

# NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL  
RECORDER

2023-023987

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2:28 PM 2023 Aug 10

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

### SURVIVORSHIP AFFIDAVIT

Janet M. Koontz, Affiant, being duly sworn upon her oath states as follows:

I am the owner in fee simple of the real estate located in Lake County, Indiana, commonly known as 11773 80<sup>th</sup> Place, Dyer, Indiana 46311, and more particularly described as follows:

Unit No. 3 at 11773 80<sup>th</sup> Place in Aspen Trail Terrace Homes, Inc., a Horizontal Property Regime, the Declaration for which recorded August 28, 2001 as Document No. 2001 068787 and also filed in Plat Book 90 Page 71, and all subsequent amendments thereto, together with an undivided interest appurtenant to said unit and recorded in the Office of the Recorder of Lake County, Indiana.

PARCEL NO.: 45-11-20-254-020.000-032

That the Affiant and Thomas J. Koontz, Jr. were married on the 11<sup>th</sup> day of April 2009. That she acquired title to said real estate with her spouse on October 24, 2012, by a Quitclaim Deed. That title to the real estate was held as tenants by the entirety. That Thomas J. Koontz, Jr., died on the 13<sup>th</sup> day of June 2023, as evidenced by the attached Certificate of Death, at which time all interests were released, and real estate became the sole property of the Affiant.

That any required Federal Estate Tax Return has been filed and the assessed taxes paid.

Dated this 10<sup>th</sup> day of August 2023.

Janet M. Koontz  
JANET M. KOONTZ, AFFIANT

REDACTED DEATH CERTIFICATE ATTACHED

FILED

AUG 10 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

le  
25<sup>00</sup>  
ck # 1461  
sp


# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA            )  
  ) SS:  
COUNTY OF LAKE            )

Before me, a Notary Public in and for said County and State, personally appeared JANET M. KOONTZ who acknowledges the execution of the foregoing Affidavit.


IN WITNESS my hand and Notarial Seal, this 10<sup>th</sup> day of August 2023.



  
Daniel W. Blankenburg, Notary

My Commission Expires: May 19, 2031  
My County of Residence: Porter

I affirm under penalties for perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

  
Daniel W. Blankenburg

This instrument prepared by: Daniel W. Blankenburg  
Attorney-at-Law  
300 East 90<sup>th</sup> Drive  
Merrillville, Indiana 46410

Mail Tax Bills To: Janet M. Koontz  
11773 80<sup>th</sup> Place  
Dyer, Indiana 46311

# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **370634**



Local No 002174

EDR No 000011564625

State No 2023-031114

1. Decedent's Legal Name (First, Middle, Last) <b>Thomas J. Koontz Jr.</b>				1a. Maiden Name (If female)		2. Gender <b>Male</b>		3. Time Of Death <b>08:00 PM</b>		4. Date Of Death (Month/Day/Year) <b>06/13/2023</b>	
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5. Social Security Number <b>60</b>		6a. Age - Yrs <b>60</b>		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) <b>08/19/1962</b>		8. Birthplace (City and State or Foreign Country) <b>Chicago Heights, Illinois</b>	
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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):			
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11. Facility Name (If Not Institution, Give Street and Number) **11773 80th Place**

12. City Or Town, State, And Zip Code <b>Dyer, Indiana 46311</b>			13. County Of Death <b>Lake</b>			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					
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15. Surviving Spouse's Name <b>Janet M. Koontz</b>			15a. Last Name Before First Marriage <b>Bazant</b>			16. Decedent's Usual Occupation <b>Printing Press</b>			17. Kind Of Business/Industry <b>Alistate Printing</b>		
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18. Residence - State <b>IN</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Dyer</b>		
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16c. Street And Number <b>11773 80th Place</b>			19d. Apt. No.			18c. Zip Code <b>46311</b>			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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19. Decedent's Education <b>High School graduate or GED completed</b>				20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>			
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22. Parent's Name (First, Middle, Last) <b>Thomas J. Koontz Sr.</b>				23. Parent's Name (First, Middle, Last) <b>Sharon J. Koontz</b>				23a. Parent's Last Name Before First Marriage <b>Murphy</b>			
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24. Informant's Name <b>Janet M. Koontz</b>			24a. Relationship To Decedent <b>Wife</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>11773 80th Place, Dyer, IN, 46311</b>					
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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) <b>Smits Funeral Home Crematory</b>			25c. Location - City, Town, And State <b>Dyer, IN</b>					
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>Smits Funeral Home 2121 Pleasant Springs Lane, Dyer, Indiana, 46311</b>						27a. Funeral Home License Number: <b>FH11000037</b>		
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27b. Signature Of Indiana Funeral Service Licensee: <b>Timothy Smits</b>						27c. License Number (Of Licensee): <b>FD20600101</b>					
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Cause of Death (See Instructions And Examples) **THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT**

23. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. Do Not Enter Terminal Events. Do Not Abbreviate. Enter On One Line Only. Add Additional Lines If Necessary.												Approximate Interval: Onset To Death	
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Immediate Cause (Final Disease Or Condition Resulting In Death)												Immediate	
A. <b>Asphyxia</b>												Intermediate	
B. <b>Hanging</b>												Intermediate	
C.													
D.													

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
												29. 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 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 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					
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34. Date Of Injury (Month/Day/Year) <b>06/13/2023</b>			35. Time Of Injury <b>Unknown</b>			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>Home</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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38. Location Of Injury - State <b>Indiana</b>			38a. City Or Town <b>Saint John</b>			38b. Street & Number <b>11773 80th Place</b>			38c. Apt. No.			38d. Zip Code <b>46311</b>		
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39. Describe How Injury Occurred <b>Hanging</b>												40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> <b>NON-VALID UNLESS</b>	
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41. Signature - Of Person Certifying Cause Of Death: <b>Yvette Manfredy</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Yvette Manfredy 2900 W 93rd Avenue, Crown Point, IN 46307</b>						44. License Number			45. Date Certified <b>06/16/2023</b>		
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46. Additional Funeral Service Provider:						47. "As is":					
48. Signature of Local Health Officer: <b>Chandana Varrigala</b>						49. For Registrar Only (Date Filed (Month/Day/Year)) <b>06/20/2023</b>					

**AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)**

Pronouncement - Manner of Death- amended on JUL-03-2023; formerly Pending Investigation; Injury-Describe How Injury Occurred- amended on JUL-03-2023; formerly Pending; Cause of Death - PART I Line a- amended on JUL-03-2023; formerly Pending Further investigation; Cause of Death-Line B Onset Interval- amended on JUL-03-2023; formerly blank; Cause of Death - Line b- amended on JUL-03-2023; formerly blank; Cause of Death-Line B Onset Interval- amended on JUL-03-2023; formerly blank;