

3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 16th day of March, 2023, before me personally appeared DOROTHY M. KOLLASCH, who being duly sworn upon her oath states:

- Affiant resides at the address given below the affiant's signature;
- Kenneth A. Kollasch and Dorothy M. Kollasch, husband and wife, owned the real estate described below as joint tenants or tenants by the entireties;
- Said premises are described below as follows:
Lot 54 in Heather Hills Unit #1, as per plat thereof, recorded in Plat Book 44 page 16, in the Office of the Recorder of Lake County, Indiana.
Parcel No. 45-11-23-379-002.000-032
Commonly known as 7571 W. 83rd Lane, Crown Point, Indiana 46307.
- Said Kenneth A. Kollasch died on March 1, 2023, without a Will;
- Where this Affidavit relates to a tenancy by the entireties, that the parties were never divorced; and
- Affiant's relationship to the deceased is surviving spouse.

Affiant's Signature *Dorothy M. Kollasch*
 Name Printed Dorothy M. Kollasch
 Address 7571 W. 83rd Lane
Crown Point, IN 46307

FILED

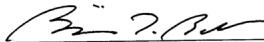
MAR 24 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25
2729
LL
E (ST)

NOT AN OFFICIAL DOCUMENT

Subscribed and sworn to before me, a Notary Public, this 16th day of March, 2023.



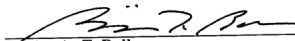
Benjamin T. Ballou, Notary Public
A Resident of Lake County

My Commission Expires:
November 21, 2023

Commission No.: 675090



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.



Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, IN 46410

648245.1
20,787

Property of Lake County Recorder



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 5538932

Local No 000877

EDR No 000011514848

State No 2023-012159

1. Decedent's Legal Name (First, Middle, Last) Kenneth A. Kollasch Sr.			1a. Maiden Name (if female)		2. Gender Male		3. Time Of Death 04:54 PM		4. Date Of Death (Month/Day/Year) 03/01/2023	
5. Social Security Number 68- 79			6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) 01/15/1944			8. Birthplace (City and State or Foreign Country) Gary, Indiana		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) 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 checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name Dorothy M. Kollasch	
15a. Last Name Before First Marriage Cable			16. Decedent's Usual Occupation Ironworker		17. Kind Of Business/Industry Local 395 Steel		18. Residence - State IN		18a. County Lake	
18b. City Or Town Crown Point			18c. Street And Number 7571 W 83rd Lane		18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input 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) Raymond Kollasch		23. Parent's Last Name Before First Marriage Delperdang	
24. Informant's Name Dorothy M Kollasch			24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 7571 W 83rd Lane, Crown Point, IN, 46307		25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Retrieval From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Home Of Cemetery, Crematory, Other Place) Skylark Crematory	
25c. Location - City, Town, And State Monee, IL			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Home Chapel Lawn Funeral Home And Memorial Gardens 8178 S. Olive Ave., Crown Point, Indiana, 46307		27a. License Number (Of Licenses) FD21500005		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Caused This 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. Add Additional Lines If Necessary. Septic Shock	
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Cardiac Arrest			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> ER		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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant 24hrs Prior To Year Of Death <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant Or Pregnant Within The Year Before Death <input type="checkbox"/> Unknown Or Pregnant Within The Year Before Death	
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"/> 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 checked="" 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"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature Of Person Certifying Cause Of Death: Jerry Jomi		42. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jerry Jomi 9711 Valparaiso Drive B, Munster, IN 46321		43. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
44. Local Health Officer: Claudana Surtalia			45. Signature of Local Health Officer: Claudana Surtalia		46. Additional Funeral Service Provider		47. For Registrar Only (Date Received, Month/Day/Year) 03/01/2023		48. For Registrar Only (Date Received, Month/Day/Year)	