

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)

COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Terry L. Matusak, who acknowledged the execution of the foregoing Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 22nd day of September, 2023

Signature:  _____, Notary Public

Printed: Lisa M Matson

My Commission Expires:

02/01/2024

My County of Residence is:

Lake

File No.: IN2305256



Prepared by and return to:

Rose K. Kleindl, Esq.

Near North Title Group, 101 E. 90th Drive, Suite C, Merrillville, IN 46410

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, Rose K. Kleindl, Esq.

Grantee mailing address and please send tax statements/notices to:

Terry Matusak - 823 Sunset Dr., Sullivan IN

61951



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 340472

Local No 003958				EDR No 000011431546				State No 2022-055108							
1. Decedent's Legal Name (First, Middle, Last) Walter A Matusak				1a. Maiden Name (if female)				2. Gender Male		3. Time Of Death 06:45 AM		4. Date Of Death (Month/Day/Year) 09/10/2022			
5. Social Security Number		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) 08/11/1946		8. Birthplace (City and State or Foreign Country) Gary, Indiana			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Death 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) Francis Health Dyer															
12. City Or Town, State, And Zip Code Dyer, Indiana						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. Surviving Spouse's Name Terry Matusak				15a. Last Name Before First Marriage Barkley				16. Decedent's Usual Occupation Electrician		17. Kind Of Business/Industry Tradesman					
18. Residence - State IN				18a. County Lake				18b. City Or Town Dyer							
18c. Street And Number 933 Hanover Lane						18d. Apt. No.		18e. Zip Code 46311		18f. Inside City Limits? <input checked="" 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. Parent's Name (First, Middle, Last) Walter E Matusak				23. Parent's Name (First, Middle, Last) Lois Matusak				23a. Parent's Last Name Before First Marriage Erwin							
24. Informant's Name Terry Matusak				24a. Relationship To Decedent Wife				24b. Mailing Address (Street And Number, City, State, Zip Code) 933 Hanover Lane, Dyer, IN, 46311							
25. Place Of Disposition															
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Skyline Crematory				25c. Location - City, Town, And State Monee, IL							
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: Lashenna Hatrston						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 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)										2 Hours					
A. Acute myocardial infarction										Years					
B. Coronary Artery Disease										Unknown					
C. Unknown										Unknown					
D. Unknown										Unknown					
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I										Unknown					
30. 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 checked="" type="checkbox"/> Yes <input 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 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							
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. Location Of Injury - State				38a. City Or Town		38b. Street And Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred															
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)															
41. Signature: Of Person Certifying Cause Of Death: Steven A. Corse															
42. Center (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer															
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Steven A. Corse 8691 Connecticut, Merrillville, IN 46416				44. License Number 02100586A				45. Date Certified 09/30/2022							
46. Additional Funeral Service Provider:															
46. Signature of Local Health Officer: Chandana Varshila				LAKE COUNTY HEALTH OFFICER Electronically Signed				48. For Registrar Only - Date Filed (Month/Day/Year): 10/05/2022							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)															

RAISED SEAL APPLIED