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STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2009 082171

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 DEC 11 AM 9:30
MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF TITLE

Marjorie Zemkewicz, being duly sworn upon her own deposes and says:

1. That affiant, Marjorie Zemkewicz, is one of the four (4) adult children and heirs at law of Robert Bolin, deceased.

2. That the decedent, Robert Bolin, died a resident of Cedar Lake, Lake County, Indiana on March 28, 2008. Copy of Death Certificate for Robert Bolin is attached hereto as Exhibit "A."

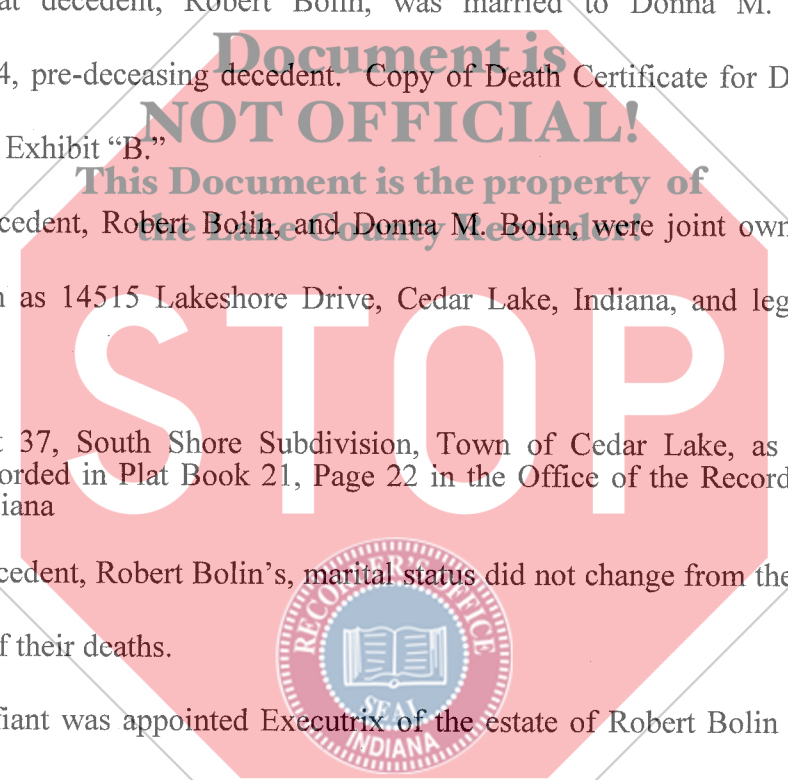
3. That decedent, Robert Bolin, was married to Donna M. Bolin who died November 6, 2004, pre-deceasing decedent. Copy of Death Certificate for Donna M. Bolin is attached hereto as Exhibit "B."

4. Decedent, Robert Bolin, and Donna M. Bolin, were joint owners of real estate commonly known as 14515 Lakeshore Drive, Cedar Lake, Indiana, and legally described as follows:

Lot 37, South Shore Subdivision, Town of Cedar Lake, as per plat thereof, recorded in Plat Book 21, Page 22 in the Office of the Recorder, Lake County, Indiana

5. Decedent, Robert Bolin's, marital status did not change from the date of marriage through the date of their deaths.

6. Affiant was appointed Executrix of the estate of Robert Bolin on July 17, 2008 before the Lake County Circuit Court under Cause No. 45C01-0807-EU-188.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

729-7676

7. Affiant was granted authority to sell decedent's real estate located at 14515 Lakeshore Drive, Cedar Lake, Indiana on October 6, 2009. Copy of October 6, 2009 Order is attached hereto as Exhibit "C."

