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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

117 West Lakeview Drive
Lowell, Indiana
Property No. 45-19-01-306-001.000-007

82419C UNU

AFFIDAVIT OF SURVIVORSHIP

2010 061430

Harriet Kowalski, being duly sworn upon her oath states as follows:

1) That Barney M. Swiderski and Helen Swiderski as husband and wife and Leo J. Kowalski and Harriet Kowalski as husband and wife held real estate in Lake County, Indiana, commonly known as 117 West Lakeview Drive, Lowell, Indiana, and described as follows:

Lots 7 and 43 in Block 29 in DaleCarlia, as per plat thereof, recorded in Plat Book 27, page 30 in the Office of the Recorder of Lake County, Indiana.

2) That Barney M. Swiderski died intestate on December 14, 1980. No estate has been opened opened for Barney M. Swiderski nor is one contemplated or planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Barney M. Swiderski's death certificate is attached hereto and made a part hereof and marked Exhibit "1".

3) That on April 21, 1987 the above described real estate in Lake County, Indiana was quit-claimed to Helen Swiderski, widow and Leo J. Kowalski and Harriet Kowalski, husband and wife, with a life estate interest to Helen Swiderski.

4) That Leo J. Kowalski died intestate on April 6, 1994. No estate has been opened for Leo J. Kowalski nor is one contemplated or planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Leo J. Kowalski's death certificate is attached hereto and made a part hereof and marked Exhibit "2".

4) That Helen Swiderski died intestate on June 1, 2002. No estate has been opened for Helen Swiderski nor is one contemplated or planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Helen Swiderski's death certificate is attached hereto and made a part hereof and marked Exhibit "3".

Dated this 15 day of OCTOBER, 2010.

Harriet Kowalski
Harriet Kowalski, Affiant

FILED
OCT 20 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State this 15th day of October, 2010 personally appeared Harriet Kowalski and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Debra L. Volk
Debra L. Volk, Notary Public

My Commission Expires:
06/29/2017
County of Residence: Porter

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.

Steve H. Tokarski
Steve H. Tokarski, Attorney at Law

This instrument prepared by Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)322-1271.

RETURN TO: Atty. Steve H. Tokarski, 7803 W 75th Ave., Suite 1, Schererville, IN 46375

004500

18
CT
RM

Key #3-169-7 Dalecarlia Block 29 Lot 7

912843

FILED

APR 21 1987

Anna N. Anton
AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

APR 21 2 45 PM '87

RICHARD J. BLASTICK
RECORDER

Helen Dudzyska
117 W. Lafayette
Lowell

1047

$00

EXHIBIT "1"

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0830-94

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): LEO J. KOWALSKI
2. SEX: MALE
3a. TIME OF DEATH: 9:30 PM
3b. DATE OF DEATH (Month, Day, Yr.): APRIL 6-1994
4. SOCIAL SECURITY NUMBER: 307-01-3720
5a. AGE—Last Birthday (Years): 75
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): APRIL 7, 1918
7. BIRTHPLACE (City and State or Foreign Country): EAST CHICAGO, IN
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☒ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): MUNSTER COMMUNITY HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: MUNSTER
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): HARRIET SWIDERSKI
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): OFFICE EMPLOYEE
12b. KIND OF BUSINESS/INDUSTRY: LA SALLE STEEL
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: HIGHLAND
13d. STREET AND NUMBER: 3242 LAPORTE AVE.
13e. ZIP CODE: 46322
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY: U.S.A
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 YRS. / College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): WALTER KOWALSKI
19. MOTHER'S NAME (First, Middle, Maiden Surname): CATHERINE UNKOWN

INFORMANT

20a. INFORMANT'S NAME (Type/Print): HARRIET KOWALSKI
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3242 LAPORTE AVE. HIGHLAND, IN. 46322
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): APRIL 9-1994 ST. MICHAEL CEMETERY
21c. LOCATION—City or Town, State: HAMMOND, INDIANA
22a. EMBALMER'S NAME: HENRY BLAKE
22b. EMBALMER'S LICENSE NO.: #01019406
23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Michael Mysliwy
24b. LICENSE NUMBER (of Licensee): 100-2141-9
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 300-161- MYSLIWY FUNERAL HOME 4902 READING AVE. EAST CHICAGO, IN. 4631.

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Athero sclerotic heart disease	years
	DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. insulin dependent diabetes mellitus	years
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Chronic atrial fibrillation	years
	DUE TO (OR AS A CONSEQUENCE OF):	
	d. chronic obstructive pulmonary disease	years

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)

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: Jon Misch
29c. MEDICAL LICENSE NO.: 02000900
29d. DATE SIGNED (Month, Day, Year): 4/7/94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. JON MISCH 13553 Morse St. Cedar Lake, In. 46303

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams III
32. DATE FILED (Month, Day, Year): April 8, 1994

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

LAKE COUNTY HEALTH DEPARTMENT

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER/PD 1

EXHIBIT "2"

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.

Local No. .....

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
HELEN SWIDERSKI		Female	7:20 a.m.	June 1, 2002
4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
312-09-2682	99			February 18, 1903	Chicago, Illinois

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
No	--	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Anthony Medical Center	Crown Point	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	--	Homemaker	Own Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Lowell	117 West Lakeview Drive

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46356	☒ No ☐ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	4	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Martin Boberek	Theodora Stankowski

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Harriet A. Kowalski	3242 Laporte St., Highland, IN 46322	Daughter

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____	June 6, 2002 St. Michael Cemetery	Hammond, Indiana

DISPOSITION

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Jonathon R. Christiansen	FI20100045	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	1009893	PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Nursing home acquired pneumonia	10 days
	DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
Dementia with agitated features	No	No	--

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Glenn J Markowitz MD	01046970	6/4/02

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. S. Markowitz, 13963 Morst Street, Cedar Lake, IN 46303 (219) 374-5555

31. HEALTH OFFICER'S SIGNATURE

Susan W Burt D.O.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

SEP 07 2010

32. DATE FILED (Month, Day, Year)

June 5, 2002

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

EXHIBIT "3"