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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 025014

2009 APR 20 AM 11:21

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

AFFIDAVIT OF SURVIVORSHIP

John J. Lesiowski, being first duly sworn upon his oath, deposes and says:

1. That he is the husband of **Mildred A. Lesiowski**, that **John J. Lesiowski and Mildred A. Lesiowski** were married on the date that they acquired title as husband and wife as tenants by the entireties to certain Real Estate in **Lake County, Indiana** To- Wit:

The East 62 1/2 feet of Lots 14, 15, 16, 17 and 18, Block 15, Golfmoor in the Town of Highland, as shown in Plat book 21, page 56, in Lake County, Indiana.

2. The marital relationship which existed between **John J. Lesiowski and Mildred A. Lesiowski**, continued unbroken from the time they so acquired title to said real estate until the death of **Mildred A. Lesiowski** on **October 30, 2006** at which time **John J. Lesiowski** acquired title as surviving tenants by the entireties.

3. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his/her records.

AFFIANT FURTHER SAYETH NOT.

John J. Lesiowski

John J. Lesiowski

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared **John J. Lesiowski** and acknowledged the execution of the foregoing affidavit, this 13 day of April, 2009.
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

My Commission Expires: 10-13-11

ERICKA ALEXANDRIS
Notary Public
Resident of Porter County, IN

Mail Tax Bills To: **John J. Lesiowski**
8634 Pawish Avenue, Highland, IN 46322
Tax Key No. 45-07-21-433-010.000-026
THIS INSTRUMENT PREPARED BY: **DOUGLAS R. KVACHKOFF** Attorney at Law
325 N. Main, Crown Point, IN 46307 (219) 662-8200
Our File No. 2943264-03

ERICKA ALEXANDRIS
Porter County
My Commission Expires
October 13, 2011

Return to
INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
CROWN POINT, IN 46307

Grantor address: 8634 Pawish Avenue
Highland, IN 46322

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.
Jolene Klatochin

John
OK #17036
1300
PB

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 26-32-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-07-1-10

TYPE/PRINT IN PERMANENT INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) MILDRED A LESIOWSKI		2. SEX FEMALE	3a. TIME OF DEATH 8:24 P.M.	3b. DATE OF DEATH (Month, Day, Yr) OCTOBER 30, 2006	
4. *SOCIAL SECURITY NUMBER 290-36-8756	5a. AGE - Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) OCTOBER 16, 1941	7. BIRTHPLACE (City and State or foreign Country) WHITING, INDIANA
8a. WAS DECEASENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9c. CITY, TOWN OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) JOHN LESIOWSKI	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TEACHER	12b. KIND OF BUSINESS/INDUSTRY EDUCATION		
13a. RESIDENCE - STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HIGHLAND	13d. STREET AND NUMBER 8634 PARRISH AVENUE		
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 DECEASENT 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 5+
18. FATHER'S NAME (First, Middle, Last) FRANK GRENCIK		19. MOTHER'S NAME (First, Middle, Maiden Surname) EVA WALSKO			
20a. INFORMANT'S NAME (Type/Print) JOHN LESIOWSKI		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8634 PARRISH AVE., HIGHLAND, IN 46322	20c. Relationship HUSBAND		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) NOVEMBER 6, 2006 NORTHWEST INDIANA CREMATION SERVICES		21c. LOCATION - City or Town, State CROWN POINT, INDIANA	
22a. EMBALMER'S NAME: SCOTT PREWITT		22b. EMBALMER'S LICENSE NO. FDO1006861	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Scott Prewitt</i>		24b. LICENSE NUMBER (of Licensee) FD20400030	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN MILLER FUNERAL HOME FH83003035 2828 HIGHWAY AVENUE HIGHLAND, INDIANA 46322		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>STATUS ASTHMATICUS</u> DUE TO (OR AS A CONSEQUENCE OF):					
Conditions, if any, which gave rise to the immediate cause, starting the underlying cause last b. _____ DUE TO (OR AS A CONSEQUENCE OF):					
c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
d. _____					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEASENT 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 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 <i>James F. Canterna</i>		29c. MEDICAL LICENSE NO. 01043716A	29d. DATE SIGNED (Month, Day, Year) 10/31/06		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JAMES F. CANTERNA 8437 KENNEDY AVE. HIGHLAND, IN 46322					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>					32. DATE FILED (Month, Day, Year) November 6, 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
		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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			