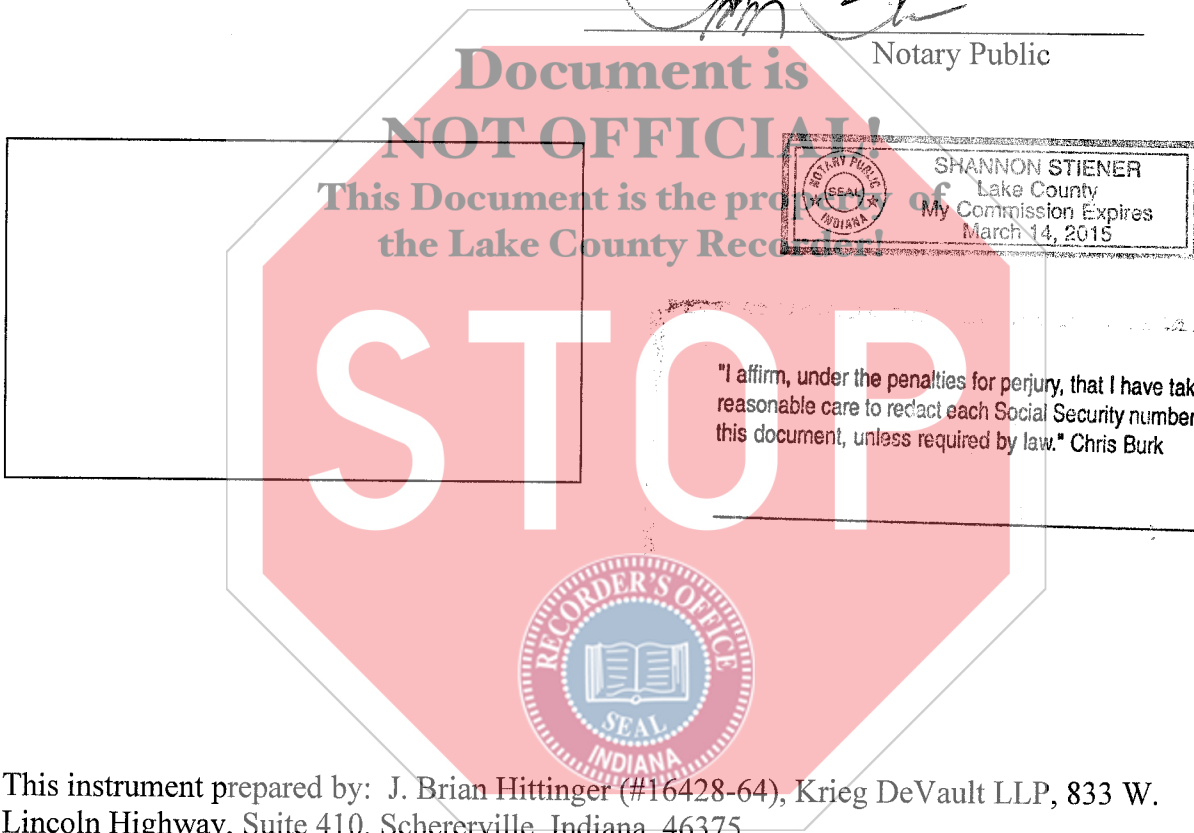
Marjorie Zemkewicz
Marjorie Zemkewicz

Before me a Notary Public in and for said County and State this 4th day of November, 2009, personally appeared Marjorie Zemkewicz and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

Shannon Stierer

Notary Public



This instrument prepared by: J. Brian Hittinger (#16428-64), Krieg DeVault LLP, 833 W. Lincoln Highway, Suite 410, Schererville, Indiana 46375



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 1086-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) ROBERT P. BOLIN				1a. Maiden Last Name (If Female)		2. Sex M	3. Time Of Death 5:00 PM	4. Date Of Death (Month/Day/Year) MARCH 28, 2008
5. Social Security Number 2091	6a. Age Yrs 77	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) April 18, 1930	8. Birthplace (City And State Or Foreign Country) TERRE HAUTE, IN	
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 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) ST. ANTHONY HOSPICE								
12. City Or Town, State, And Zip Code CROWN POINT, IN 46307					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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name NA			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation TOOL MAKER		17. Kind Of Business/Industry AUTO
18. Residence - State IN		18a. County LAKE		18b. City Or Town CEDAR LAKE				
18c. Street And Number 14515 LAKE SHORE DRIVE						18d. Apt. No.	18e. Zip Code 46303	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education High school graduate or GED completed		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) LESTER BOLIN				23. Mother's Name (First, Middle, Last) MARGUERITE WHITE			23a. Mother's Maiden Last Name BARRY	
24. Informant's Name MARJORIE ZEMKEWICZ			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 10301 FOX RUN, MUNSTER, IN 46321			
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) HOLY NAME CEMETERY			25c. Location - City, Town, And State CEDAR LAKE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME 12901 WICKER AVE., CEDAR LAKE, IN 46303						27a. Funeral Home License Number: FH83002461
27b. Signature Of Indiana Funeral Service Licensee: <i>Set A. T. B...</i>						27c. License Number (Of Licensee) FD20700051		
<p align="center">Cause Of Death (See Instructions And Examples)</p> <p>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.</p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>End Stage Respiratory Failure</u> Approximate Interval: Onset To Death <u>Weeks</u></p> <p>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</p> <p>B. <u>Bowel Obstruction</u> <u>Weeks</u></p> <p>C. _____</p> <p>D. _____</p> <p>Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I</p>								
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 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 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) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
41. Signature, Of Person Certifying Cause Of Death: <i>George Babchuk</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: George Babchuk 1121 S Indiana Ave Crown Point, IN 46307						44. License Number 01031717		45. Date Certified 4/2/08.
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature of Local Health Officer: <i>Set A. T. B...</i>						49. For Registrar Only - Date Filed (Month/Day/Year): April 2, 2008		

