

NOT AN OFFICIAL DOCUMENT

FILED

Jul 21 2023 KAP
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-523407
07/21/2023 03:12 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

AFFIDAVIT OF DEATH

Comes now VERNON KAISER, as Successor Trustee of the Adeline Beda Trust dated the 30th day of December, 2003, being duly sworn upon his oath, and states as follows:

1. ADELINE BEDA, also known as Adeline H. Beda, (hereafter, "Decedent") died on or about April 6, 2023, and at the time of such death was a resident of Lake County, State of Indiana. A redacted copy of the Death Certificate is attached hereto.

2. Decedent reserved a life estate to the following described real estate situated in Lake County, Indiana, to-wit:

Lot 19 and the North 15 feet by parallel lines of Lot 18, Wirtz Crown Heights, Unit 6, to the City of Crown Point, as shown in Plat Book 44, page 102, in Lake County, Indiana.

Commonly known as 9524 Roosevelt Place, Crown Point, Indiana 46307

Parcel No. 45-12-32-251-008.000-029

Send tax bills to: Vernon Kaiser, Trustee, 5695 N 700 W, Warsaw, IN 46582

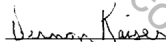
by Deed Into Trust dated December 30, 2003, and recorded in the Office of the Lake County Recorder on February 20, 2004, as Document No. 2004 014686.

3. Upon Decedent's death, her life estate reserved in the Deed Into Trust is extinguished.

Dated this 11 day of July, 2023.

ADELINE BEDA TRUST DATED THE 30TH DAY OF
DECEMBER, 2003

By:



Vernon Kaiser, Successor Trustee

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STATE OF INDIANA)
) SS:
COUNTY OF NOBLESVILLE)



MEGAN YOUNG, Notary Public
Kosciusko County, State of Indiana
Commission Number NP0749463
My Commission Expires April 23, 2031

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared VERNON KAISER, as Successor Trustee of the Adeline Beda Trust dated the 30th day of December, 2003, and acknowledged the signature and delivered the instrument as a free and voluntary act for the uses and purposes named in the instrument this 11 day of July, 2023.

Megan Young, Notary Public
My Commission Expires: 04/23/2031
Resident of Noblesville 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. Victor H. Prasco

Document Prepared By: Victor H. Prasco, Burke Costanza & Carberry LLP, 9191 Broadway, Merrillville, IN 46410

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 361317

Local No 001179

EDR No 003011531928

State No 2023-017299

1. Decedent's Legal Name (Print, Middle, Last) Adeline H. Beda		12. Maiden Name (if female) Koch		2. Gender Female		3. Time of Death 02:45 PM		4. Date of Death (Month/Day/Year) 04/08/2023																			
5. Social Security Number 99		6a. Age - Yrs 99		6b. Under 1 Year Months Days		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) 10/23/1923		8. Birthplace (City and State or Foreign Country) Merrillville, Indiana													
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. 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) Franciscan Health Crown Point												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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown													
15. Deceased's Usual Occupation Cashier				17. Kind Of Business/Industry Bank																							
13. Residence - Street IN 9524 Roosevelt Place		15a. County Lake		15b. City Or Town Crown Point		16d. Apt. No.		16e. Zip Code 46307		16f. Inhabits City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White																							
22. Parents Name (Print, Middle, Last) Edward Koch				23. Parents Name (Print, Middle, Last) Frances Koch				25a. Parents Last Name Before First Marriage Franz																			
24. Informant's Name Vernon Kaiser		24a. Relationship To Decedent Nephew		24b. Mailing Address (Street And Number, City, State, Zip Code) 5995 N 700 W, Warsaw, IN, 46582																							
25. Place Of Disposition 25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify): Calumet Park Cemetery												25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calumet Park Cemetery		25c. Location - City, Town, And State Merrillville, IN													
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Gelsen Funeral, Cremation & Reception Centre 606 East 113th Avenue, Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH10700031																					
27b. Signature Of Indiana Funeral Service Licensee: Jonathan R. Christensen				Electronically Signed				27c. License Number Of Licensee: FDZ0200095																			
28. Part I. Enter The Cause Of Death - Diseases, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous/Arterial Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (First Disease Or Condition Resulting In Death) A. Acute myocardial infarction B. _____ C. _____ D. _____ 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												Cause Of Death (See Instructions And Examples) That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous/Arterial Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval From Death To Death unknown															
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probable <input type="checkbox"/> No <input type="checkbox"/> Unknown												32. 5 Formals: <input type="checkbox"/> Not Performed Within Past Year <input type="checkbox"/> Request At Time Of Death <input type="checkbox"/> Not Requested, But Performed At Date To 1 year Before Death <input type="checkbox"/> Unknown/Not Performed 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"/> Other (Specify)		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Workplace (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, Indicate: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)												41. Signature, Of Person Copying Cause Of Death: Katharine Marie Theodor				42. Gender (Check Only One): <input checked="" type="checkbox"/> Copying Physically <input type="checkbox"/> Copying Digitally		43. Death Certified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
44. Name, Address And Zip Code Of Person Copying Cause Of Death: Katharine Marie Theodor 300 N Main Street 45. Additional Funeral Service Provider: 46. Signature of Local Health Officer: Catherine Givellada												THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE STATE BOARD OF HEALTH DEPARTMENT APR 10 2023 LAKE COUNTY HEALTH OFFICER				47. Year Reported 202402281A 48. For Registrar Only - Description (Do Not Write In)				49. Registrar Signature RAISED SEAL AFFIXED							