

NOT AN OFFICIAL DOCUMENT

Louis M. Tylka by Therese Dunning AIF 7/25/2024

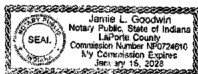
Louis M. Tylka, By Therese Dunning, his Attorney-in-Fact Date

Recording No. 2024-524099

Mailing Address: 162012 Lake Villa Avenue, Tinley Park, IL 60477

On this day before me, the undersigned Notary Public, personally appeared Therese Dunning, Linda M. Tylka, By Therese Dunning, her Attorney-in-Fact Recording No. 2024-524098, and Louis M. Tylka, By Therese Dunning, his Attorney-in-Fact Recording No. 2024-524099 to me known to be the individuals described in and who executed the Affidavit of Death, and acknowledged that they signed the Affidavit of Death as their free and voluntary act and deed for uses and purposes therein mentioned.

Given under my hand and official seal this 25th day of July, 2024



Jamie L. Goodwin
Notary Public

Jamie L. Goodwin
Printed Name

Resident of LaPorte County

My Commission Expires: 1-15-2028

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. Shawn R. Freibert

This instrument was prepared by:
Shawn R. Freibert, Attorney-at-Law
Acuity Title
800 Lily Creek Road, Suite 102
Louisville, KY 40243
502-238-7500

FILE #49345

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File #: 49345

Exhibit "A" – Legal Description

Property Address: 739 Blue Jay Way, Dyer, IN 46311

County: Lake

Tax Parcel #: 45-10-01-178-008.000-034

Part of Lot 126 in Meadows of Dyer, Phase Two-A, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 83 page 40, in the Office of the Recorder of Lake County, Indiana, which part of said Lot 126 is described as follows: Commencing at the Northwest corner of said Lot 126, thence Southerly along the curved Westerly line of said Lot, being a curve concave to the West and having a radius of 380.0 feet, an arc distance of 36.96 feet to the true point beginning hereof; Thence North 76 degrees 09 minutes 57 seconds East on line radial from said curved Westerly line, 145.24 feet to a point on the East line of said Lot 126; thence South 0 degrees 00 minutes West along said East line 51.54 feet to the Southeast corner of said Lot 126; thence South 51 degrees 44 minutes 17 seconds West along the South line of said Lot 135.35 feet to the Southwest corner of said Lot 126; thence Northerly along the aforesaid curved Westerly line of said Lot an arc distance of 36.96 feet to the point of beginning.

County of Lake County Recorder

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INDIAN STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 101573



Local No 001533		EDR No 00001171973			State No 2024-022198		
1 Decedent's Legal Name (First, Middle, Last) Joseph J Tyka		1a M maiden Name (If female)		3 Gender Male		4 Date Of Death (Month, Day, Year) 11 30 PM 04/22/2024	
5 Social Security Number 93		6a Age (Years, Months, Days) 93		6b Under 1 Year (Months, Days, Hours) Minutes		7 Date Of Birth (Month/Day/Year) 08/04/1930	
8 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"/> Resident <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		8 Residence (City and State or County (Country)) Chicago Heights, Illinois	
11 Facility Name (If Not Institution Give Street and Number) Community Hospital Munster							
12 City Of Town, State And Zip Code Munster, Indiana 46321		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		15a Last Name Before First Marriage		16 Decedent's Usual Occupation Switchman		17 Kind Of Business, Industry Railroad	
18 Residence State IN		18a County Lake		18b City Of Town Dyer			
18c Street And Number 730 Blue Jay Way		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 Parents Name (First, Middle, Last) Joseph J Tyka		23 Parents Name (First, Middle, Last) Victoria Tyka		23a Parent's Last Name Before First Marriage Dominick			
24 Informant's Name Theresa Dunning		24a Relationship To Decedent Niece		24b Mailing Address (Street And Number, City, State, Zip Code) 453 Cochise Court, Carol Stream, IL, 60188			
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) Smits Funeral Home Crematory		25c Location - City, Town, And State Dyer, IN			
26a Will/Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Smits Funeral Home 2121 Pleasant Springs Lane, Dyer, Indiana, 46311		27a Funeral Home License Number FH11000037			
27b Signature Of Indiana Funeral Service Licensee <i>Tracy J Smith</i>		Electronically Signed Cause of Death (See Instructions And Examples)		27c License Number (Of Licensee) FD20600101			
28 Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications 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):							
A Acute on chronic systolic heart failure						19 hours	
B Withdrawal of care						19 hours	
C							
D							
28a Sequential 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							
29 Part II Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Given In Part I)							
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 Reported Above Past Year <input type="checkbox"/> Reported At Least Of Death <input type="checkbox"/> Not Reported But Reported Above 48 Days Of Death		33 Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Violelence <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		34 Was An Autopsy Performed? <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. 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 Of Town		38b Street & Number		38c Zip Code	
39 Describe How Injury Occurred							
41 Signature Of Person Certifying Cause Of Death (At Least 21 Years Old)		42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44 If Coroner Number 01900385A		45 Date Certified 04/25/2024	
43 Name, Address And Zip Code Of Person Certifying Cause Of Death Manmeet Maan 901 MacArthur Boulevard, Munster, IN 46321		46 Address Funeral Service Provider		47 For Registrar Only		48 Date Filed (Month/Day/Year) 04/30/2024	
48 Signature of Local Health Officer <i>Londana Torralba</i>		Electronically Signed AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		49 For Registrar Only			