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STATE OF INDIANA
COUNTY OF LAKE

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SS:
2010 039491

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 JUL -8 PM 4:05

MICHELLE B. FAJMAN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Thaddeus J. Pieniazek, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 27 (EXCEPT THE EASTERLY 50.20 FEET THEREOF) IN BRIAR CROSSINGS SUBDIVISION PHASE 2, AN ADDITION TO THE TOWN OF DYER, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 89, PAGE 81, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Grantee's Address/Commonly known as:
1096 Seberger Way, Dyer, Indiana 46311

Tax Key No.: 45-11-07-326-001.000-034

FILED
JUL 08 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

3. The decedent, Marion T. Pieniazek, and I acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 31st day of March, 2003, and recorded in the Office of the Lake County Recorder on May 5, 2003 as Document No. 2003 045455.

4. The decedent and I jointly held title to said real estate until the death of Marion T. Pieniazek on the 8th day of March, 2010, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Marion T. Pieniazek.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

\$16

CR# 5167
CR

Thaddeus J. Pieniazek
Thaddeus J. Pieniazek, Affiant

027817



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 731-10

State No.

1. Decedent's Legal Name (First, Middle, Last) MARION T. PIENIAZEK				1a. Maiden Last Name (If Female) Filipowski		2. Sex Female	3. Time Of Death 8:18 PM	4. Date Of Death (Month/Day/Year) March 8, 2010		
5. Social Security Number 309-16-8538	6a. Age Yrs 89	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) November 28, 1920		8. Birthplace (City And State Or Foreign Country) East Chicago, IN		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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) Community Hospital										
12. City Or Town, State, And Zip Code Munster, IN, 46321					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 THADDEUS PIENIAZEK				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Crossing Guard		17. Kind Of Business/Industry City of Hammond		
18. Residence - State IN		18a. County Lake		18b. City Or Town Dyer		18c. Street And Number 1096 Seberger Ln	18d. Apt. No.	18e. Zip Code 46311	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9-12th grade, no diploma		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Walter Filipowski				23. Mother's Name (First, Middle, Last) Mary Filipowski			23a. Mother's Maiden Last Name Jurek			
24. Informant's Name Walter Pieniazek		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 1350 Harrison, Dyer, IN 46311						
25. Place Of Disposition										
25a. Method Of Disposition: <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) Chapel Lawn Memorial Gardens			25c. Location - City, Town, And State Schererville, Indiana					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kish Funeral Home 10000 Calumet Avenue Munster, IN 46321						27a. Funeral Home License Number: FD10700038		
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee) FD01021590				
Cause Of Death (See Instructions And Examples)										
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.								Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death)								Hours		
A. <u>Ischemic Bowel</u> <small>Due To (Or As A Consequence Of):</small>								<u>Hours</u>		
B. <u>Coronary Artery Disease</u> <small>Due To (Or As A Consequence Of):</small>								<u>Years</u>		
C. <u>Renal Failure</u> <small>Due To (Or As A Consequence Of):</small>								<u>Months</u>		
D. _____										
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 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			37c. Apt. No.	37d. Zip Code		
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: 						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: Dr. Trevor Marcotte 15900 W. 101st Ave. Dyer, IN 46311						44. License Number 02002588A		45. Date Certified 3/10/10		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature Of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): March 10, 2010				