2008 078064

Street OF LONATE LATE COUNTY FILER FOR DECOMO

2900 NOV 14 PM 2: 58

MICHELL A. WOUNT

Return to: Donald L. Gray, Attorney at Law, 5102 Grapevine Boulevard, West Lafayette, Indiana 47906

STATE OF INDIANA) SS: COUNTY OF LAKE

AFFIDAVIT OF HEIRSHIP

Comes now Richard J. Mlynarski, being duly sworn upon his oath and states as follows:

That he is a surviving son of the decedent, Alice H. Mlynarski, deceased, who died testate, a resident of Lake County, State of Indiana, on the 27th day of April, 2008, and is well and truly acquainted with the facts hereinafter recited. A certified copy of the Indiana State Department of Health certificate of death is attached and made a part of this Affidavit of Heirship.

That Alice H. Mlynarski was the owner in fee simple of a certain parcel of real estate located at 4317 Johnson Avenue, Hammond, in the County of Lake, State of Indiana, more particularly described as follows:

> The South Eleven (11) feet of Lot 28, all of Lot Twenty-Nine (29) and the North Ten (10) feet of Lot Thirty (30), in North Park Manor Subdivision, Hammond, as per plat thereof, recorded in Plat Book 18, page 30, in the Office of the Recorder of Lake County, Indiana, bearing tax key number 35-144-29 (Unit 26). Parcel number: 45-02-25-276-005.000-023.

That the Last Will and Testament of the decedent, Alice H. Mlynarski, was admitted to probate and spread of record in the Lake Superior Court Room One, Hammond, Indiana under Estate Number 45 DO1-0805-ES-72. That Item Four of decedent's Last Will and Testament devised the decedent's real estate to decedent's son Michael L. Mlynarski.

FILED MOA 1 4 5008 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 1#1452 |S 018492

That upon the death of Alice H. Mlynarski and the probate of her Last Will and Testament, the title to the above described real estate vested in Michael L. Mlynarski and he became the sole owner in fee simple of said real estate.

Affiant states further that the funeral expenses and expenses of last illness of the decedent have been paid and discharged and there are no unpaid bills or claims and that the decedent's estate was not subject to Federal Estate Tax and that Indiana inheritance tax due the State of Indiana has been paid.

NOT OFFICIAL!

This Document is the property of Affiant states further that he makes this affidavit to induce the Auditor of Lake County Recorder. The Auditor of Lake County to change the land transfer records to show that the title to the above described real estate has vested in Michael L. Mlynarski. Further affiant sayeth not.

Richard J. Mlynarski

AFFIRMATION

Richard J. Mlynarski affirms under the penalties of perjury that the above and foregoing representations are true as he verily believes.

Richard J. Mlynarski 520 Evergreen Lane Munster, Indiana 46321

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

Donald L. Gray

THIS INSTRUMENT PREPARED BY: Donald L. Gray, Attorney at Law, 5102 Grapevine Boulevard, West Lafayette, Indiana 47906



