

FILED

Feb 07 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

Comes now, Robert Oster and Deborah Oster, being first duly sworn upon oath, depose and state as follows.

1. That Robert Oster and Deborah Oster took title to the subject property pursuant to a Warranty Deed in Lieu of Foreclosure, recording number 2008-060877, filed with the Lake County Recorder on the 30th day of December, 2008, as husband and wife, more specifically described as follows:

Commonly known as 20795 Randolph Hebron, IN 46341

Tax Parcel Number: 45-25-09-100-004.000-012

Legal Description:

Parcel 1: That part of the East Half of the Southwest Quarter of the Northwest Quarter and that part of the Southeast Quarter of the Northwest Quarter lying South of the right-of-way of the Chicago and Wabash Valley Railway in Section 9, Township 32 North Range 7 West of the 2nd Principal Meridian, in Lake County, Indiana.

Parcel 2: Right and easement to go upon, over and across and to use a tract of land 20 feet in width lying 10 feet each side from the following described center line, to-wit: Starting at a point on the West line of the Northwest ¼ of Section 9, Township 32 North, Range 7 West, which is 1,244.25 feet South of the center of old railroad grade of Chicago and Wabash Valley Railroad, and running thence North 88 degrees 53 minutes East 111.7 feet; thence North 76 degrees 28 minutes East 225.5 feet; thence North 83 degrees 43 minutes East 225.4 feet; thence South 82 degrees 6 minutes East 110.2 feet more or less to the West line of the East ½ of the Southwest ¼ of the Northwest ¼ of said Section 9, in Lake County, Indiana.

2. In said Deed the Grantor, Anna M. Kvedaras reserved a life estate.
3. That Anna M. Kvedaras, resident of Lake County, Indiana, died on the 16th day of July, 2023. See attached death Certificate.
4. Upon Anna M. Kvedaras' death, her interest in said Property ended by operation

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of law and title to said Property fully vested in Robert Oster and Deborah Oster,
husband and wife.

Further, Affiants sayeth not.

Robert Oster
Robert Oster, Affiant

Deborah Oster
Deborah Oster, Affiant

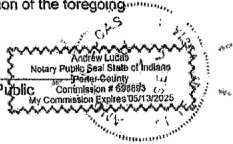
STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public in and for said County and State,
personally appeared Robert Oster and acknowledged the execution of the foregoing
document this 1 day of Feb, 2024.

My Commission Expires:
May 13, 2025

My County of Residence:
Porter

Andrew Lucas, Notary Public



STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public in and for said County and State,
personally appeared Deborah Oster and acknowledged the execution of the foregoing
document this 1 day of Feb, 2024.

My Commission Expires:
May 13, 2025

My County of Residence:
Porter

Andrew Lucas, Notary Public



Mail Tax bill to Robert and Deborah Oster, 10052 Northcote Ct., St. John, IN 46373

Pursuant to IC 6-1.1-5.5, a Sales Disclosure Form is not required due to no

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valuable consideration. 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.



Andrew Lucas

This Instrument Prepared By: Andrew Lucas, Attorney at Law, 105 Lincolnway, Valparaiso, IN 46383, at the specific request of the owner or the owner's representatives and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by the owner's execution of this document.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 371913



Local No 002523

EDR No 000011580512

State No 2023-036749

1. Decedent's Legal Name (First, Middle, Last) Anna M Losiniecki		2. Gender Female		3. Time of Death 05:24 PM		4. Date of Death (Month/Day/Year) 07/16/2023							
5. Social Security Number [REDACTED]		6a. Under 1 Year 96		6b. Under 1 Month [REDACTED]		6c. Under 1 Day [REDACTED]		6d. Under 1 Hour [REDACTED]		7. Date of Birth (Month/Day/Year) 07/03/1927		8. Birthplace (City and State or Foreign Country) Hammond, Indiana	
9. Cause of 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 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) William J. Riley Memorial Residence, Hospice							
12. City or Town, State, and Zip Code Munster, Indiana 46321				13. County of Death Lake				14. Marital Status At Time of Death <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				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Owner		17. Kind of Business/Industry Grocery Store			
18. Residence - State IN		18a. County Lake		18b. City or Town Hebron		18c. Apt. No.		18d. Zip Code 46341		18e. Is this City Limited? <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) Alfons Kvedaras				23. Parents Name (First, Middle, Last) Anna T Kvedaras				23a. Person's Last Name Before First Marriage Maniakas					
24. Informant's Name Edward Miller		24a. Relationship to Decedent Power of Attorney		24b. Mailing Address (Street and Number, City, State, Zip Code) 20795 Randolph Street, Hebron, IN, 46341									
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) Elmwood Chapel Crematory		25c. Location - City, Town, and State Cedar Lake, IN									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Elmwood Chapel Ltd 11305 W 67th Lane, Saint John, Indiana, 46373				27a. Funeral Home License Number: FH19900052							
27b. Signature Of Indiana Funeral Service Licensee: James F. Belkowsky		Electronically Signed				27c. License Number (If Licensed): FD08200077							
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death; Go NR Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous/Arterial Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Line If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last												Approximate Interval: Onset To Death	
A. PULMONARY HYPERTENSION, AORTIC VALVE STENOSIS DUE TO										4 WEEKS			
D. ACUTE EXACERBATION OF CHRONIC SYSTOLIC AND DIASTOLIC										4 WEEKS			
C. CONGESTIVE HEART FAILURE										4 WEEKS			
Part II. Enter One Significant Condition Contributing to Death But Not Resulting in the Underlying Cause Given in Part I													
CELLULITIS OF RIGHT LEG													
31. Did Tobacco Use Contribute To Death? <input 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/Pregnant Within 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		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 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				43. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian		NOT DATA PROCESS							
44. Signature Of Person Certifying Cause Of Death: Lyle R Munn				THIS IS A TRUE COPY OF THE RECORD. Electronically Signed LAKE COUNTY HEALTH DEPARTMENT				45. Doctor Check/Physician Provider (If Overriding Precedence) <input type="checkbox"/> Doctor <input type="checkbox"/> Health Officer					
44. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 800 Superior Avenue, Munster, IN 46321				46. License Number 01931582A		46. Date Expires 07/18/2023		47. Age					
48. Signature of Local Health Officer: Chandana Viridala				Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year) 07/20/2023							
AGREEMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) LAKE COUNTY HEALTH OFFICER													