

NOT AN OFFICIAL DOCUMENT

2

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-014932

3:41 PM 2023 Jun 7

AFFIDAVIT

TAX: ID. NO. 45-07-35-228-030.000-006

ANN M. KEGBEIN, being first duly sworn upon oath, deposes and says:

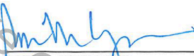
1. That JACQUELINE J. KUDZINOWSKI, died on the 13th day of July, 2018 at Munster, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest in the following described real estate:

LOT 3, GLENVIEW 2ND ADDITION TO THE TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 37, PAGE 90, IN LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 712 WHEELER STREET, GRIFFITH, INDIANA 46319

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Jacqueline J. Kudzinowski.
4. That this Affiant's relationship to the Decedent was Daughter.

FURTHER, your Affiant saith naught.



 ANN M. KEGBEIN

STATE OF INDIANA, COUNTY OF LAKE

SS:

Before me, the undersigned, a Notary Public in and for said county and state this 2nd day of June, 2023, personally appeared ANN M. KEGBEIN, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: NP0727054
My Commission Expires: 06/03/2028
Resident of Newton County

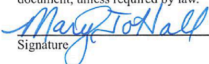
Signature 
 Printed Mary Jo Hall, Notary Public

See Attached Death Cert

This instrument prepared by:

NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by the title company.

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.



 Signature

Mary Jo Hall

 Printed Name

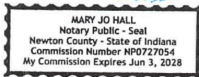
25.00
CK# 30032

RM

FILED

JUN 07 2023

Community Title Company
File No. 2326152-1



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 165048



Local No 902361

EDR No 00000654819

State No

1. Decedent's Legal Name (if First, Middle, Last) JACQUELINE J KUDZINOWSKI				1a. Maiden Name (if female) SPOONER		2. Sex FEMALE		3. Time of Death 07:20 PM		4. Date of Death (Month/Day/Year) 07/13/2018			
5a. Age - Yrs 77		5b. Under 1 Year Months 1		5c. Under 1 Month Days 1		5d. Under 1 Hour Minutes 06:25/1941		6. Place of Death (City and State or Foreign Country) MONTECELLO, IA					
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													
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 Where the Decedent Spent the Last Hours and Number WILLIAM J RILEY MEMORIAL RESIDENCE, HOSPICE													
12. City Or Town, State, And Zip Code MUNSTER, IN 46321				13. County of Death LAKE				14. Marital Status At Time of Death <input checked="" type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
15. Surname (Spouse's Name) STANLEY KUDZINOWSKI JR				15a. Last Name Before First Marriage LAKE				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State INDIANA				18a. County LAKE		18b. City Or Town GRIFFITH		18c. Apt. No.		18d. Zip Code 46319		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 712 NORTH WHEELER STREET				20. Decedent's Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				22. Decedent's Name (First, Middle, Last) FRANCIS ALBERT SPOONER				23. Parent's Name (First, Middle, Last) AUGUSTA MARGARET SPOONER		23a. Parent's Last Name Before First Marriage SIEBELS			
24. Informant's Name STANLEY KUDZINOWSKI				24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 712 NORTH WHEELER STREET, GRIFFITH, IN 46319							
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 State <input type="checkbox"/> Other (Specify)				25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATORY				25c. Location - City, Town, And State GARY, IN		27a. Funeral Home License Number FH10600026			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319				27c. License Number Of Licensed Funeral Home F008700066					
27a. Signature Of Indiana Funeral Licensee RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE				Cause of Death (See Instructions And Examples) ADENOCARCINOMA OF LUNG WITH METASTASIS				Approximate Interval - Consent To Death MONTHS					
28. Part 1. Enter The Chain of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Repeat Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Vascular/7 Intubation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. And Additional Causes If Necessary.													
28. Part 2. Enter The Chain of Events - Diseases, Injuries, Or Complications - That Resulted In The Underlying Cause Given in Part 1.													
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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ATRIAL FIBRILLATION													
32. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown													
33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidents <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. Location Of Injury - Site													
36a. City Or Town													
36b. Street & Number													
36c. Apt. No.													
36d. Zip Code													
37. Describe How The Injury Occurred													
38. Signature - Of Person Certifying Cause Of Death HERBERT ALAN JONES, BY ELECTRONIC SIGNATURE													
39. Name, Address And Zip Code Of Person Certifying Cause Of Death HERBERT ALAN JONES, 929 RIDGE ROAD SUITE 7, MUNSTER, IN 46321													
40. Additional Funeral Service Provider													
41. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE													
42. Certifier LAKE COUNTY HEALTH OFFICER													
43. License Number 02000640A													
44. Date Certified 07/17/2018													
45. For Registrar Only - Date Filed (Month/Day/Year) JUL 17 2018													

**RECORDED ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT**
JUL 17 2018

**NOT VALID UNLESS
RAISED SEAL AFFIXED**