

FILED

Jan 17 2024 LM  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

AFFIDAVIT

I, Gary P. Bonk, being duly sworn, state as follows:

- Affiant resides at the address given below affiant's signature.
- Affiant is the attorney settling the Edward T. Krusa Estate currently pending in Lake County Superior Court Cause No. 45D11-2312-EU-000528.
- Garnett L. Poynter (aka Garnett Louise Poynter) died on December 3, 2000. See attached Death Certificate for Garnett L. Poynter (aka Garnett Louise Poynter).
- The legal description of the real estate is:

LOTS 8 AND 9 IN BLOCK 1 IN RICHLAND MEADOWS IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 15, PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly Known As: 6848 Columbia Avenue, Hammond, IN 46324

**Key No.: 45-07-07-183-019.000-023**

- There are no Federal tax liability or State Inheritance taxes due by reason of the death of said decedent.
- This affidavit is being filed to terminate the Life Estate Interest of Garnett L. Poynter (aka Garnett Louise Poynter) in the above-referenced property.

  
\_\_\_\_\_  
Gary P. Bonk, Affiant  
900 Parker Place, Suite A  
Scherverville, IN 46375

# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, this 17<sup>th</sup> day of January, 2024, Personally appeared: Gary P. Bonk, and acknowledged the execution of the foregoing instrument. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Witness my hand and Notarial Seal this 17<sup>th</sup> day of January, 2024.

My commission expires: 2/23/2026

Lesa A. Potacki

Lesa A. Potacki, Notary Public  
Resident of Lake County, IN



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. /s/Gary P. Bonk

This Instrument Prepared By:

Gary P. Bonk, Attorney at Law (Attorney No. 20519-45)  
900 Parker Place, Suite A  
Schererville, Indiana 46375 (219) 864-7800

# NOT AN OFFICIAL DOCUMENT

RAISED SEAL AFFIXED TO THIS DOCUMENT TO PROTECT AGAINST FALSIFICATION. THE SIGNATURE OF THE DECEASED OR THE SIGNATURE OF THE PERSON WHO COMPLETED THIS DOCUMENT IS REQUIRED TO BE VALIDATED BY THE HEALTH OFFICER IN ORDER TO PROTECT HIS REGULATORY RESPONSIBILITY. DISGUISE IS VOLUNTARY AND THERE WILL BE NO PENALTY FOR REFUSAL TO SIGN.

Local No. 2778-00

## INDIANA STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK	DECEASED NAME (City/Village, Last) <u>Gannott Louise Poynter</u>			2. SEX <u>Female</u>	3a. TIME OF DEATH <u>8:40 A.M.</u>	3b. DATE OF DEATH (Month, Day, Year) <u>December 3, 2000</u>
	4. SIGNATURE (City/Village, Last) <u>Gannott Louise Poynter</u>		5a. AGE - Last Birthday (Years) <u>79</u>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <u>February 26, 1921</u>
DECEDENT	8a. WAS DECEDENT A U.S. ARMED FORCES VETERAN? <u>No</u>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES <u>N/A</u>		9. PLACE OF DEATH (Check only one. See instructions)	
	10. HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A.		11. OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		12. CITY, TOWN, OR LOCATION OF DEATH <u>Munster</u>	
DECEASED	14. MARITAL STATUS (Type) <u>Married</u>		15. SURVIVING SPOUSE (Name and maiden name) <u>N/A</u>		16. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	
	17. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Saleswoman</u>		18. KIND OF BUSINESS/INDUSTRY <u>Automobile</u>		19. CITY, TOWN, OR LOCATION OF DEATH <u>Hammond</u>	
PARENTS	20a. RESIDENCE - STATE <u>Indiana</u>		20b. COUNTY <u>Lake</u>		20c. STREET AND NUMBER <u>6848 Columbia Ave</u>	
	21a. ZIP CODE <u>46324</u>		21b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		21c. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
INFORMANT	22. FATHER'S NAME (Last, First, Middle) <u>Floyd Lewis</u>		23. MOTHER'S NAME (Last, First, Middle, Maiden Surname) <u>Sylvia Moore</u>		24. DECEASED'S EDUCATION (Specify only highest grade completed) <u>Elementary (Secondary 0-12) College (11-4 or 5 +)</u>	
	25. INFORMANT'S NAME (Type, First, Middle, Last) <u>Diane Brooks</u>		26. MAILING ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code) <u>2251 Ridgeway Ave. Kitchon Park, Illinois 60471</u>		27. Relationship <u>Daughter</u>	
DISPOSITION	28a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal From State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		28b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <u>December 5, 2000 Elmwood Cemetery</u>		28c. LOCATION - City or Town, State <u>Hammond, Indiana</u>	
	29a. FUNERAL HOME NAME <u>Henry Blake</u>		29b. FUNERAL HOME LICENSE AND ADDRESS <u>FD0 1019406</u>		30. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
CAUSE OF DEATH	31a. SIGNATURE OF FUNERAL DIRECTOR <u>Lawrence Miller</u>		31b. LICENSE NUMBER (of Licensee) <u>FD01006015</u>		31c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <u>PFB300653 Fagen-Miller Funeral Homes Inc 1920 Hart St Dyer, Indiana 46311</u>	
	32. PART I. Enter the disease, injury, or complication that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
HEALTH OFFICER	33. IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>Metastatic Renal Carcinoma</u>		34. DUE TO OR AS A CONSEQUENCE OF		35. DUE TO OR AS A CONSEQUENCE OF	
	36. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
CERTIFIER	37a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and disc up the cause(s) listed. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		37b. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM (Yes or no) <u>No</u>		37c. WAS AN AUTOPSY PERFORMED (Yes or no) <u>No</u>	
	38. SIGNATURE AND TITLE OF CERTIFIER <u>Michael Kemp</u>		39. MEDICAL LICENSE NO. <u>01047261</u>		40. DATE SIGNED (Month, Day, Year) <u>Dec. 3, 2000</u>	
HEALTH OFFICER	41. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/print) <u>A. Michael Kemp, A.D. 2450, 169th St., Hammond, In 46323</u>					
	42. HEALTH OFFICER'S SIGNATURE <u>David L. Johnson</u>					
HEALTH OFFICER	43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		44. DATE OF INJURY (Month, Day, Year)		45. TIME OF INJURY	
	46. PLACE OF INJURY - At home, farm, store, factory, office, building, etc. (Specify) <u>JAN 1 0 2001</u>		47. TIME BETWEEN OCCURRENCE OF INJURY AND REPORT TO HEALTH OFFICER <u>30 minutes</u>			
HEALTH OFFICER	48. DATE PRONOUNCED DEAD (Month, Day, Year) <u>Dec 3 2000</u>		49. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <u>NO</u>			

927688  
Tracking No. 3893276

Lake County Health Department  
 10000 N. State St., Hammond, IN 46323  
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 Website: www.lakecountyhealth.org