

NOT AN OFFICIAL DOCUMENT

FILED

Apr 14 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-510909
04/14/2023 03:39 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)

AFFIDAVIT OF SURVIVORSHIP

I, Ronald J. Gaspar, 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. Ronald J. Gaspar and Barbara A. Gaspar are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 39, Fairmeadow Eighth Addition, Block 4, to the Town of Munster, as shown in Plat Book 43, page 103, in Lake County, Indiana.

Commonly Known As: 1638 Cardinal Drive, Munster, IN 46321

Affiant's Address: 1638 Cardinal Drive, Munster, IN 46321

Tax ID #45-07-29-355-007.000-027

3. Ronald J. Gaspar and Barbara A. Gaspar acquired title to said real estate as Husband and Wife by Trustees Deed on the 10th day of December, 1973 and recorded in the Office of the Lake County Recorder on the 15th day of February, 1974 as Document No. 240013.
4. Barbara A. Gaspar died on December 3, 2022. See attached Death Certificate for Barbara A. Gaspar.
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.



Ronald J. Gaspar, Affiant



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking ID: 344479

Local No 005000

EDR No 00001471049

State No 2022-069883

1. Decedent's Legal Name (First, Middle, Last) Barbara A Gaspar			13. Maiden Name (If Female) Vadas			2. Gender Female		3. Time of Death 10:09 PM		4. Date of Death (Month/Day/Year) 12/03/2022			
5. Social Security Number 76		6a. Age - Yrs 76		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 08/30/1946			
8. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10. 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) 1638 Cardinal Drive													
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 Ronald				15a. Last Name Before First Marriage Gaspar				16. Decedent's Usual Occupation Teacher		17. Kind of Business/Industry Education			
18. Residence - State IN			18a. County Lake			18b. City or Town Munster			18c. Street and Number 1638 Cardinal Drive				
18d. Apt. No.			18e. Zip Code 46321			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education Master's Degree (e.g. MA, MS, MEng, MS)				20. Decedent of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) George Vadas Sr						23. Parent's Name (First, Middle, Last) Stella Vadas			23a. Parent's Last Name Before First Marriage Pazdur				
24. Informant's Name Ronald Gaspar			24a. Relationship to Decedent Husband			24b. Mailing Address (Street and Number, City, State, Zip Code) 1638 Cardinal Drive, Munster, IN, 46321							
25a. Method of Disposition <input checked="" type="checkbox"/> Burial <input 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) Chapel Lawn and Memorial Gardens Cemetery				25c. Location - City, Town, and State Crown Point, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name and Complete Address Of Funeral Facility Kulper Funeral Home 9039 Kleinman Road, Highland, Indiana, 46322						27a. Funeral Home License Number: FH10300021				
27b. Signature Of Indiana Funeral Service Licensee: Lashema Hairston						Electronically Signed			27c. License Number (Of Licensee) FD21700002				
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 Abrogate. 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. ALTERED MENTAL STATUS AND CONFUSION		1 DAY	
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. HEPATOCELLULAR CARCINOMA OF THE LIVER WITH ASCITES		17 MONTHS	
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 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"/> 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"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Location Of Injury - State			38a. City Or Town				
36. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.				
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"/> Other (Specify)				
41. Signature Of Person Certifying Cause Of Death: Lyle R Munn						Electronically Signed			42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Official				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 800 Superior Avenue, Munster, IN 46321						LAKE COUNTY HEALTH OFFICER			44. License Number 01031582A				
46. Additional Funeral Service Provider: Chandana Varshala						Electronically Signed			45. Date Certified 12/05/2022				
46. Signature of Local Health Officer: Chandana Varshala						Electronically Signed			47. FAKs: 12/15/2022				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													