

NOT AN OFFICIAL DOCUMENT

FILED

Oct 28 2022 VH
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-543943
10/28/2022 03:14 PM
TOTAL FEES: 25.00
BY: SP
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
)
) SS:
COUNTY OF LAKE)

Tax Key No. 45-06-24-154-008.000-027

AFFIDAVIT

I, David A. Butorac, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. David A. Butorac is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 8, Block 2, Knickerbocker Manor, 7th Addition to the Town of Munster, Lake County, Indiana, Plat Book 32 Page 56

Commonly Known As: 8445 Forest Avenue, Munster, IN 46321

Beneficiary Address:

David A. Butorac, 8445 Forest Avenue, Munster, IN 46321

3. David A. Butorac acquired title to said real estate by transfer on death deed of conveyance that was executed on the 30th day of July, 2015, and recorded in the Office of the Lake County Recorder on the 4th day of August, 2015, as Document No. 2015-050502.

4. That David G. Butorac died on the 11th day of October, 2022, at which time David A. Butorac acquired title to said real estate pursuant to property law. See attached Death Certificate for David G. Butorac.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.


David A. Butorac, Affiant
8445 Forest Avenue
Munster, IN 46321

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of October, 2022 Personally appeared: David A. Butorac and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 02/13/2026

Signature: Lesa A. Potacki
LesA A. Potacki, Notary Public
Resident of: Lake County, IN

"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." Is Gary P. Bonk
This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

34-234

Local No 004123

EDR No 000011446847

State No 2022-057395

1. Decedent's Legal Name (First, Middle, Last) David G. Butorac		1a. Maiden Name (if female)		2. Gender Male		3. Time of Death 04:43 PM		4. Date of Death (Month/Day/Year) 10/11/2022	
5. Social Security Number		6a. Under 1 Year		6b. Under 1 Month		6c. Under 1 Day		6e. Under 1 Hour	
7a. Under 1 Year 79		Months		Days		Hours		7. Date of Birth (Month/Day/Year) 03/25/1943	
8. Birthplace (City and State or Foreign Country) Chicago, Illinois		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
10. II Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died 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 type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Engineer		17. Field Of Business/Industry Steel Mill	
18. Residence - State IN		18a. County Lake		18b. City Or Town Munster		18c. Apt. No.		18e. Zip Code 46321	
18d. Street Address 8445 Forest Avenue		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White		
22. Parent's Name (First, Middle, Last) Vincent Butorac			23. Parent's Name (First, Middle, Last) Dorothy Butorac			23a. Parent's Last Name Before First Marriage Parratt			
24. Informant's Name David A. Butorac		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 408 Brunswick Drive 10, Lafayette, IN, 47909					

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) Calumet Wilbert Crematory			25c. Location - City, Town, And State Gary, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns-Kitch Funeral Home Inc-Munster 8415 Calumet Ave, Munster, Indiana, 46321						27a. Funeral Home License Number: FH83004968	
27b. Signature Of Indiana Funeral Service Licensee <i>David J. Burns</i>			27c. License Number (Of Licensee) FD8601763						

Cause Of Death (See Instructions And Examples)

Approximate Interval: Onset To Death

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only ONE LINE A Line. Add Additional Lines If Necessary.

IMMEDIATE CAUSE (Final Disease Or Condition Resulting In Death)

A. Pending Investigation

Immediate

29. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last.

B. OCT 20 2022

C.

D.

Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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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 At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown or Pregnant Within Past Year			33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Investigated <input checked="" type="checkbox"/> Suicide (Not Be Determined)					
34. Date Of Injury (Month/Day/Year) 10/11/2022		35. Time Of Injury 04:30 PM		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 901 MacArthur Blvd		37. Injury At Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
38. Location Of Injury - State Indiana			38a. City Or Town Munster		38b. Street & Number 901 MacArthur Blvd		38c. Apt. No.		38d. Zip Code 46321		
39. Describe How Injury Occurred Pending						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature Of Person Certifying Cause Of Death: <i>Kayla M Williams</i>			Electronically Signed			42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner		44. License Number		45. Date Certified 10/14/2022	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kayla M Williams 2900 W 93rd Avenue, Crown Point, IN 46307						47. Alaska					
48. Signature of Local Health Officer: <i>Chandana Veritela</i>						Electronically Signed		49. For Registrar Only: Date Filed (Month/Day/Year) 10/17/2022			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Informant-Address Apartment Number- amended on OCT-17-2022; formerly blank;

NOT VALID UNLESS RAISED SEAL AFFIXED