2023-5085
03/24/2023 02:19 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED
Mar 23 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

Tax Key No.: 45-12-33-326-007.000-029

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, TERRENCE O'GRADY, being first duly sworn, state:

1. I am the Personal Representative of the Estate of Gloria Kozik A/K/A Gloria F. Kozik, deceased. Walter J. Kozik Jr. died on October 27, 2021. See Attached Death Certificate (DC)

2. At the time of Walter J. Kozik Jr.'s death, Gloria Kozik A/K/A Gloria F. Kozik and Walter J. Kozik Jr. were husband and wife and the owners of the following described real estate located in Lake County, Indiana:

LOT 12 IN INDIANA RIDGE ADDITION, UNIT 4, BLOCK 2, IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 67, PAGE 45, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. At the time of his death, Gloria Kozik A/K/A Gloria F. Kozik and Walter J. Kozik Jr. were not divorced and were living together as husband and wife.

4. No Federal Estate Tax was due.

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in GLORIA F. KOZIK and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated this 16 day of March, 2023.

Terrence O'Grady, Personal Representative of the Estate of Gloria Kozik A/K/A Gloria F. Kozik, deceased

IN016249

Greater Indiana Title Company

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 16 day of March, 2023, personally appeared TERRENCE O'GRADY, Personal Representative of the Estate of Gloria Kozik AK/A/ Gloria F. Kozik, deceased and acknowledged the execution of this Survivorship Affidavit.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Brenda Sohovich, Notary Public

NOTARY PUBLIC - STATE OF INDIANA
SEAL
BRENDA SOHOVICH
COMMISSION NUMBER NP0660205
MY COMMISSION EXPIRES NOVEMBER 05, 2030

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. BS

Brenda Sohovich

Prepared By: Attorney Alissa Kohlhoff, Kohlhoff Law P.C., 360 Indiana Ave., Suite D, Valparaiso, Indiana 46383

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 346206

Local No 004693 **EDR No** 000011186838 **State No** 2021-066547

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Gender	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Walter J. Kozik Jr.		Male	08:30 AM	10/27/2021

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
	79	Months	Days	Hours	Minutes	11/21/1941	Harvey, Illinois

9. Ever in U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): 1500 W 97th Avenue

12. City Or Town, State, And Zip Code	13. County Of Death:	14. Marital Status At Time Of Death
Crown Point, Indiana 46307	Lake	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
Gloria F. Kozik	Kern	Supervisor	Manufacturing

18. Residence - State	18a. County	18b. City Or Town	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
IN	Lake	Crown Point		46307	☒ Yes ☐ No

18c. Street And Number: 1500 W 97th Avenue

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
High School graduate or GED completed	Not Spanish/Hispanic/Latino	White

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
Walter J. Kozik Sr.	Agnes A. Kozik	Kossak

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Anthony Kozik	Brother	1862 Adams, Portage, IN, 46368

26. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	NWI Cremations Services	Crown Point, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☐ No	Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307	FH83002445

27b. Signature Of Indiana Funeral Service Licensee:	27c. Licensee Number (Or Licensee):
James F. Burns	FD01008461

Cause Of Death (See Instructions And Examples)

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 Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. natural cause	unknown
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. coronary artery disease	unknown
	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? ☐ Yes ☐ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)	43. License Number	44. Date Certified
Chandana Vavilala Electronically Signed	☐ Certifying Physician ☐ Coroner ☒ Health Officer	010057596A	11/22/2021

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	45. Fees:
Chandana Vavilala 2900 W 93rd Street, Crown Point, IN 46307	

46. Additional Funeral Service Provider:	47. Fees:

48. Signature of Local Health Officer:	48. For Registrar Only	Date Filed (Month/Day/Year):
Chandana Vavilala Electronically Signed		11/23/2021

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary