

NOT AN OFFICIAL DOCUMENT

Dean Wagner, 802 Main Street, Altoona, PA 16602, an Individual, as to a one-half interest.

6. The purpose of this is to comply with IC 32-17-14-26(b)(20) and to set forth the present ownership of title of the above-described real estate pursuant to Owner's beneficiary designation in such transfer on death deed.

7. This Affidavit shall be recorded in the Office of the Recorder of Lake County, Indiana and presented to the Auditor of such County for appropriate entering for taxation.

Dated: February 21, 2024.



John Mikos

STATE OF INDIANA)
) SS:
COUNTY OF Porter)

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared JOHN MIKOS, and he, being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true this 21 day of February, 2024.





Notary Public Signature
Commissioned in Porter 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: 356848



Local No 00607

EDR No 000011610306

State No 2023-008607

1. Decedent (Last, First, Middle, Last) Gary K Wagner		18. Maiden Name (If Female)		2. Gender Male	3. Time Of Death 04:12 PM	4. Date Of Death (Month/Day/Year) 02/20/2023	
5. Social Security Number 74	6a. Age - Yrs 74	6b. Under 1 Year None	6c. Under 1 Month None	6d. Under 1 Day None	6e. Under 1 Hour None	7. Date Of Birth (Month/Day/Year) 02/22/1948	8. Residence (City and State or Foreign Country) Allentown, Pennsylvania
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"/> Hospital <input type="checkbox"/> Emergency Department <input type="checkbox"/> Duplex <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than a Hospital <input checked="" 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) 1623 E 175th Place							
12. City or Town, State, and Zip Code Lowell, Indiana 46355				13. County Of Death Lake		14. Manner (Check All That Apply) <input type="checkbox"/> Natural <input type="checkbox"/> Mailed, But Determined <input type="checkbox"/> Drowned <input type="checkbox"/> Poisoned <input type="checkbox"/> Never Ascertained <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		16a. Last Name Before First Marriage		16. Decedent's Usual Occupation mail carrier		17. Kind Of Business Industry postal service	
18. Residence - State IN		18a. County Lake		18c. City or Town Lowell			
19. Street Address 1623 E 175th Place		19a. Apt. No.		19b. Zip Code 46356		19c. In a City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Decedent's Education Some college, but no degree		20a. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Usual Occupation None			
22. Parents Name (First, Middle, Last) Albert F Wagner			23. Parents Name (First, Middle, Last) Frances A Wagner			23a. Parents Last Name Before First Marriage Finocchio	
24. Informant Name Dean Wagner		24a. Relationship To Decedent Brother		24b. Mailing Address (Street And Number, City, State, Zip Code) 802 S Main St, Allentown, PA, 18602			
25. Place Of Disposition							
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Release From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Northwest Indiana Cremation Services		25c. Location - City, Town, And State Crown Point, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Agency Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307		27a. Funeral Home License Number FH83002445			
28. Signature Of Indiana Funeral Service Licensee James F. Vuoris		Electronically Signed		29. License Number (Of Licensee) FD01009461			
30. 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 Entering The Etiology. Do Not Abbreviate. Enter Only One Cause Or Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. LIVER CARCINOMA B. _____ C. _____ D. _____							
31. Part II - Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last 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 FEB 22 2023							
32. Part III - Enter Other Contributing Conditions (Disease Or Injury) That May Have Contributed To The Underlying Cause (Disease Or Injury) 32a. Was An Accident Performed? 32b. Were Autopsies Conducted? 32c. 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							
33. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		34. Date Of Injury (Month/Day/Year)		35. Cause Of Injury (Laceration, Fracture, Poisoning, etc.)		36. City or Town	
37. Location Of Injury - State		37a. City or Town		37b. Street & Number		37c. Apt. No. 37d. Sex To Location	
38. Unintentional Injury Occurred 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature Of Person Creating Cause Of Death Rupesh J Shah				42. Center (Check Only One) <input checked="" type="checkbox"/> Creating Provider <input type="checkbox"/> Death Refused <input type="checkbox"/> Other			
43. Name, Address And Zip Code Of Person Creating Cause Of Death Rupesh J Shah 202 E 86th Place, Merrillville, IN 46410				44. License Number 028021064 02/21/2023			
45. Additional Funeral Service Provider							
46. Signature of Local Health Officer Chandana K. Sarda				47. For Registrar Only (Do Not Sign) 02/22/2023			
Electronically Signed AMENDMENT TO CERTIFICATE OF DEATH (CERTIFY ON ORIGINAL)							