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 1. Decedent's Legal Name (First, Middle	Mainten Land M	State No											
					1a. Maiden Last Name (If Female)			2. Sex 3. Time M FEMALE 7:10			4. Date Of Death (Month/Day/\) 10 AM APRIL 27, 20		
ALICE H. MLYNAR 5. Social Security Number 6a. Ar	6b. Under 1	Year Sc. Under 1		YBIK 6e. Under 1 Hour	7. Date (1				1	•	2008	
315-12-6063 8 9. Ever in U.S. Armed Forces?		Months Days Hours Minutes JULY 30, 1923 HAMMOND,									- "		
1 1		th Occurred in A	10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long Term Care Facility ☐ Other (Specify)										
11. Facility Name (If Not Institution, Give	e Street Ar	nd Number)											
ST. MARGARET ME	RCY	HOSPIT	'AL										
12. City Or Town, State, And Zip Code					13. County Of Death				14. N	Marital Status	s At Time Of Dea	ath	
HAMMOND, INDIAN.	15a. (If Wife)Give Maiden	LAKE			1 V			Married ☐ Married, But Separated ☐ Divorced Widowed ☐ Never Married ☐ Unknown 17. Kind Of Business/Industry					
NONE		N/A			FOOD SERVICE			SCHOOL CITY					
18. Residence - State			18a. County	24.000	18b. City Or T						<u> </u>		
INDIANA LAKE HAMMOND													
18c. Street And Number 4317 JOHNSON AVENUE										18e. Zip (` vz.,		•
19. Decedent's Education 20. Decedent Of Hispanic Ong					21. Decedent's Race								
Please select education leve 22. Father's Name (First, Middle, Last)	el: 12	YEARS	Please selec	t Hispanic origin, if		ease selec		WHIT	E				
JOHN TYBIK		23. Mother's Name (First, Middle, Last)						Mothers Maide					
24. Informant's Name	ship To Decedent	STELLA TYBI Decedent 24b. Mailing Address (Street And Number							KUROWSKA				
MICHAEL L. MLYN	N	4317 JOHNSON AVENUE, HAMMONI					D, INDIANA 46327						
25a. Method Of Disposition.	☐ Crema			me Of Cemetery, Crematory,	oce Of Disposition Other Place)		tion - City, To	wn, And State					
☐ Donation ☐ Entombment ☐ Remov☐ Other (Specify):	al From S	tate API	RIL 30, 20 LY CROSS		FFIC	CALUN	ÆT CI	ITY, II	LLINC	OIS			
26. Was Coroner Contacted?	ĺ		ete Address Of Funeral I	ocument	is the4	404 CA	MERON	AVENU	E		27a. Funeral	Home License	Number:
	ANT	HONY &	DZIADOWI	CZ FUNERAL	HOME H	AMMOND	, IND				83002	2835	
Kuth D								27c. Lice		or (Of Licens 01011	,		
28. Part I. Enter The Chain Of Eve	ents-Di	seases, Injuri	es Or Complication	ause Of Death (See —That Directly Caused	The Dooth Dan	Int Catan Tam		s				Approxi	mate
A Line. Add Additional Lines it Net				ring The Etiology. Po Not Abbreviate. Enter C			nly One Cause On			Interval: Onset To Death			
Immediate Cause (Final Disease O	r Conditi	on Resulting	In Death	A. Caro	uac	Oue To (Or A	A Consequence	Mas.	0.	. /			
Sequentially List Conditions, If Any Line A. Enter The Underlying Caus	se (Disea	To The Cau	se Listed On That Initiated	B. Mye	My elb) de li terra ve			asquence O()					
The Events Resulting In Death) Las			° — 🕒	SVGESTIPO TO (Or AS A COPIE			and tenting			•			
Part II. Enter Other Significant Conditions	Contributi	ng To Death Bu	l Not Resulting In The U	D. nderlying Cause Given In Pa	Dh-em	Memus T 29. Was Ar	Autopsy Per	lormed?		8 5			
			·	TURD	ER'S O	1		gs Available 10	☐ Yes Complete] Yes K)	No
31. Did Tobacco Use Contribute To Death		32. If Female:						11 Mary Or Debth: 1 1 1 1					
☐ Yes ☐ Probably ☐ No Al Unknown				Pregnant At Time Of Death ST To 1 Year Before Death	vot Pregnant, But Pregnat Inknown II Pregnant Withi	nt Within 42 Days C n The Past Year	Of Death	Natural D Ho	micide A	ccident 🗖 Per	nding Investigation		
34. Date Of Injury (Month/Day/Year)		35. Tin	ne Of Injury	36. Place	e Of Injury (E.G., Dec	edent's Home,	Construction S	Site, Restaurant	Wooded A	Area)	37. Inju	ry At Work?	
38. Location Of Injury - State	·	38a. Cit	ty Or Town	38b Stre	el & Number				39	c. Apt. No.	D	Yes No	
					umus				300	o. Apr. No.		3000	
39 Describe How Injury Occurred								40. If Tran	sportation	on Injury,	Specify:		
(41. Signature, Of Person Certifying Cause	Of Death:		1	· ·	1.6		42 Certifier	Driver/Opera	olor 🗖 Passe	nge: 🗖 Pedes	strian 🗖 Other (Sp	poily)	
		1	Jaresh	K. W.	eathy	/ A		g Physician 🔲] Health Offi	icer		
43. Name, Address And Zip Code Of	Person C	Certifying Caus	se Of Death:	· \		1'11			ise Number		45. Date Ce	rtilied	
N. UPADHYAY M.D	o, IN 46	IN 46320 CID39 671 APRIL 29					29, 2	800					
46. Additional Funeral Service Provider:				100			**************************************	47. *Akas	<u> </u>	Ц	<u> </u>		
48. Signature of Local Health Officer:	$\overline{}$		72		49. For Registrar	Only - Date Fil	ed (Month/Day	y/Year):			-		
`) Bu		(Jori	y E	30.2	00.	8			
State Form 10110 (F17/9-07) ATTENTION ESTATE	E: The Social	Security # is being	requested by this state agency	in order to pursue its statutory resp	onsibility. Disclosure is vo	luntary and there wi	Il be no penalty fo	x relusal. THE REC	CORDS IN THE	IS SERIES ARE	CONFIDENTIAL P	FRIC WATER	

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