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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 026620

2009 APR 24 PM 1:34

MICHAEL J. BROWN  
RECORDER

FILED  
APR 24 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

On the 21 day of April, 2009, before me personally appeared LISA L. ESCUTIA and TAMMY L. DAVIES, as Co-Administratrixes of the Estate of Robert Lewandowski, deceased, to me personally known, who being duly sworn upon oath, did say that:

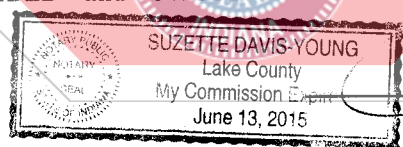
- The following premises were formerly owned as tenants by the entireties by ROBERT L. LEWANDOWSKI and SHIRLEY A. LEWANDOWSKI a/k/a Shirley A. Lawandowski, husband and wife.  
  
LOT 7, EXCEPT THE SOUTH 15.68 FEET THEREOF, AND THE SOUTH 18.18 FEET OF LOT 8 IN BLOCK 1 (ONE) IN F.R. MOTT'S 3<sup>RD</sup> ADDITION TO HAMMOND, INDIANA, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 19, PAGE 8 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA  
Commonly known as: 4331 Elm Avenue, Hammond, IN 46327  
Key No. 45-03-30-179-009.000-023
- That SHIRLEY A. LEWANDOWSKI a/k/a Shirley A. Lawandowski died on March 3, 2008. A certified copy of the death certificate of SHIRLEY A. LEWANDOWSKI a/k/a Shirley A. Lawandowski, is attached hereto as "Exhibit A."
- That ROBERT LEWANDOWSKI and SHIRLEY A. LEWANDOWSKI a/k/a Shirley A. Lawandowski, were never divorced, and ROBERT LEWANDOWSKI was the surviving spouse of SHIRLEY A. LEWANDOWSKI a/k/a Shirley A. Lawandowski, and became the sole owner of said real estate upon the death of said SHIRLEY A. LEWANDOWSKI a/k/a Shirley A. Lawandowski.
- That ROBERT LEWANDOWSKI died on January 29, 2009, and his estate was duly probated in Lake County Superior Court under Cause No. 45D04-0903-EU-00013, and that LISA L. ESCUTIA and TAMMY L. DAVIES were named Co-Administratrixes of the Estate of Robert Lewandowski on March 3, 2009.
- That to the best of Affiants' knowledge, there is no estate or inheritance tax liability by reason of the death of either ROBERT LEWANDOWSKI or SHIRLEY A. LEWANDOWSKI a/k/a Shirley A. Lawandowski; and all funeral expenses and expenses of last illness have been paid in full.

*Lisa L. Escutia*  
LISA L. ESCUTIA

*Tammy L. Davies*  
TAMMY L. DAVIES

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 21 day of April, 2009.

My Commission Expires: 6-13-15  
Resident of LAKE County.



*Suzette Davis-Young*  
Suzette Davis-Young, Notary Public #13  
CK# 25947

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. Thomas L. Kirsch

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, Atty. No. 5224-45, 131 Ridge Road, Munster, IN 46321, 219-836-1384

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CK



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

EXHIBIT A

Local No. 76408

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>SHIRLEY A. LEWANDOWSKI</b>				1a. Maiden Last Name (If Female) <b>MOODY</b>		2. Sex <b>M FEMALE</b>		3. Time of Death <b>8:04 AM</b>		4. Date of Death (Month/Day/Year) <b>MARCH 3, 2008</b>		
5. Social Security Number <b>411-62-2493</b>		6a. Age Yrs <b>67</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>FEB. 16, 1941</b>		8. Birthplace (City And State Or Foreign Country) <b>GLEASON, TENNESSEE</b>			
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"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice 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) <b>WILLIAM J. RILEY HOSPICE RESIDENCE</b>												
12. City Or Town, State, And Zip Code <b>MUNSTER, INDIANA 46321</b>						13. County Of Death <b>LAKE</b>			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			
15. Surviving Spouse's Name <b>ROBERT LEWANDOWSKI</b>				15a. (If Wife) Give Maiden Last Name <b>N/A</b>		16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>				
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HAMMOND</b>			18c. Street And Number <b>4331 ELM AVENUE</b>	18d. Apt. No. <b>N/A</b>	18e. Zip Code <b>46327</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>Please select education level: 12 YEARS</b>			20. Decedent Of Hispanic Origin <b>NONE</b>			21. Decedent's Race <b>Please select race: WHITE</b>						
22. Father's Name (First, Middle, Last) <b>JOHN L. MOODY</b>				23. Mother's Name (First, Middle, Last) <b>GRACE MOODY</b>				23a. Mother's Maiden Last Name <b>ETHERIDGE</b>				
24. Informant's Name <b>ROBERT LEWANDOWSKI</b>			24a. Relationship To Decedent <b>HUSBAND</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4331 ELM AVENUE, HAMMOND, INDIANA 46327</b>						
25a. 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):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>MARCH 5, 2008 COMMUNITY CREMATION SERVICE</b>				25c. Location - City, Town, And State <b>SCHERERVILLE, INDIANA</b>						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME HAMMOND, INDIANA 46327</b>				27a. Funeral Home License Number: <b>83002835</b>		27b. Signature Of Indiana Funeral Service Licensee: <i>Kurt D Anthony</i>				
						27c. License Number (Of Licensee) <b>01011911</b>						
<p align="center"><b>the Lake County Recorder!</b></p> <p align="center"><b>Document is OFFICIAL</b></p>												
<p><b>26. Part I. 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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.</b></p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death)</p> <p>A. <u>Cancer lung</u> Due To (Or As A Consequence Of):</p> <p>B. <u>Cancer pancreas</u> Due To (Or As A Consequence Of):</p> <p>C. <u>hypertension</u> Due To (Or As A Consequence Of):</p> <p>D.</p> <p>Approximate Interval: Onset To Death</p>												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" 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"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
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 type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code				
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death: <i>S. Sharma</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>S. SHARMA M.D. 5815 CALUMET AVE., HAMMOND, INDIANA 46320</b>						44. License Number <b>01031739A</b>		45. Date Certified <b>3-3-08</b>				
46. Additional Funeral Service Provider:						47. *Akas: <b>MARCH 3, 2008</b>						
48. Signature of Local Health Officer: <i>Susan W Best DO</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>March 4, 2008</b>						