: 18575 W. Yucatan Dr. Surprise, AZ 85388  
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. John Kapec

CHICAGO TITLE INSURANCE COMPANY

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## EXHIBIT "A" Legal Description

For APN/Parcel ID(s): **45-07-08-303-032.000-023**

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LOT 21 AND THE WEST 2.5 FEET OF LOT 22, IN BLOCK 1, IN HOMESTEAD GARDENS ADDITION IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 72 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property of Lake County Recorder

Exhibit "B"

Tracking No. 15092

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

## INDIANA STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

Local No. 80

State No. \_\_\_\_\_

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-5-10

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

ITIFIER

ALTH  
FICER

1. DECEASED—NAME (Print, Middle, Last) <b>STEVE JOSEPH KAPEC</b>		2. SEX <b>Male</b>	3. TIME OF DEATH <b>10:35 AM</b>	3. DATE OF DEATH (Month, Day, Year) <b>February 12, 2007</b>
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years) <b>80</b>	5b. UNDER 1 YEAR Months _____ Days _____	6. DATE OF BIRTH (Mo, Da, Yr) <b>August 3, 1926</b>
7a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		7b. YEAR LAST SERVED BY U.S. ARMED FORCES <b>NA</b>	8a. PLACE OF DEATH (List only one. See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Infirmary <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residential <input type="checkbox"/> PCA	
9a. FACILITY NAME (If institution, give street and number) <b>1627-170th Place</b>		9b. CITY, TOWN, OR LOCATION <b>Hammond</b>		9c. COUNTY OF DEATH <b>Lake</b>
10a. MARITAL STATUS (If widow, give maiden name) <b>Married</b>	11. SURVIVING SPOUSE (If widow, give maiden name) <b>Helen Mokris</b>	12a. OCCUPATION (If own kind of work other than usual of working life. Do not use retired) <b>Carpenter</b>		12b. KIND OF BUSINESS/INDUSTRY <b>American Maize</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Hammond</b>	13d. STREET AND NUMBER <b>1627-170th Place</b>	
15a. ZIP CODE <b>46324</b>	15b. RESIDE CITY LIMITS <b>City</b>	14. CITIZEN OF WHAT COUNTRY <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
16. FATHER'S NAME (Print Middle Last) <b>Jan Kapec</b>		17. MOTHER'S NAME (Print Middle Middle Name) <b>Verona Stodola</b>		11. DECEASED'S EDUCATION (Specify and highest grade completed) <b>12</b>
20a. INFORMANT'S NAME (If you filled) <b>Helen Kapec</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1627-170th Pl, Hammond, Indiana 46324</b>		20c. Relationship <b>Wife</b>
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, community, or other place) <b>February 16, 2007 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, Indiana</b>
22a. EMBALMER'S NAME <b>Dean G. Wagner</b>		22b. EMBALMER LICENSE NO. <b>FD# 068800057</b>		22. WAS DEATH REPORTED TO OFFICER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John A. Bruy</i>		24b. LICENSE NUMBER (of Licensee) <b>FD# 01007231</b>		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>SOLAN-FRUZIN FUNERAL HOME FH#83002893 7109 Calumet Ave, Hammond, Indiana 46324</b>
26. PART I. Enter the disease, injury, or condition that caused the death. Do not enter miscellaneous terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Metastatic Renal Cell Carcinoma</b>		27. THIS IS A TRUE COPY OF THE ORIGINAL WITH THE LAKE COUNTY HEALTH DEPARTMENT		APPROPRIATE Interval Between Onset and Death
26. PART II. Other significant conditions - Conditions contributing to death but not primarily stated in Part I.		27. DATE FILED (Month, Day, Year) <b>APR 10 2014</b>		
28. CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>CERTIFYING PHYSICIAN</b> To the best of my knowledge, death occurred at the time, date, and place and due to the condition(s) stated. <input type="checkbox"/> <b>HEALTH OFFICER</b> On the basis of examination and/or inspection, in my opinion, death occurred at the time, date, and place, and due to the condition(s) stated. <input type="checkbox"/> <b>CONFIRMER</b> On the basis of examination and/or inspection, in my opinion, death occurred at the time, date and place, and due to the condition(s) stated.		29. WERE DECEDENT PREVIOUSLY EXAMINED AND/OR AUTOPSYED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. SIGNATURE AND TITLE OF CERTIFIER <i>Ronald Mbaoma</i>		30. MEDICAL LICENSE NO. <b>01060241</b>		31. DATE SIGNED (Month, Day, Year) <b>APR 15 2007</b>
32. NAME AND ADDRESS OF PERSON WHO COUNSELLED CAUSE OF DEATH (If different from certifier) <b>R. Mbaoma M.D., 7905 Calumet Ave, Munster, Indiana 46321</b>		33. HEALTH OFFICER'S SIGNATURE <i>Ronald Mbaoma</i>		34. DATE FILED (Month, Day, Year) <b>February 15, 2007</b>
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. DURABLE AT WEAPON? (Yes or no)
34. DATE PHOTOLOGICAL DEAR (Month, Day, Year)		34d. PLACE OF INJURY (and home, farm, street, factory, office building, etc. (Specify))		34e. DESCRIBE HOW INJURY OCCURRED
34. DATE PHOTOLOGICAL DEAR (Month, Day, Year)		34b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

