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STATE OF INDIANA)
) SS: IN RE: DECEDENT,
COUNTY OF LAKE) GEORGE PUCHOWSKI

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on the 11th day of November, 2008, while domiciled in Hobart, Lake County, Indiana. A copy of decedent's Death Certificate is attached and marked as Exhibit "A".

2. That no application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

3. That forty-five (45) days have elapsed since the death of the decedent, George Puchowski a/k/a GEO Puchowski.

4. That the following named persons are the only known heirs of the decedent:

Dorothy M. Puchowski - Surviving Spouse
205 Beverly Lane
Hobart, IN 46342

Carol J. Puchowski - Adult Daughter
220 Shorewood Drive
Valparaiso, IN 46385

Janet M. Richmond - Adult Daughter
21 Edinburgh St., #2
Valparaiso, IN 46385

George M. Puchowski - Adult Son
205 Beverly Lane
Hobart, IN 46342

Gerald Z. Puchowski - Adult Son
329 Cleveland Avenue
Hobart, IN 46342

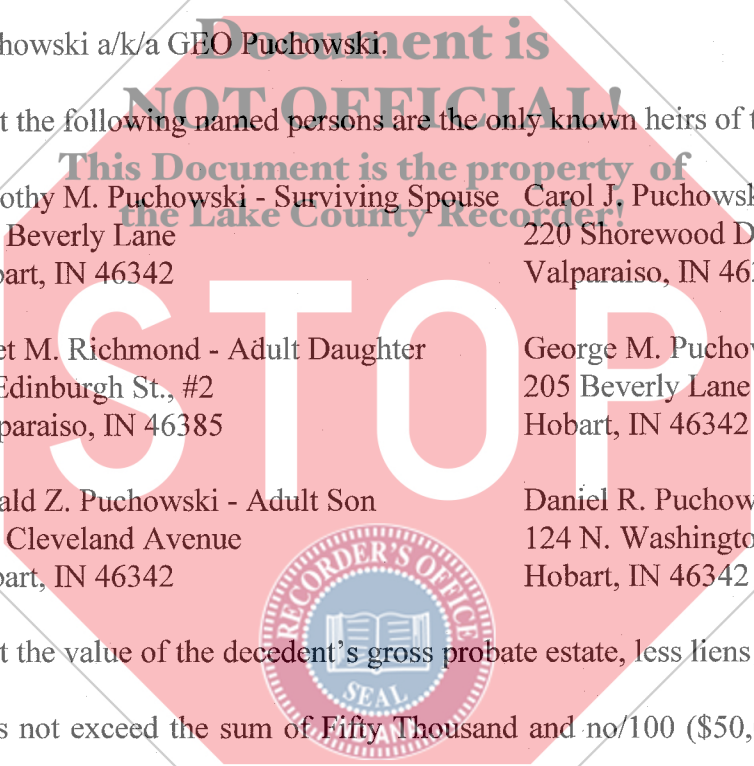
Daniel R. Puchowski - Adult Son
124 N. Washington St.
Hobart, IN 46342

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand and no/100 (\$50,000.00) Dollars, as provided by Indiana Statute, including the cost and expenses of administration and reasonable funeral expenses.

6. That among the decedent's probate assets is a parcel of real estate which

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STATE OF INDIANA
LAKE COUNTY
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MICHAEL A. PROFFER
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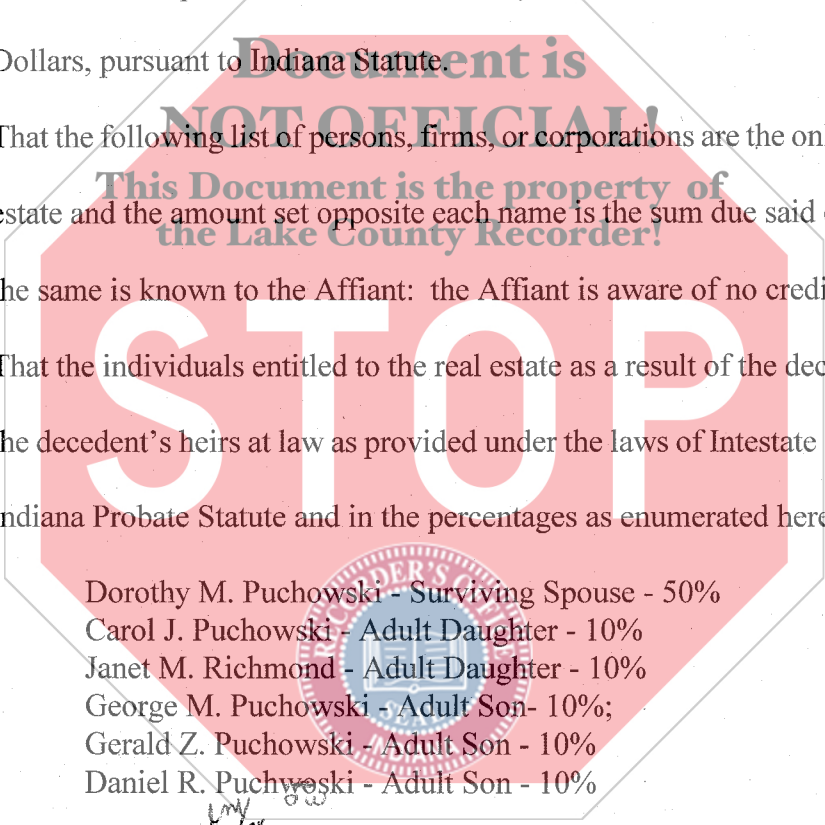
021322 PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

decedent owned in fee simple, which real estate is located in New Chicago, Lake County, Indiana, more particularly described as follows:

4th Addition New Chicago Lot 27 Block 4
Property Number: 45 09 19 327 025.000 022 / 19-21-0037-0027
Commonly known as: 200 Block Washington Street, New Chicago, IN 46342.

