

STATE OF INDIANA
LAKE COUNTY
FILED IN RECORDS

2008 015703

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MICHAEL J. JOHNSON
RECORDER

ESTATE AFFIDAVIT

Concerning the Estate of Helena S. Czerwinski, Deceased

COPIES ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

To:

STEWART TITLE INSURANCE COMPANY
ATTN: MR. JACK YONKMAN
5521 Lincoln Hwy.
Crown Point, IN 46307

MAR -- 4 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

COMES NOW the undersigned Affiants and state as follows:

1. Helena S. Czerwinski, Decedent, died on the 19th Day of January, 2006, a resident of Lake County, Indiana; a certified copy of the recorded death certificate of the decedent is attached hereto and made a part of this affidavit as if set forth at length herein, and designated as **Exhibit 1**;
2. The Decedent died leaving a Will which has not been nor shall be probated; affiant, Violet Patterson, daughter of the decedent, is designated in said Will as administrator of the Decedent's estate; Affiants are the only lawful children and sole heirs of the Decedent, and named in decedent's Will as the sole, joint beneficiaries and distributees; a copy of said Will is attached hereto and made a part of this affidavit as if set forth at length herein, and designated as **Exhibit 2**;
3. The Decedent was divorced from Frank Bogacz, the father of the affiants, on the 13th Day of November, 2002, in cause no. 45C01-0204-DR-000273; all matters pertaining thereto are permanently resolved; the Decedent never remarried;
4. All expenses of the last illness and funeral of the Decedent have been paid; copies of receipts and/or cancelled checks confirming the same are attached hereto and made a part of this affidavit as if set forth at length herein, and designated as **Exhibit 3**;
5. Decedent died possessed of property, both real and personal, as set forth in **Exhibit 4**, attached hereto and made a part of this affidavit as if set forth at length herein; the estimated total value of all of said property is \$219,088;
6. Title to and possession of all personal property of the decedent has been transferred to the affiants (as provided in the Decedent's Will) without the necessity of opening an estate or probating the Decedent's Will;

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7. No Federal Estate Taxes attributable to the Decedent and Decedent's estate are due; Indiana Inheritance Taxes attributable to the Decedent and Decedent's estate, in the sum of \$552.68 has been paid; a copy of the receipt confirming payment thereof is attached hereto and made a part of this affidavit as if set forth at length herein, and marked as **Exhibit 5**; an Indiana Inheritance Tax Return shall shortly be prepared and filed with a Probate Court in Lake County and, in due course it is anticipated that a Probate Court Order confirming the amount of tax, as above set forth, to be correct

8. There are no claims pending against the estate of the Decedent which have not been paid (or ample funds have been set aside for payment of the same, if any currently exist).


9. This Estate Affidavit is made and executed by Affiants to induce the captioned Title Insurance Company to issue a policy of title insurance on the above-described real estate, without the necessity of probating the Will of the Decedent, at the time the affiants, as sole heirs, beneficiaries and distributees of the Decedent, jointly execute a deed to a buyer of the same, upon the occasion of its sale by the affiants, thereby guaranteeing title to the buyer thereof.

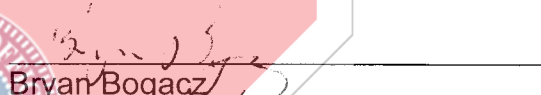
Affiants affirm, jointly and severally, under penalties of perjury, that all facts set forth above are true and correct.


In Confirmation, the affiants execute this Estate Affidavit in multiple copies, each of which shall constitute an original, at Highland, Indiana, on the 27th Day of April, 2006.

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Affiants:


Violet Patterson
8931 Lawndale Street
Highland, IN 46322
Soc. Sec. No. 307-86-7156
Date of Birth: July 2, 1968

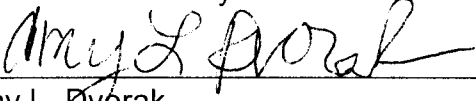

Bryan Bogacz
9818 Arthur Place
Crown Point, IN 46307
Soc. Sec. No. 307-86-7157
Date of Birth: Sept. 15, 1978



STATE OF INDIANA }
COUNTY OF LAKE } ss:

Before me, a Notary Public in and for said County and State, this 27th Day of April, 2006, personally appeared Violet Patterson and Bryan Bogacz, known to me to be the persons who executed the foregoing Estate Affidavit in multiple copies, and acknowledged under oath that they and each of them executed the same freely and voluntarily for the uses and purposes therein mentioned and that all of the information therein contained is true.


