

# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA ) Send tax bills to Grantee: 717 E. 14<sup>th</sup> St., Hobart, IN 46342  
 ) SS:  
COUNTY OF LAKE )

## AFFIDAVIT OF SURVIVORSHIP

Comes now Eugene P. Krasoczka, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Libby A. Krasoczka aka Libby Annette Krasoczka, deceased.
2. That Eugene P. Krasoczka and Libby A. Krasoczka aka Libby Annette Krasoczka, acquired the following property as Husband and Wife during the term of their marriage.

THE WEST 97 FEET OF THE FOLLOWING DESCRIBED LAND: THE EAST 194.11 FEET OF THE NORTH 188.31 FEET OF THE NORTHEAST ¼ OF THE SOUTHWEST ¼ OF SECTION 5, TOWNSHIP 35 NORTH, RANGE 7 WEST OF THE 2<sup>ND</sup> PRINCIPAL MERIDIAN, EXCEPT THE NORTH 30 FEET THEREOF, IN THE CITY OF HOBART, LAKE COUNTY, INDIANA.

Commonly known as: 717 E. 14<sup>th</sup> St., Hobart, IN 46342  
Parcel No.:45-13-05-328-005.000-018

3. That Eugene P. Krasoczka and Libby A. Krasoczka aka Libby Annette Krasoczka, remained married until the death of Libby A. Krasoczka aka Libby Annette Krasoczka on the 10<sup>th</sup> day of December, 2023.
4. That Eugene P. Krasoczka became the fee simple owner of the property at the death of Libby A. Krasoczka aka Libby Annette Krasoczka.

I affirm under the penalties for perjury that the forgoing statements are true.

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2024-012042

9:56 AM 2024 Apr 30

*Eugene P. Krasoczka*  
Eugene P. Krasoczka

EXECUTED AND DELIVERED IN MY PRESENCE:

*Maria* Witness Signature

*Maria* Witness Printed

*Ch. 25-15  
8*

FILED

APR 30 2024

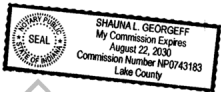
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

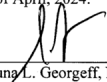
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STATE OF INDIANA        )  
  )SS:  
COUNTY OF LAKE        )

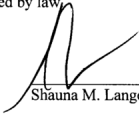
Before me, a notary public in fore said county and state this 23 day of April, 2024, **Eugene P. Krasoczka** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as his voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 23 day of April, 2024.



  
\_\_\_\_\_  
Shauna L. Georgeff, Notary

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

  
\_\_\_\_\_  
Shauna M. Lange

This Instrument prepared by:  
Shauna M. Lange, ESQ  
LANGE LEGAL GROUP, P.C.  
17 Main Street, Hobart, IN 46342  
(219) 947-1692

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Property of Lake County Recorder



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **385139**

Local No 004318

EDR No 0000116559737

State No 2023-064147

1. Decedent's Legal Name (First, Middle, Last) <b>Libby Annette Krasoczka</b>		1a. Maiden Name (if female) <b>Skiba</b>		2. Gender <b>Female</b>		3. Time of Death <b>07:54 AM</b>		4. Date of Death (Month/Day/Year) <b>12/10/2023</b>			
5. Social Security Number <b>3423 87</b>		6a. Under 1 Year Months: _____ Days: _____		6b. Under 1 Month Days: _____ Hours: _____		6c. Under 1 Day Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) <b>02/12/1936</b>			
8. Birthplace (City and State or Foreign Country) <b>Chicago, Illinois</b>		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 checked="" 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) <b>717 E 14th Street</b>											
12. City Or Town, State, And Zip Code <b>Hobart, Indiana 46342</b>				13. County of Death <b>Lake</b>		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 <b>Eugene Krasoczka</b>			15a. Last Name Before First Marriage <b>Krasoczka</b>			16. Decedent's Usual Occupation <b>Homemaker</b>		17. Kind Of Business/Industry <b>Own Home</b>			
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Hobart</b>		18c. Apt. No.		18d. Zip Code <b>46342</b>			
18e. Street And Number <b>717 E 14th Street</b>		18f. inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
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>					
22. Parent's Name (First, Middle, Last) <b>Leo Skiba</b>				23. Parent's Name (First, Middle, Last) <b>Clara Skiba</b>		23a. Parent's Last Name Before First Marriage <b>Gospodarek</b>					
24. Informant's Name <b>Eugene Krasoczka</b>			24a. Relationship To Decedent <b>Husband</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>717 E 14th Street, Hobart, IN, 46342</b>					
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 <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): _____		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Kelly-Carroll Cremation Service</b>			25c. Location - City, Town, And State <b>Gary, IN</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Rees Funeral Home Hobart Chapel 600 W Old Ridge Road, Hobart, Indiana, 46342</b>					27a. Funeral Home License Number: <b>FH83003069</b>				
27b. Signature Of Indiana Funeral Service Licensee: <i>Joufina R. Kruse</i>						27c. License Number (Of Licensee): <b>FD29700036</b>		27d. License Number (Of Licensee): <b>FD29700036</b>			
Cause of Death (See Instructions And Entry Codes)											
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.											
Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. Alzheimer's dementia</b> <span style="float: right;">Approximate Interval: Onset To Death <b>&gt; 1 month</b></span>											
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:											
B. _____ Due to (57) As A Consequence Of: _____											
C. _____ Due to (57) As A Consequence Of: _____											
D. _____ Due to (57) As A Consequence Of: _____											
Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Were Autopsy Finding 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 type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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, Not Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant, Not Pregnant Within 42 Days Of Death		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				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (e.g., 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. Apt. No.		38d. Zip Code					
39. Describe How Injury Occurred											
41. Signature, Of Person Certifying Cause Of Death: <i>Thomas Devine</i>				42. Certifier (Check-Only-Once): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number: <b>01054517</b>		43a. Death Certified <b>12/12/2023</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Thomas Devine 3800 St. Mary Dr., Valparaiso, IN 46304</b>				44. Additional Funeral Service Provider:		45. For Registrar Only - Date Filed (Month/Day/Year): <b>12/12/2023</b>					
46. Signature of Local Health Officer: <i>Chandana Vavilala</i>				46. Signature of Local Health Officer: <b>Electronically Signed</b>		46. Signature of Local Health Officer: <b>Electronically Signed</b>					

THIS IS A TRUE COPY OF  
 THE RECORD ON FILE WITH THE  
 LAKE COUNTY HEALTH DEPARTMENT  
 DEC 13 2023

**NOT VALID UNLESS**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)