

NOT AN OFFICIAL DOCUMENT

7. Decedent Christopher Kern (Christopher Matthew Kern) took ownership of said real estate by Warranty Deed dated December 1, 2021 and filed in the Lake County Recorder's Office on December 3, 2021 as Document Number 2021 541198.

8. The individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession as provided under IC §29-1-2-1, namely:

- Rachelle M. Randle, Mother, 589 Driftwood Court, Lowell, IN 46356
- Craig Kern, Father, 216 Illinois, Dyer, IN 46311
- Samuel Kern, Adult Brother, 1258 W. 1100 North, Wheatfield, IN 46392
- Wesley Kern, Adult Brother, 589 Driftwood Court, Lowell, IN 46356
- Emily Cowan, Adult Sister, 101 Meadow Lane, Hallsville, MO 65255
- Jackson Kern, Adult Brother, 4000 Calhoun Street, Gary, IN 46408

9. Each person's distributive share has been calculated as follows:

- Rachelle M. Randle, 25% Share
- Craig Kern, 25% Share
- Samuel Kern, 12.5% Share
- Wesley Kern, 12.5% Share
- Emily Cowan, 12.5% Share
- Jackson Kern, 12.5% Share

Rachelle M Randle
 Rachelle M. Randle

STATE OF INDIANA

) SS:

COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Rachelle Randle, and, being first duly sworn by me upon oath stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 16th day of January, 2023.

My commission expires: 02/13/2026

Rosa A. Potacki
 Lesa A. Potacki
 Resident of: Lake County, Indiana



"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/ Gary P. Bonk

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



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000204

EDR No 00001267612

State No 2022-020230

1. Decedent's Legal Name (First, Middle, Last) Christopher Matthew Kern		1a. Maiden Name (If Female)		2. Gender Male	3. Time of Death 02:00 AM	4. Date of Death (Month/Day/Year) 03/26/2022	
5. Social Security Number 33		6a. Under 1 Year Months None	6b. Under 1 Month Days None	6c. Under 1 Week Weeks None	6d. Under 1 Day Hours None	7. Date of Birth (Month/Day/Year) 12/26/1988	
8. Birthplace (City and State and Foreign Country) Olathe, Kansas		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		10c. If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) 4000 Calhoun Street							
12. City or Town, State, and Zip Code Gary, Indiana 46408				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 Boilermaker		17. Kind Of Business/Industry Boilermaker Union 374
18. Residence - State IN		18a. County Lake		18b. City or Town Gary		18c. Apt. No.	
18d. Street And Number 4000 Calhoun Street		18e. Zip Code 46408		18f. Inside City Lines? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. Decedent's Education Some college, but no degree		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Craig Kern		23. Parent's Name (First, Middle, Last) Rachelle Randle		23a. Parents Last Name Before First Marriage Owens			
24. Informant's Name Craig Kern		24a. Relationship To Decedent Father		24b. Mailing Address (Street And Number, City, State, Zip Code) 216 Illinois Street, Dyer, IN, 46311			
25. Place Of Disposition							
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From Contact <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Oak Lawn Memorial Gardens		25c. Location - City, Town, And State Olathe, KS			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322				27a. Funeral Home License Number FH1700003	
27b. Signature Of Indiana Funeral Service Licensee: <i>Christina A. Hester</i>		Electronically Signed		27c. License Number (Of Licensee) FD0104511			
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 The Etiology. Do Not Abbreviate. Enter Only One Cause OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT							
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. Toxic Effects of Fentanyl and Cocaine		B. Fentanyl and Cocaine Overdose		C. Immediate	
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		D. Intermediate		E. Immediate		F. Intermediate	
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 checked="" type="checkbox"/> No					
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"/> Unknown If Pregnant Within The 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"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year) 03/26/2022	
35. Time Of Injury 12:00 AM		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 4000 Calhoun Street		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State Indiana	
38a. City Or Town Gary		38b. Street & Number 4000 Calhoun Street		38c. Apt No. 46408		38d. Zip Code 46408	
39. Describe How Injury Occurred Fentanyl Related Death		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>Yvette Manfredy</i>		Electronically Signed		42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Death Officer		43. License Number 04/04/2022	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Yvette Manfredy 2900 W 93rd Avenue, Crown Point, IN 46307		44. License Number		45. Date Of Issue 04/04/2022		46. Signature Of Registrar: <i>Stephanie Walker</i>	
46. Additional Funeral Service Provider:		47. Altar:		48. For Registrar Only - Date Filed (Month/Day/Year): 04/05/2022			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							
Other Factors-If Yes, were finding used to determine cause of death?- amended on APR-11-2022; formerly No; Pronouncement - Manner of Death-amended on APR-11-2022; formerly Pending Investigation; Injury-Describe How Injury Occurred-amended on APR-11-2022; formerly Unknown; Pronouncement-Time of Death- amended on APR-11-2022; injury 02:22 AM; Cause of Death-Line A Description - amended on APR-11-2022; formerly Pending; Cause of Death-Line A Onset Interval- amended on APR-11-2022; formerly blank; Cause of Death-Line B Description - amended on APR-11-2022							