In Confirmation, I execute my signature and affix my Official Notarial Seal.




Amy L. Dyorak
Notary Public

My Commission Expires: June 25, 2011
My County of Residence: Lake

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"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."
PREPARED BY: 

STOP


This Document Prepared By
HUGH D. BRAUER
Attorney At Law
2811 Highway Avenue
Highland, Indiana 46322
Phone: 219.838.3800
Fax: 219.838.3814
E-Mail: HughBrauer@aol.com

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0190-06 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Helena S. Czerwinski		2. SEX Female		3a. TIME OF DEATH 7:35 A M		3b. DATE OF DEATH (Month, Day, Yr.) January 19, 2006	
4. *SOCIAL SECURITY NUMBER 361-50-7635		5a. AGE-Last Birthday (Years) 56		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo. Day, Yr.) April 23, 1949		7. BIRTHPLACE (City and State or Foreign Country) Poland					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? not applicable		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Place of Employment			
9b. FACILITY NAME (If not institution, give street and number) 9221 Johnston				9c. CITY, TOWN, OR LOCATION OF DEATH Highland		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Custodian		12b. KIND OF BUSINESS/INDUSTRY South Ridge Elementary School	
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland		13d. STREET AND NUMBER 3015 98th Place	
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE--American Indian, Black, White, etc. (Specify) White		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 2		18. FATHER'S NAME (First, Middle, Last) Joseph Czerwinski			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Irena Trela				20a. INFORMANT'S NAME (Type/Print) Violet Patterson			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8931 Lawndale Street Highland, Indiana 46322				20c. Relationship Daughter			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 21, 2006 Chapel Lawn Memorial Gardens				21c. LOCATION--City or Town, State Schererville, Indiana	
22a. EMBALMER'S NAME Steven J. Struck		22b. EMBALMER'S LICENSE NO. FD08600181		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Steven J. Struck</i>		24b. LICENSE NUMBER (of Licensee) FD08600181		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home, FH19900051 8178 Cline Avenue, Schererville, Indiana, 46375			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. THIS CERTIFIES THE ABOVE IS A TRUE AND ACCURATE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH. a. ARTERIOSCLEROTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): b. ARTERIOSCLEROTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): c. ARTERIOSCLEROTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): d. ARTERIOSCLEROTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last JAN 23 2006 APR 10 2006 REGGY HOLINGA KATONA LAKE COUNTY AUDITOR							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No		29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER Rebecca Gallante MD			
29c. MEDICAL LICENSE NO. 61039908 IN		29d. DATE SIGNED (Month, Day, Year) 1-20-06					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 6924 INDIANAPOLIS BLVD Hammond IN 46324-REBECCA GALLANTE							
31. HEALTH OFFICER'S SIGNATURE Susan W. Best, D.O.						32. DATE FILED (Month, Day, Year) January 23, 2006	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK (Yes or no)	
34d. DESCRIBE HOW INJURY OCCURRED 04023		34e. PLACE OF INJURY--At home, farm, street, factory, office building, etc (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1142 2106-210			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc			

Last Will and Testament

of

Helen S.Czerwinski



H. G. 2

Last Will and Testament of

Helen S. Czerwinski

I, Helen S. Czerwinski, of the County of Lake, State of Indiana, make and declare this to be my Last Will and Testament, hereby enumerating and publishing the following Articles Testamentary.

**Document is
NOT OFFICIAL!**

ARTICLE I

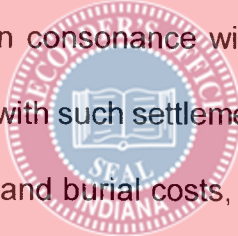
I hereby revoke all wills and codicils thereto, heretofore executed by me, and I direct unsupervised administration of my probate estate.

