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3. William Kmetz and Constance G. Kmetz reserved their life estates in and to said real estate in the Deed In Trust dated July 9, 2014, and recorded July 23, 2014, as Document Number 2014-043379, and re-recorded March 31, 2015, as Document Number 2015-018655, in the Office of the Recorder of Lake County, Indiana, made by William Kmetz and Constance G. Kmetz, aka Constance Kmetz, husband and wife, to William Kmetz and Constance G. Kmetz, Trustees, under the provisions of the Kmetz Living Trust, dated July 9, 2014.

4. William Kmetz died on January 26, 2016, a resident of Lake County, Indiana. A true and correct copy of the Indiana State Department of Health Certificate of Death is attached to this Affidavit and made a part of this Affidavit by reference.

5. Constance G. Kmetz was also known as Constance Metz and was also known as Constance Gayle Kmetz.

6. Constance G. Kmetz died on January 10, 2018, a resident of Lake County, Indiana. A true and correct copy of the Indiana State Department of Health Certificate of Death is attached to this Affidavit and made a part of this Affidavit by reference.

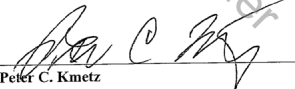
7. There were no Federal Estate taxes due by reason of the death of William Kmetz or by reason of the death of Constance G. Kmetz.

8. As a result of William Kmetz's death, his life estate interest in said real estate was extinguished.

9. As a result of Constance G. Kmetz's death, her life estate interest in said real estate was extinguished.

10. The purpose of this Affidavit is to file with the Lake County Auditor's Office and to place on record with the Lake County Recorder's Office evidence that the life estate interests of William Kmetz and Constance G. Kmetz have been extinguished.

Further Affiant saith not.



Peter C. Kmetz

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **298927**

1. Decedent's Legal Name (First, Middle, Last) WILLIAM KMETZ		4. Maiden Name (If Female)		2. Gender Male		3. Time Of Death 05:17 PM		4. Date Of Death (Month/Day/Year) 01/26/2016			
5. Social Security Number 81		6a. Age - Year 81		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours			
7. Date Of Birth (Month/Day/Year) 11/05/1934		8. Birthplace (City and State or Foreign Country) STREETER, Illinois		9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospital 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) COMMUNITY HOSPITAL											
12. City Or Town, State, And Zip Code Monster, Indiana 48321					13. County Of Death Laka		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name CONSTANCE KMETZ			15a. Last Name Before First Marriage GIFFORD			16. Decedent's Usual Occupation PETROLEUM WORKER		17. Kind Of Business/Industry OIL INDUSTRY			
18. Residence - State IN		18a. County Laka		18b. City Or Town Highland		18c. Apt. No.		18d. Zip Code 46322			
18e. Street And Number 3540 LAVERNE DRIVE		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) FRANK KMETZ			22a. Parents Name (First, Middle, Last) RUBY KMETZ			23a. Parent's Last Name Before First Marriage LUCAS					
24. Informant's Name CONSTANCE KMETZ		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 3540 LAVERNE DRIVE, Highland, IN, 46322		25. Place Of Disposition WOODLAWN CEMETERY					
26. 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):		26a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) WOODLAWN CEMETERY		26c. Location - City, Town, And State Forest Park, IL							
27. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. Name And Complete Address Of Funeral Home Chapel Lawn Funeral Home And Memorial Gardens 8178 S. CLINE AVE., Schererville, Indiana, 46375				27b. Funeral Home License Number: FH19900051					
27c. Signature Of Indiana Funeral Service Licensee: SHELLA C. KIRBY		27d. License Number (Of Licensee): FD29500088				27e. License Number (Of Licensee): FD29500088					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terminal Events On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SARCOMATOID MESOTHELIOMA B. _____ C. _____ D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On This 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 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 If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Type Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)	
37. Location Of Injury - State		37a. City Or Town		37b. Street & Number		37c. Apt. No.		37d. Zip Code			
38. Describe How Injury Occurred		39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NO VEHICLE INVOLVED									
41. Signature, Of Person Certifying Cause Of Death: NITIN S SARDESAI		41a. Name, Address And Zip Code Of Person Certifying Cause Of Death: NITIN S SARDESAI 9307 CALUMET AVENUE STE D		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Date Of Certification 01/27/2016					
44. Additional Funeral Service Provider:		45. Signature of Local Health Officer: SYLVIA W. BEST		46. For Registrar Only NOV 04 2021 Electronically Signed		47. Date Of Registration 01/28/2016					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) LAKE COUNTY HEALTH OFFICER											

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 146971



Local No 900080

EDR No 00000620575

State No 001218

1. Decedent's Legal Name (First, Middle, Last) CONSTANCE GAYLE KMETZ		to: Maiden Name (if female) GEFFERT		2. Sex FEMALE	3. Time Of Death 02:42 PM	4. Date Of Death (Month/Day/Year) 01/10/2018	
5. Social Security Number 77		6a. Under 1 Year Months: 08/21/1940	6b. Under 1 Month Days: WHITING, IN	7. Date of Birth (Month/Day/Year)		8. Birthplace (City and State or Foreign Country)	
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"/> Died 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. Family Name (if Not Institution, Omit Street and Number) 3540 LAVERNE DRIVE				12. City Or Town, State, and Zip Code HIGHLAND, IN, 46322		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input checked="" 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		15a. Last Name Before First Marriage		15b. Decedent's Usual Occupation WAITRESS		17. Kind Of Business/Industry RESTAURANT	
16. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18c. Apt. No.	18d. Zip Code 46322
18e. Intercity Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Parents' Name (First, Middle, Last) JOHN GEFFERT		23. Parents' Name (First, Middle, Last) ETHEL GEFFERT		25a. Parents' Last Name Before First Marriage NA		25b. Relationship To Decedent SON	
24. Informant's Name PETER KMETZ		24a. Mailing Address (Street And Number, City, State, Zip Code) 606 NORTH STATE 149 ROAD, VALPARAISO, IN 46383		25c. Place Of Disposition WOODLAWN CRYPTORY		25d. Location - City, Town, Apt. State FOREST PARK, IL	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., CROWN POINT, IN 46307		27a. License Number (Of Licensee) FD29500038		27b. Funeral Home License Number FH19900051	
Cause of Death (See Instructions And Examples)							
28. Part 1. 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 Venous Thrombosis 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. CARDIOPULMONARY ARREST							
Sequentially List Conditions, If Any, Leading To The Injury Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last: B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE							
C. _____							
D. _____							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant, but Pregnant Within 42 Days of Death <input type="checkbox"/> Pregnant At Time of Death <input type="checkbox"/> Not Pregnant, but Pregnant 43 Days to 1 year Before Death <input type="checkbox"/> Unknown if Pregnant Within The Year		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"/> Undeclared		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., DECEDENT'S HOME, CHURCH, SCHOOL, Restaurant, Wooded Area)		38c. Zip Code	
36. Location Of Injury - State		38a. City Or Town		38b. County		38d. Zip Code	
38. Describe How Injury Occurred				39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			
41. Signature, Of Person Certifying Cause Of Death: NITIN S SARDESAI, BY ELECTRONIC SIGNATURE				42. Certifier (Check One): <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Physician			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: NITIN S SARDESAI, 6307 CALUMET AVENUE STE D 1, MUNSTER, IN 46342				44. License Number 0102980A			
45. Additional Funeral Service Provider:				46. For Registrar Only - Use For Modified Cause Of Death			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Use For Modified Cause Of Death			