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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 080203

2009 DEC -3 AM 9:46

MICHAEL A. BROWN
RECORDER

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.

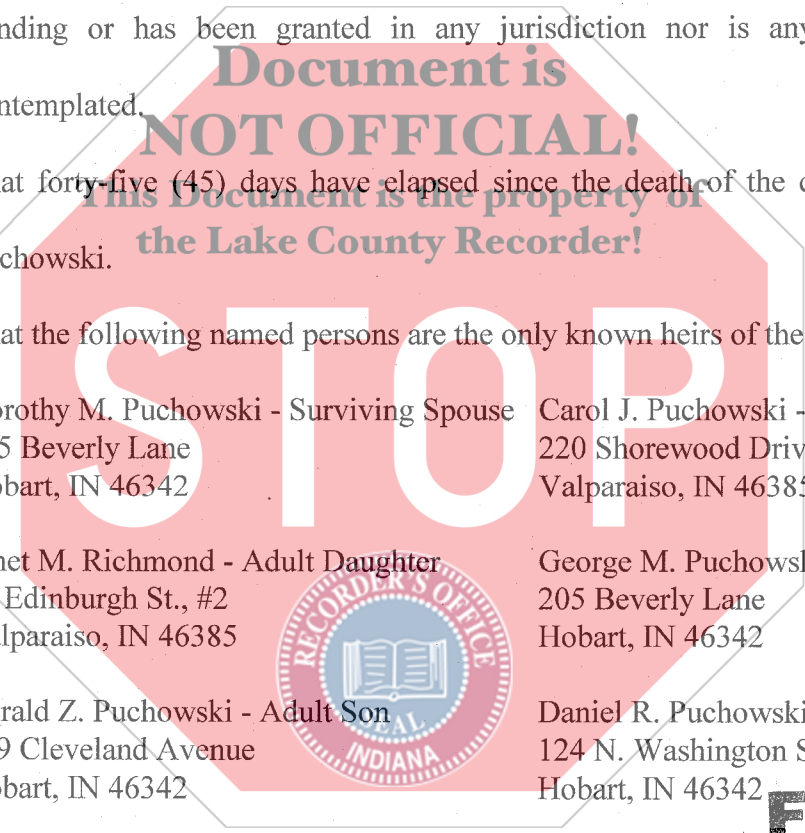
3. That forty-five (45) days have elapsed since the death of the decedent George Puchowski.

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

Dorothy M. Puchowski - Surviving Spouse Carol J. Puchowski - Adult Daughter
205 Beverly Lane 220 Shorewood Drive
Hobart, IN 46342 Valparaiso, IN 46385

Janet M. Richmond - Adult Daughter George M. Puchowski - Adult Son
21 Edinburgh St., #2 205 Beverly Lane
Valparaiso, IN 46385 Hobart, IN 46342

Gerald Z. Puchowski - Adult Son Daniel R. Puchowski - Adult Son
329 Cleveland Avenue 124 N. Washington St.
Hobart, IN 46342 Hobart, IN 46342



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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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 are two (2) parcels of real estate in which the decedent owned in fee simple, which real estate is located in New Chicago, Lake County, Indiana, more particularly described as follows:

3rd Add. New Chicago L. 5 BL. 8
Property Number: 45 09 19 382 007.000 022 / 19-21-0029-0005
Commonly known as: The 300 Block, Cleveland Street, New Chicago, IN 46342;

3rd Add. New Chicago L. 6 BL. *88 m/rk*
Property Number: 45 09 19 382 006.000 022 / 19-21-0029-0006
Commonly known as: The 300 Block, Cleveland 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.

Dorothy M. Puchowski
AFFIANT - DOROTHY M. PUCHOWSKI

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Resident of _____ County _____ Notary Public

My Commission Expires: _____



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

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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		18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 205 Beverly Lane			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 (Do Not Leave Blank) FD01006463				
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 B. CORONARY ARTERY DISEASE 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								Approximate Interval: Onset To Death NOV 18 2008 1 week 1 week 1 week		
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	
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</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...</i>						49. For Registrar Only - Date Filed (Month/Day/Year): November 18, 2008				