**This Document is the property of
the Lake County Recorder!**

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ARTICLE II

I direct my Executrix hereinafter named, to settle my estate as promptly as in her discretion may appear advisable in consonance with a maximum realization from the assets of my estate. In connection with such settlement, I direct my Executrix to pay all of my just debts, including all funeral and burial costs, expenses of my last illness and the expenses of the administration of my estate.



H. Czerwinski

ARTICLE III

All inheritance, estate and succession taxes payable by reason of my death with respect to property passing under my Last Will or any codicil, insurance upon my life, United States Savings Bonds (however held) and property held by me jointly with any person with right of survivorship, and with respect to the interest herein of any person shall be paid out of and be charged generally against the principal of my residuary estate, without reimbursement or contribution from any person.

ARTICLE IV

In the event that at the time of my death, I am the joint owner, co-owner or owner of any real estate or of a banking account, or of a government bond, or of any security or instrument of indebtedness, whether issued by a private corporation, by a government or governmental agency, or by an individual, which is registered or issued in my name and that of another person or persons as tenants by the entireties, or as joint tenants with the right of survivorship or which is shown in writing to be payable to either the co-owner or named survivor, on my death, I give, devise and bequeath absolutely and forever all of my right, title and interest in any such real estate, bank account, government bonds, security or instrument of indebtedness, to the surviving joint owner or co-owner thereof, or to the one apparently entitled thereto upon my death. It is my understanding that my right, title or interest in any such real estate, bank account, government bond, security or instrument of indebtedness will, by operation of law, upon my death vest in or pass to such surviving joint owner or co-owner thereof, or other survivor apparently entitled thereto.

Nevertheless, I make these provisions in this Article IV, in order to eliminate any doubt or question as to the right of any surviving joint owner or co-owner, or other person to succeed to the full possession and ownership of such real estate, bank account, government bond, or security of indebtedness upon my death and to provide for the possible contingency of an ineffective attempt to create a joint tenancy or estate by the entirety.

ARTICLE V

I give, bequeath and devise all of my estate, consisting of all of my real, tangible and personal property and any interest I may have in my property, of whatsoever nature and wheresoever situated, real, personal, or mixed, to my two (2) beautiful children in the shares and description as provided below:

Violet (Bogacz) Patterson, married, of Lake County, Indiana, I give 67% of the value of my real property, or the cash equivalent if my home should be sold at the prevailing fair market value, together with the right of first refusal to purchase the remaining interest from her brother, and 50% of the aggregate value of my household goods, furniture, furnishings, bank accounts, cash deposit accounts, retirement accounts, and other tangible and intangible property;

and

Bryan Bogacz, married, of Lake County, Indiana, I give 33% of the value of my real property, or the cash equivalent if my home should be sold at the prevailing fair market value, and 50% of the aggregate value of my household goods, furniture, furnishings, bank accounts, cash deposit accounts, retirement accounts, and other tangible and intangible property.

If a child shall predecease me, then the share of said predeceased child, I give, devise and bequeath in an equal share to his/her child[ren] *per stirpes*. If said

predeceased child does not have a child or children, then the share of said predeceased child shall pass to his/her sibling.

ARTICLE VI

I hereby constitute and appoint my daughter, Violet Patterson, as Executrix of this, my Last Will and Testament, and she is to serve without bond for the faithful performance of her duties. In the event that Violet Patterson predeceases me, or for any other reason shall be unable or unavailable to serve, then I nominate and appoint my son, Bryan Bogacz, as successor Executor of this, my Last Will and Testament, to serve without bond for the faithful performance of his duties if so allowed by the court, or upon the posting of such minimum bond as the court will allow. Again, I specifically allow for my estate to proceed under the statutory provisions for unsupervised administration.

ARTICLE VII

I hereby request that I be permitted and privileged to die at my home rather than in a nursing facility or a health care facility, if at all possible, at the time of my last illness, if it should be reasonable and feasible that this wish be carried out as requested.