7. That the Affiant herein, Dorothy M. Puchowski, makes this Affidavit for the purpose of transferring the decedent's real estate in fee simple to the Affiant herein and decedent's children who shall hold said real estate as tenants in common, pursuant to Indiana Laws of Intestate Succession.
8. That the Affiant herein and decedent's surviving spouse, Dorothy M. Puchowski, is entitled to the spousal allowance of Twenty-five Thousand and no/100 (\$25,000.00) Dollars, pursuant to Indiana Statute.
8. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the Affiant: the Affiant is aware of no creditors.
9. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of Intestate Succession in the Indiana Probate Statute and in the percentages as enumerated herein:

Dorothy M. Puchowski - Surviving Spouse - 50%
Carol J. Puchowski - Adult Daughter - 10%
Janet M. Richmond - Adult Daughter - 10%
George M. Puchowski - Adult Son - 10%;
Gerald Z. Puchowski - Adult Son - 10%
Daniel R. Puchowski - Adult Son - 10%
10. That the gross value of the estate of the decedent, George Puchowski, as determined for the purpose of Federal Estate Tax, was less than the value required for the filing of a Federal Estate Tax Return and therefore the decedent's estate was not subject to



Federal Estate Tax.

- 11. That the decedent's estate was not subject to Indiana Inheritance Tax.
- 12. That the Affiant herein, Dorothy M. Puchowski, makes this Affidavit for the purpose of inducing the Auditor of Lake County and the Recorder of Lake County, to reflect in the permanent transfer records that the decedent's real property should now be titled in the names of Dorothy M. Puchowski, Carol J. Puchowski, Janet M. Richmond, George M. Puchowski, Gerald Z. Puchowski, and Gerald R. Puchowski, as tenants in common, pursuant to the Indiana Laws of Intestate Succession and in the percentages as enumerated herein.

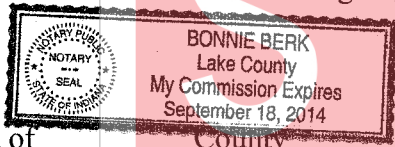
AFFIANT FURTHER SAYETH NOT.

STATE OF INDIANA)
COUNTY OF LAKE)

Dorothy M. Puchowski
AFFIANT - DOROTHY M. PUCHOWSKI

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

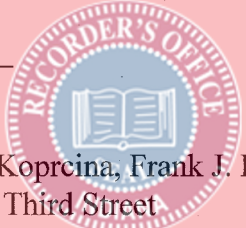
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Dorothy M. Puchowski this 19 day of November, 2009, who acknowledged the execution of the above and foregoing Affidavit to be her voluntary act and deed.



Bonnie Berk

Notary Public

Resident of _____ County
My Commission Expires: _____



This document prepared by: Frank J. Koprcina, Frank J. Koprcina & Associates, P.C.,
150 East Third Street
Hobart, IN 46342



Exhibit "A"

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3883 08

State No.

1. Decedent's Legal Name (First, Middle, Last) GEORGE JOSEPH PUCHOWSKI				1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 4:42 PM	4. Date Of Death (Month/Day/Year) November 11, 2008	
5. Social Security Number 314-09-6826		6a. Age - Yrs 87	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) January 21, 1921		8. Birthplace (City And State Or Foreign Country) Chicago, 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 Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input 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) St. Mary Medical Center									
12. City Or Town, State, And Zip Code Hobart, IN 46342					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		
15. Surviving Spouse's Name Dorothy Puchowski			15a. (If Wife) Give Maiden Last Name Miller		16. Decedent's Usual Occupation Roll Turner		17. Kind Of Business/Industry Steel		
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart					
18c. Street And Number 205 Beverly Lane				18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12		20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Zachary P. Puchowski				23. Mother's Name (First, Middle, Last) Albina Puchowski			23a. Mother's Maiden Last Name Boriakevich		
24. Informant's Name Dorothy Puchowski		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 205 Beverly Lane, Hobart, IN 46342					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Graceland Cemetery			25c. Location - City, Town, And State Valparaiso, IN 46383				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342						27a. Funeral Home License Number: FH83003069	
27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Krause</i>						27c. License Number Of Licensee: FD01006463			
NOT OFFICIAL! This document is the property of the State of Indiana. It is loaned to you for your use only. It is not to be reproduced or distributed without the written consent of the Indiana State Department of Health.									
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.									
28. 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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CONGESTIVE HEART FAILURE NOV 18 2008 Approximate Interval: Onset To Death 1 week B. CORONARY ARTERY DISEASE 1 week C. RENAL FAILURE D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last									
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 checked="" type="checkbox"/> No <input 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"/> 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>M. Nguyen MD</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: Thach Nguyen MD, 200 E. 86th Place Merrillville, IN 46410						44. License Number 01033686		45. Date Certified 11-18-08	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan J. But. DO.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): November 18, 2008			