EXHIBIT
A

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 2700-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Donna M. Bolin		2. SEX Female	3a. TIME OF DEATH 6:30A M	3b. DATE OF DEATH (Month, Day, Yr.) November 6, 2004
4. *SOCIAL SECURITY NUMBER [REDACTED]-8455	5a. AGE—Last Birthday (Years) 70	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) 02-14-1934
7. BIRTHPLACE (City and State or Foreign Country) Arna, Kansas	8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NA		9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" 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) Broadway Methodist		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Robert Bolin	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) License Bureau		12b. KIND OF BUSINESS/INDUSTRY Government
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Cedar Lake		13d. STREET AND NUMBER 14515 Lake Shore Drive
13e. ZIP CODE 46303	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Russell Neuffer		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Boach		20a. INFORMANT'S NAME (Type/Print) Marjorie Zemkewicz		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10301 Fox Run Munster, IN 46321		20c. Relationship Daughter		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 9, 2004 Holy Name Cemetery		21c. LOCATION—City or Town, State Cedar Lake, IN
22a. EMBALMER'S NAME Jason Frazier		22b. EMBALMER'S LICENSE NO. FD20100062		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William E. Burdan</i>		24b. LICENSE NUMBER (or Licensee) FD01007697		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burdan Funeral Home FH83002461 12901 Wicker Ave Cedar Lake IN
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARCINOMA OF LUNG DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		46303 Approximate Interval Between Onset and Death 2 YRS		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT 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) NA		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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01030107		29d. DATE SIGNED (Month, Day, Year) 11-10-04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Bharat Barati 200 E 89th St 2A Merrillville IN				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) November 10 2004
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.		34e. PLACE OF INJURY—At _____ building, etc. (Specify)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) NOV 10 2004		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE		34i. _____ driver, passenger, pedestrian, etc.		

EXHIBIT B

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

LAKE CIRCUIT COURT
PROBATE DIVISION
CROWN POINT, INDIANA

OCT 14 2009

Thomas R. Philpot
CLERK LAKE CIRCUIT COURT

UNSUPERVISED ADMINISTRATION OF)
ESTATE OF ROBERT P. BOLIN,)
DECEASED.)

ESTATE NO. 45C01-0807-EU-188

ORDER GRANTING PETITION TO SELL REAL ESTATE

Comes now Marjorie M. Zemkewicz, as Executrix of the estate of Robert P. Bolin, deceased and submits her verified Petition to Sell Real Estate, which petition is on file with the Court and a part of the Court's record.

And the Court, having examined said petition and being fully advised in the premises, finds that the facts stated in said petition are true.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that Marjorie M. Zemkewicz, as Executrix of the estate of Robert P. Bolin is to sell real estate identified as follows:

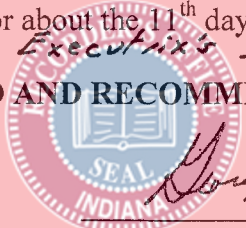
Lot 37, South Shore Subdivision, Town of Cedar Lake, as per plat thereof, recorded in Plat Book 21, Page 22 in the Office of the Recorder, Lake County, Indiana

commonly known as 14515 Lake Shore Drive, Cedar Lake, Indiana,

under the terms and conditions of the Agreement to Purchase Real Estate entered into by

Executrix and Sheryl L. Stapinski on or about the 11th day of September, 2009, *except that any personal property listed within the Executrix's Inventory shall not be included with the sale of the Real Estate.*

ALL OF WHICH IS FOUND AND RECOMMENDED this 6 day of October, 2009.



George C. Paras

Probate Commissioner, Lake Circuit Court

ALL OF WHICH IS SO ORDERED AND APPROVED this 14 day of October, 2009.

[Signature]
Judge, Lake Circuit Court

RECEIVED
OCT 14 2009
Thomas R. Philpot
CLERK LAKE CIRCUIT COURT

KDNWI_2304612_1.DOC

