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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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STATE OF INDIANA )  
COUNTY OF LAKE )ss:

MICHELLE R. FAJMAN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

LOIS M. NAWROCKI of 2800 Tippecanoe, Lake Station, Indiana 46405, being first duly sworn upon oath, states:

1. She is the owner in fee simple of the real estate located in Lake County,

Indiana, described as follows:

That part of the Southeast ¼ of the Southwest ¼ of Section 16, Township 36 North, Range 7 West of the 2<sup>nd</sup> Principal Meridian, described as follows: Beginning on the South line of the Southwest ¼ of said Section 16 and 367 feet West of the Southeast corner thereof; thence North 0 degree 00 minutes 00 seconds East parallel to the East line of the Southwest ¼ of said Section 16 a distance of 370 feet to a point on the South line of Lot No. 5, River Ridge Estates, Unit No. 1 and 16.005 feet East of the Southwest corner thereof; thence North 88 degrees 59 minutes 59 seconds West along the South line of said Lot No. 5 a distance of 16.005 feet to the Southwest corner thereof, thence North 65 degrees 38 minutes 28 seconds West along the Southerly line of said Unit No. 1 a distance of 170.02 feet to a point on a curve; thence Southwesterly along a curve to the right with a radius of 206.76 feet and along the border line of said Unit No. 1 a distance of 26.93 feet; thence North 58 degrees 10 minutes 42 seconds West along the Southerly line of said Unit No. 1 a distance of 197.75 feet to the Southwest corner thereof; thence South 22 degrees 18 minutes 44 seconds West 40.06 feet; thence South 49 degrees 16 minutes 25 seconds West 370 feet; thence South 19 degrees 47 minutes 52 seconds West 244.155 feet to the South line of the Southwest ¼ of said Section 16; thence South 88 degrees 59 minutes 59 seconds East along the South line of said Southwest ¼ a distance of 730 feet to the point of beginning, all in the City of Lake Station, Lake County, Indiana.

Commonly known as: 2800 Tippecanoe Street, Lake Station, IN 46405  
Parcel No. 45-09-16-379-007.000-021

**FILED**

054635

AUG 05 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

#16  
CS  
Cox  
1Ref

2. She and MARILYN M. DIETRICH acquired title as Joint Tenants With Rights of Survivorship, by deed dated November 15, 2004, and recorded on December 7, 2004, as Document No. 2004 103209.

3. MARILYN M. DIETRICH died on November 27, 2010; at which time said real estate became the sole property of the affiant.

This affidavit is being filed to clarify the title to said real estate.

Dated this 23rd day of June, 2011.

*Lois M. Nawrocki*  
LOIS M. NAWROCKI

STATE OF INDIANA )  
COUNTY OF PORTER )

Document is  
NOT OFFICIAL!  
This Document is the property of  
the Lake County Recorder!

SS: Before me, the undersigned, a Notary Public in and for said County and State, this 23rd day of June, 2011, personally appeared LOIS M. NAWROCKI and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



Notary Public: *Kingsley G. Regnier*

Printed Name: Kingsley G. Regnier  
County of Residence: Allen  
My Comm. Expires: 3-16-2015

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. Kingsley G. Regnier

Instrument Prepared By:

Kingsley G. Regnier, BLACHLY, TABOR, BOZIK & HARTMAN LLC  
56 S. Washington Street, Ste. 401, Valparaiso, IN 46383  
(219) 464-1041



OFFICE of VITAL STATISTICS  
CERTIFIED COPY  
FLORIDA CERTIFICATE OF DEATH

TYPE IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Marilyn M. Dietrich				2. SEX Female	
3. DATE OF BIRTH (Month, Day, Year) November 14, 1942		4a. AGE - Last Birthday (Years) 68	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF DEATH (Month, Day, Year) November 27, 2010
6. SOCIAL SECURITY NUMBER 310-42-8971		7. BIRTHPLACE (City and State or Foreign Country) Black Oak, Indiana		8. COUNTY OF DEATH Hendry	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street address) 900 Aqua Isles Blvd, Lot D-11			11a. CITY, TOWN, OR LOCATION OF DEATH LaBelle		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married					
14a. RESIDENCE - STATE Florida		14b. COUNTY Hendry		14c. CITY, TOWN, OR LOCATION LaBelle	
14d. STREET ADDRESS 900 Aqua Isles Blvd, Lot D-11			14e. APT. NO.	14f. ZIP CODE 33935	14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") Owner/Operator				15b. KIND OF BUSINESS/INDUSTRY Concession Stand	
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) John Dietrich			21. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Sovinski		
22a. INFORMANT'S NAME Lois Nawrocki		22b. RELATIONSHIP TO DECEDENT Partner		23a. INFORMANT'S MAILING - STATE Florida	
23b. CITY OR TOWN LaBelle		23c. STREET ADDRESS 900 Aqua Isles Blvd, Lot D-11		23d. ZIP CODE 33935	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Caloosa Crematory			25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN LaBelle
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)					
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) F049302		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
28. NAME OF FUNERAL FACILITY Akin-Davis Funeral Home				29a. FACILITY'S MAILING - STATE Florida	
29b. CITY OR TOWN LaBelle		29c. STREET ADDRESS 560 E. Hickpochee Ave.		29d. ZIP CODE 33935-5072	
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
31a. (Signature and Title of Certifier) <i>[Signature]</i> M.D.			31b. DATE SIGNED (mm/dd/yyyy) 11/29/2010	32. TIME OF DEATH (24 hr.) 2045	33. MEDICAL EXAMINER'S CASE NUMBER
34a. LICENSE NUMBER (of Certifier) ME0024819		34b. CERTIFIER'S NAME FARIDA GHOSHAWALA M.D.		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE Florida		36b. CITY OR TOWN Lehigh Acres		36c. STREET ADDRESS 1201 Wings Way	36d. ZIP CODE 33936
37. SUBREGISTRAR - Signature and Date <i>[Signature]</i> DR			38. LOCAL REGISTRAR - Signature <i>[Signature]</i> DR		39. DATE FILED BY REGISTRAR (Mo., Day, Yr.) December 07, 2010

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

MEDICAL CERTIFIER

State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



*[Signature]* DR

December 07, 2010

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1946 (08-04)

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CERTIFICATION OF VITAL RECORD



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