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# NOT AN OFFICIAL DOCUMENT

UNAPPORTIONED  
RECORDED  
2023-005565  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
9:43 AM 2023 Feb 15

STATE OF INDIANA ) Mailing address: 2590 Brookwood Dr., Crown Point, IN 46307  
) SS:  
COUNTY OF LAKE )

## AFFIDAVIT OF SURVIVORSHIP

Comes now Gwendoline Koval, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Robert A. Koval deceased.
2. That Gwendoline Koval and Robert A. Koval, acquired the following property as Husband and Wife during the term of their marriage

LOT 25, BUILDING NO 5, PARCEL 2, FOUR SEASONS TOWN HOUSES, TRACT 106, LAKE OF THE FOUR SEASONS, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 49, PAGE 139 , AND AMENDED PLAT RECORDED IN PLAT BOOK 51, PAGE 44, BEING A PART OF TRACT 106, LAKE OF THE FOUR SEASONS, UNIT NO. 1, AS PER PLAT, THEREOF, RECORDED IN PLAT BOOK 37, PAGE 63, IN THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 2590 Brookwood Dr., Crown Point, IN 46307  
Parcel Number: 45-17-09-279-016.000044

3. That Gwendoline Koval and Robert A. Koval remained married until the death of Robert A. Koval on the 22<sup>nd</sup> day of August, 2022.
4. That Gwendoline Koval became the fee simple owner of the property at the death of Robert A. Koval.

I affirm under the penalties for perjury that the foregoing statements are true.

Gwendoline Koval  
Gwendoline Koval

EXECUTED AND DELIVERED IN MY PRESENCE:

Mullin Witness Signature

Murand-Allen Witness Printed

### FILED

FEB 15 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

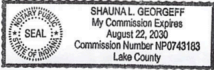
25<sup>00</sup>  
CK# 1693  
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STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

Before me, a notary public in fore said county and state this 31 day of January, 2023, **Gwendoline Koval** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 31 day of January, 2023.



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange

Property of Lake County Recorder

This Instrument prepared by:  
Shauna M. Lange, ESQ  
LANGE LEGAL GROUP, P.C.  
17 Main Street, Hobart, IN 46342  
(219) 947-1692



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Trcl 11/10 336151

Local No 00384

EDR No 000011421124

State No 2022-046773

1. Decedent's Legal Name (First, Middle, Last) <b>Robert A. Koval</b>				11. Maiden Name (If Female)		2. Gender <b>Male</b>		3. Time of Death <b>07:03 AM</b>		4. Date of Death (Month/Day/Year) <b>08/22/2022</b>			
5. Social Security Number <b>75</b>		6a. Age - Yrs <b>75</b>		6b. Under 1 Year Months Days		6c. Under 1 Month Hours Minutes		6d. Under 1 Day Hours Minutes		7. Date of Birth (Month/Day/Year) <b>08/30/1946</b>			
8. Birthplace (City and State or Foreign Country) <b>Gary, Indiana</b>		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
10. If Death Occurred In A Hospital: <input checked="" 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) <b>St. Mary Medical Center Hobart</b>													
12. City or Town, State, and Zip Code <b>Hobart, Indiana 46342</b>										13. County of Death <b>Lake</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>Gwendoline Koval</b>				15a. Last Name Before First Marriage <b>Nicol</b>				16. Decedent's Usual Occupation <b>Principal</b>		17. Kind Of Business Industry <b>Education</b>			
18. Residence - State <b>IN</b>				18a. County <b>Lake</b>				18b. City or Town <b>Crown Point</b>					
18c. Street And Number <b>2590 Brookwood Drive</b>				18d. Apt. No.		18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>Master's Degree (e.g. MA, MS, MEng, MS)</b>				20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino				21. Decedent's Race <b>White</b>					
22. Parent's Name (First, Middle, Last) <b>Louis Koval</b>						23. Parent's Name (First, Middle, Last) <b>Josephine Koval</b>			23a. Parent's Last Name Before First Marriage <b>Koste</b>				
24. Informant's Name <b>Gwendoline Koval</b>				24a. Relationship To Decedent <b>Wife</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2590 Brookwood Drive, Crown Point, IN, 46307</b>					
25. Place Of Disposition													
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) <b>Northwest Indiana Cremation Service</b>				25c. Location - City, Town, And State <b>Crown Point, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Burns Funeral Home 701 E. 7th St., Hobart, Indiana, 46342</b>				27a. Funeral Home License Number: <b>FH83002380</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>James F. Burns</b>						Electronically Signed			27c. License Number (Of Licensee): <b>FD01009461</b>				
Cause of Death (See Instructions And Examples) 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) <b>A. Diabetic ketoacidosis</b>													
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. <b>B.</b> <b>C.</b>													
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probable <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Unknown <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"/> New Program, But Program Not Determined <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)					
37. Injury At Work? <input type="checkbox"/> Yes <input 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				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <b>Millon Stanley Gasparis</b>													
42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Public Officer													
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Millon Stanley Gasparis 1352 South Lake Road, Crown Point, IN 46024</b>				44. License Number <b>01037515A</b>				45. Date Certified <b>08/23/2022</b>					
46. Additional Funeral Service Provider:													
47. Axxs:													
48. Signature of Local Health Officer: <b>Chandana Varshala</b>						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year) <b>08/24/2022</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
LAKE COUNTY HEALTH OFFICER													

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE REGISTERED PROFESSIONAL DEPARTMENT

**AUG 24 2022**

NOT VALID UNLESS