RAISED SEAL AFFIXED

# NOT AN OFFICIAL DOCUMENT

## CERTIFICATION OF DEATH RECORD

### CITY OF CHICAGO HEIGHTS CHICAGO HEIGHTS, ILLINOIS MEDICAL CERTIFICATE OF DEATH

Exhibit "C"

STATE FILE NUMBER 2012 0058283

DATE ISSUED 8/10/2012

DECEDENT'S LEGAL NAME HELEN KAPEC		SEX FEMALE	DATE OF DEATH AUGUST 04, 2012	
COUNTRY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH APRIL 26, 1930		
CITY OR TOWN CHICAGO HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME VITAS HOSPICE AT FRANCISCAN ST JAMES HOSPITAL		
PLACE OF DEATH HOSPICE/FACILITY				
BIRTHPLACE CZECHOSLOVAKIA	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/US/IRON PARTNER'S MIDDLE NAME	ETER IN U.S. ARMED FORCES? NO
RESIDENCE 1627 170TH PLACE	APT. NO.	CITY OR TOWN HAMMOND	INSE CITY LIMITED? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46324	FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/SO/ALSO/1	MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/SO/ALSO/1 MARY MOLCAN
INFORMANT'S NAME JOHN S KAPEC		RELATIONSHIP SON	MAILING ADDRESS 20556 LENNON DRIVE, FRANKFORT, IL, 60453	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION GALUMET PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION AUGUST 05, 2012	
FUNERAL HOME SOLAN PRUZIN FUNERAL HOME & CREMATORY, 14 KENNEDY AVENUE, SCHERERVILLE, IN, 46375				
FUNERAL DIRECTOR'S NAME DEAN G WAGNER		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 054014615		
LOCAL REGISTRAR'S NAME LORI WILCOX		DATE FILED WITH LOCAL REGISTRAR AUGUST 8, 2012		
CAUSE OF DEATH: PART 1: LEMNY BODY DEMENTIA				
IMMEDIATE CAUSE (What disease or condition according to doctor)		MIDDLE CAUSE		UNKNOWN UNKNOWN
A. _____		Due to (or as a consequence of)		
B. _____		Due to (or as a consequence of)		
C. _____		Due to (or as a consequence of)		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				
WAS AN AUTOPSY PERFORMED? NO			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY			IF TRAFFIC OR INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND TO THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:42 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 07, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RAKESH CHUGH, MOKENA, ILLINOIS, 60448			PHYSICIAN'S LICENSE NUMBER 05E096888	

17845

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

DATE ISSUED: AUG 10 2012

*Jan D. Deane*  
City Clerk