IN WITNESS WHEREOF I have hereunto subscribed my name to this, my Last Will and Testament, in the presence of the witnesses hereto, this 12/17 day of Dec, 2002.

Helena S. Czerwinski
Helen S. Czerwinski, Testatrix

ATTESTATION

The foregoing instrument, being the Last Will and Testament of Helen S. Czerwinski, consisting of four (4) pages, not including this one, was signed and sealed by the said Helen S. Czerwinski in our presence and by her duly published and declared as and for her Last Will and Testament and thereupon, at her request and in her presence, and in the presence of each other, we hereunto subscribe our names as attesting witnesses at Lake County, Indiana, on this 17 day of Dec, 2002.

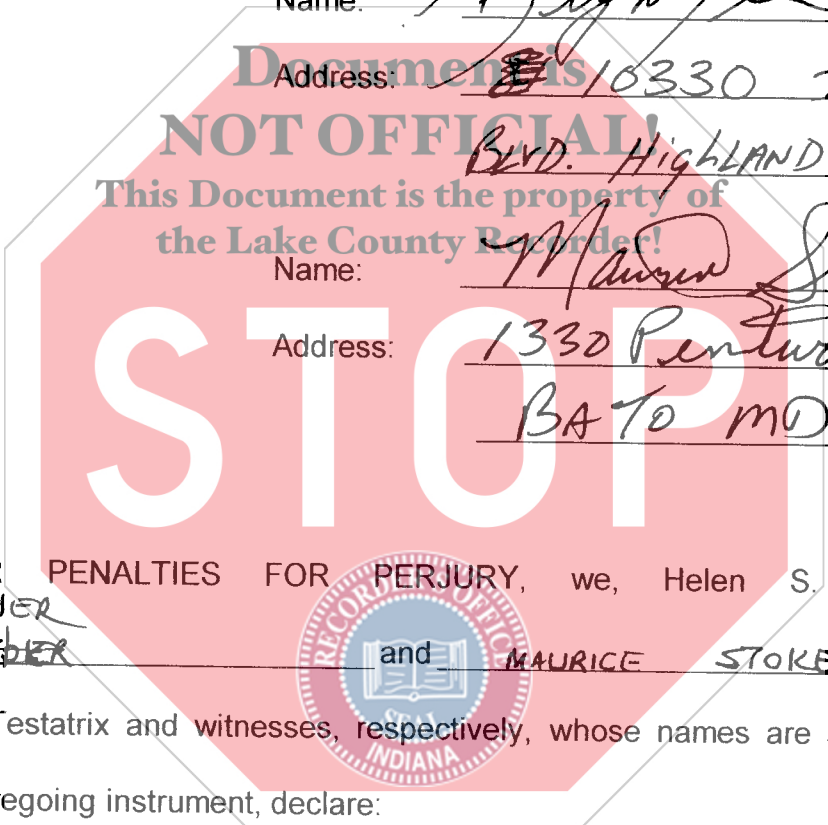
Witnesses:

Name: *Billy Miller*

Address: ~~10330~~ 10330 INDIANAPOLIS
BLVD. HIGHLAND, IN 46322

Name: *Maurice Stokes*

Address: 1330 Pentwood Rd
BATO MD 21239



UNDER PENALTIES FOR PERJURY, we, Helen S. Czerwinski, *Billy Miller* and MAURICE STOKES, the undersigned Testatrix and witnesses, respectively, whose names are signed to the attached or foregoing instrument, declare:

1. That the Testatrix executed the instrument as her Last Will and Testament;

2. That, in the presence of all the witnesses, she executed the instrument as her Last Will and Testament;
3. That she executed her Last Will and Testament as her free and voluntary act for the purposes expressed in it;
4. That each of the witnesses, in the presence of the Testatrix and of each other, signed the Last Will and Testament as witnesses;
5. That the Testatrix was of sound mind; and
6. That to the best of their knowledge, the Testatrix was at the time eighteen (18) or more years of age, or was a member of the armed forces or of the merchant marine of the United States, or its allies.

Dated: 12/17, 2002.



Helen S. Czerwinski
Helen S. Czerwinski, Testatrix

[Signature]
Witness

[Signature]
Witness